ThaiHealth

ThaiHealth was established by Health Promotion Foundation Act, B.E. 2544 (2001). The Act has authorised its status of statutory public organisation and provided 2% earmarked taxation from tobacco and alcoholic beverages as its primary funding source. ThaiHealth is the country's only organization required by law to report directly to Parliament every year. ThaiHealth commenced operation in April 2001 and has been responsible for encouraging, supporting, and funding a variety of health promotion activities for public health. ThaiHealth aims not only to reduce tobacco and alcohol consumption, but also to improve the people's state of "total well-being" by fully applying the holistic meaning of 'health' as defined by World Health Organization.

Vision

The sustainability of health for Thai people

Mission

ThaiHealth's mission is to empower the various civic movements that lead to an improvement in the well-being of Thai citizens. Operating dimensions emphasize healthy public policies, issued-based programs, and holistic 'setting' approaches. ThaiHealth provides catalytic funding for projects that change public values, people's lifestyles, and social environments.

Many Things to Many People a Review of ThaiHealth Final Report January 2007

World Health Organization

ThaiHealth

Many Things to Many People a Review of ThaiHealth

Final Report
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ThaiHealth

THAIHEALTH'S REVIEW 2001 - 2006 Evaluation Team

Ms. Addy Carroll (Team leader)
Health Promotion Consultant
World Health Organization - WHO
Professional's Background Experience
- Schools and Youth Program, Smoking and Health Project, Health Department of Western Australia
- National Education, National Heart Foundation
- Smoking and Health Program, Health Department of Western Australia
- Director of Western Australian Health Promotion Foundation or "Healthway"

Dr. Lisa Wood
Health Promotion Consultant
Professional's Background Experience
- Review of Freedom from Fear (domestic violence campaign)
- Lecturer (Health Promotion), School of Population Health, University of Western Australia,
- Qualitative Research re smoking, TNS Social Research
- National Tobacco Strategy 2004-2009
- Healthway – Strategic Plan (2004-2007)
- Review of first South Australian Tobacco Strategy (1998-2003)
- Review of Heathway Support Sponsorship Program
- Review of Medicines sub-program
- Review of Best Practice in Brief Intervention for Smoking Cessation
- National Heart Foundation and the Commonwealth Department of
- Health and Aged Care
- Active Communities, Ministry of Sport and Recreation
- Acting Director Health Promotion,
- Smarter than Smoking Project
- Oceania Health Consulting

Dr. Sripen Tantivess
Researcher and Deputy Director
International Health Policy Program, Thailand
Professional's Background Experience
- Food and drug Technical officer at Drug Registration Subdivision, Drug Control Division, Food and Drug Administration, Thailand
- Pharmacist at Drug Systems Development Subdivision, Drug Control Division, Food and Drug Administration, Thailand
- Research fellow at Senior Research Scholar Program in Health Financing and Health Economics, Health Systems Research Institute, Thailand

Many Things to Many People a Review of ThaiHealth

World Health Organization

ThaiHealth

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EXECUTIVE SUMMARY

ThaiHealth was established in 2001, the first organization of its kind in Asia following the establishment of similar organizations, mainly in Australia, New Zealand and Switzerland. Created under the Health Promotion Foundation Act 2001, its mission is *to support and develop health promotion process leading to good health of Thai people and society.* It does so by supporting rather than replacing groups and organizations already working on public health issues, thus seeing its role as a lubricant or spark.

The Act provides ThaiHealth with considerable autonomy as well as annual revenue of about 2508 million baht, derived from 2 percent of the excise taxes on tobacco and alcohol. ThaiHealth is governed by a Board of Directors as well as an Evaluation Board, and uses a series of expert advisory committees and a wide variety of networks and partners to develop and implement a range of programmes and projects in order to improve the health of the Thai community.

Five years after its establishment, the Evaluation Board of ThaiHealth initiated this review of the organization to assess its progress in relation to its legislative mandate and the directions which had been prescribed by the ThaiHealth Board. Based on this assessment, the reviewers were invited to make recommendations about areas for improvement and future directions for ThaiHealth, referring to international best practice and, where appropriate, the experience of other similar organizations.

The review was undertaken between August and November 2006. The methodology for the review included stakeholder consultations and analysis of relevant literature and ThaiHealth documentation and reports. Nearly seventy stakeholders were interviewed as part of the review and these included representatives of the Boards, committees, management and staff as well as grant recipients and personnel from other health promotion foundations.

The report provides a summary and analysis of the major issues and themes that emerged during the review process. Specific recommendations are provided in each section of the report and are summarized collectively after this Executive Summary and in the final section (Section 10). Many other suggestions and issues for consideration are embedded within the report itself. This Executive summary synthesizes findings in relation to the terms of reference of the review.

KEY FINDINGS AND CONSIDERATIONS

The conclusions described below reflect major themes and considerations that emerged from the review process and readers are encouraged to refer to the complete report for the context and rationale that underpins these. There are also many other observations, findings and considerations identified throughout the report that are not framed as formal recommendations, but are nonetheless relevant to ThaiHealth's current and future directions.

1. The national context

1.1 The alignment of priorities, programmes and strategies of ThaiHealth to the national strategic directions and priorities for health promotion in Thailand, and their links to sound research and international best practice.

The past 10 years have brought about significant reforms in the **national health strategic directions** of Thailand, with greater emphasis on health promotion and disease prevention. Among the initiatives which accelerated the changes were the introduction of the 9th National Health Development Plan (NHDP) for 2002 to 2006, the *Joining Force for Health Promotion* policy introduced in 2002 and the launch by the Ministry of Public Health of 'Healthy Thailand' in 2004.

These initiatives combined to encourage public health approaches to reduce preventable disease and encouraged Thai people to adopt healthy behaviors and lifestyles. This emphasis on behavior change, along with the need to strengthen community capacity and civic participation in health promotion, created an environment ideal for the establishment and growth of an organisation like ThaiHealth. Many of the priorities targeted by ThaiHealth correspond to those identified in key national policies and plans for health. In addition, civic networks and working systems, as fostered by ThaiHealth,

have become increasingly important within the Thai health system and society.

Overall, the establishment and evolution of ThaiHealth has been congruent with, and complementary to, developments in the country's health and economic system as described in section 3 of the report. Moreover, ThaiHealth has been able to play an **active role in supporting and accelerating the commitment to health promotion** espoused in the NDHP, Healthy Thailand and *Joining Forces for Health Promotion Policy*. The review reiterates the concerns of the Boards however, that ThaiHealth sometimes strays into areas that are the remit of other government departments or organizations, and should consolidate its focus on priority issues, strategic directions and areas of unmet need within a given strategic planning cycle.

ThaiHealth recognized early the need to have access to relevant data to underpin advocacy and policy change and to inform and raise awareness of health-related issues and their impact on Thai society. This has led to a strong **research** programme with the systematic development of academic data and information systems covering all of the major health areas. The establishment of a range of knowledge management centres and research institutes has facilitated this.

Guidance in **best practice health promotion** is synthesized in the WHO Ottawa, Jakarta and Bangkok Charters on Health Promotion. The review found that much of ThaiHealth's activity aligns with the core tenets of the Ottawa Charter, with ThaiHealth one of the most proactive of all Health Promotion Foundations (HPFs) in relation to developing healthy public policy and strengthening community action. The more recent Bangkok Charter emphasizes the need to address issues of: sustainability, underlying determinants of health, health promotion capacity, policy and leadership, equitable protection from harm and opportunities for health.

The Bangkok Charter also stresses making the promotion of health a key focus of communities and civil society. ThaiHealth has been most proactive in this regard since its inception, with a strong focus on working with, and mobilizing civic society. It has also initiated and supported the development of healthy policies

with much success**.** In the areas of sustainability, capacity building and addressing the underlying determinants of health, ThaiHealth has made progress but there remains much to be done. These are among the challenges which ThaiHealth will need to tackle during its next 5 years.

There is much that other organizations and countries (not just within Asia) can learn from ThaiHealth's underpinning health promotion philosophy and the associated mix of strategies and programmes. The WHO and International Network of Health Promotion Foundations (INHPF) are encouraged to draw upon some of the approaches and lessons learnt from ThaiHealth as articulated in this report.

Sections 4, 6 and 10 provide further discussion and considerations relevant to this TOR.

2. Health Promotion leadership and capacity building

2.1 The extent to which ThaiHealth has developed health promotion capacity in relation to groups funded workforce development, research skills and project management in priority health areas.

ThaiHealth's approach to health promotion is framed around a capacity building model in line with its Act which emphasizes building the **capacities of communities, government and non-government organizations, public interest organizations, state enterprises and agencies** to plan, develop and conduct their own health promotion programmes. ThaiHealth has recognized the importance of putting resources into capacity building, particularly in the formative years, and ThaiHealth is to be commended on the significant progress has been made to date.

However, capacity building requirements change as external organizations and the workforce become more skilled and able, and it is suggested that ThaiHealth now undertakes some research to determine the current level of skills and expertise of the workforce, and to ascertain their future needs. Given that health promotion capacity has clearly increased in Thailand in the past five years, the reviewers suggest that ThaiHealth may consider reducing its direct

involvement and input in some areas such as advocacy, social marketing, which will in turn enable ThaiHealth to devote more time and resources to other areas. For example emphasis could be placed on building health promotion as a recognised discipline within educational settings and as a 'profession'.

In relation to the capacity of ThaiHealth to meet its objectives, the review recognized that the organization has come a long way in establishing itself as a credible and competent health promotion agency. While a number of issues relating to internal organizational capacity emerged during the course of the review, many of these were typical of those experienced by any new organisation, and have already been identified by the Governing and Evaluation Boards and management for attention. The most recurring issues identified by the review related to integration within and across sections and plans, project management skills and increasing the commitment and ability to undertake evaluation.

2.2 The extent to which ThaiHealth has influenced health promotion policies and systems in Thailand since its establishment.

Despite evidence that the most significant gains in health are often attributable to environmental and policy change (e.g. tobacco taxation, alcohol availability), there remains a tendency in many nations and programmes for health promotion to continue to focus mainly on behavioral risk factors and more traditional 'health education' strategies. Clearly this is not the case with ThaiHealth, whose strong commitment to influencing health through policy and systems change is not merely ideological, but is a core plank of its approach since its inception.

The review of ThaiHealth documentation and consultations demonstrated the highly significant level of activity and advocacy undertaken by ThaiHealth and its partners in the policy and systems domain in the last five years. The close working relationships with the relevant Government Ministries, networks and partner organizations, as well as easy access to research data and information, have all contributed to the significant advances in this area. The review recommends that this continues with more

emphasis on evaluation and documentation so that others may learn form ThaiHealth's success.

2.3 The effectiveness of efforts to facilitate the development of networks and collaborations for health promotion among stakeholders.

ThaiHealth sees one of its key roles as **supporting, fostering and connecting with other organisations and individuals** to work more effectively to promote the health and wellbeing of the community. The encouragement of partnerships and networks is one of the three elements underpinning the overall philosophy of ThaiHealth and is one of its key strengths. Efforts to build partnerships and networks are evident across a diversity of issues, sectors, geographic areas and organisational types, and exist at both strategic and community levels.

Networks play an important role in monitoring, campaigning, advocating and carrying out health promotion activities in Thailand and there has been enormous growth in the number of networks operating since ThaiHealth's establishment with more than 150 currently being supported. ThaiHealth needs to continue and build upon its facilitation of networks as no other organisation is as well placed in Thailand to do this.

ThaiHealth currently **partners** around 200 organizations and aims to increase this number. The review notes however that the emphasis should not merely be about increasing the volume of partnerships, but should focus on forging those partnerships that are most strategic, thus enabling ThaiHealth to progress its objectives and priority areas. The review also explored the impediments that may deter some potential partners from becoming involved, as well as proactive ways in which ThaiHealth might expand its partnership base. Alternative models for partnerships (eg coalitions) are also discussed in the report.

As the capacity of partner organizations grows, revised models of partnering are warranted so that there is a lessening of control, increase in trust, and willingness to develop the capacity of other organizations. This is congruent with ThaiHealth's own vision to be a **lubricant, spark and energizer**.

Section 5 of the report discusses on issues relating to health promotion leadership and capacity building in detail and Section 6 discusses networks and partnerships, while the extent to which ThaiHealth has influenced health promotion policy and systems is discussed in Section 4.8.

3. Programme effectiveness

3.1 The range and effectiveness of activity undertaken in relation to Objectives 2 and 3 of the HPF Act (2001) (reduction of alcohol beverages and tobacco: reduction of other risk factors such as substances or things which are harmful to health).

In examining effectiveness it is essential to consider the Thai infrastructure and capacity of partner organisations that affect ThaiHealth's ability to promote health. Appraisals of programme effectiveness also need to recognise that ThaiHealth does not operate in a vacuum, and is but one of the agencies involved in promoting and improving the health of Thai people. It is difficult therefore to isolate and quantify which results may be directly attributed to ThaiHealth. Notwithstanding these caveats, there have been notable downward trends in a number of risk-factor related behaviors since the establishment of ThaiHealth, including the use of tobacco, and injuries and deaths associated with road accidents. The review concurs that ThaiHealth has clearly contributed to these positive trends.

An analysis of programme activity in relation to the key issues of tobacco, alcohol, road safety, physical activity and other health risk factors reveals a significant and comprehensive level of activity being generated by ThaiHealth. Strategies include research, awareness and education, social mobilization, capacity building and policy development while approaches are through settings, areas and target populations. As there is a tendency in ThaiHealth to primarily report on 'successes' descriptively and in terms of activity undertaken, it was sometimes difficult for the reviewers to gauge the actual impact of activities on health related attitudes, knowledge, intentions and behaviors and this has been identified as an area warranting greater attention.

Appraisal of ThaiHealth's effectiveness to date is specifically addressed in Section 4 but is also woven into the discussions in other sections, including the monitoring and evaluation issues identified in Section 9.

3.2 The impact of the social marketing programme in relation to awareness, beliefs and information and how it supports and reinforces the major programme areas.

ThaiHealth has a comprehensive social marketing plan, which encompasses media campaigns on priority health issues and sponsorship activity, as well as health information dissemination. ThaiHealth has been particularly proactive and effective in developing media campaigns that are coordinated with 'on the ground' strategies reinforced by pertinent advocacy, policy, structural change and law enforcement.

The effectiveness of ThaiHealth's social marketing campaign is evident in the high levels of public awareness of ThaiHealth (over 90%) and similarly high awareness of specific campaigns. Areas in which social marketing could be strengthened as identified by the review included: the need for pre and post campaign evaluation, rationalization of the number of health messages being promoted around single issues, and the handing over of some of the campaign development and implementation to NGOs or other agencies to spread the effort and ensure that a broader base of skills and expertise is nurtured. Further considerations and recommendations relating specifically to social marketing are discussed in Section 4.7.

4. Operational and structural systems

4.1 The current structure of ThaiHealth and its appropriateness to enable it to meet its objectives and responsibilities.

4.2 The alignment between current funding, organizational structures and operational processes to determine how they function to meet the objectives of ThaiHealth.

ThaiHealth has grown rapidly since its inception, both in physical size and in the number and scope of plans, programmes and projects it initiates and manages. It is clear that the Board has been proactive in adapting and changing both organizational and operational structures as ThaiHealth has evolved. However this has resulted in added layers and branches and a structure that appears quite complex and unwieldy.

Other issues considered by the review under these TORs included **integration** and the need to find ways to foster an integrative culture within the organization as it grows. Also considered were the complex processes **involved in allocating grants** which were seen to be efficient, fostered innovation and enabled long term and comprehensive programme planning and implementation. The use of outside expertise in the planning and implementation of programmes and projects was seen as having strengths as well as weaknesses. While the best available expertise may be involved this does not necessarily empower organisations receiving grants, and sometimes those invited to manage projects can not devote adequate time to them because of their other professional commitments.

ThaiHealth's response to issues of **transparency and accountability** was also assessed**.** Here there was a favourable impression in relation to internal and external auditing, financial management and accounting, as well as the process for managing conflict of interest, although some interviewed perceived that this area could be improved. This perception is probably due to lack of knowledge about ThaiHealth's conflict of interest policy which needs to be more widely publicised.

Decentralisation was raised as an issue in the stakeholder consultations as there are devolution trends in the health sector more broadly, and the numbers of grants allocated by ThaiHealth to grass-root and regional and rural groups has increased greatly. The review has considered the pros and cons of an alternative administrative approach for ThaiHealth, and the report discusses some of the international experience in this regard and suggests possible alternative structures which ThaiHealth could trail.

Many of the operational issues which need to be addressed have already been noted by the Board and management of ThaiHealth.

However the review also cautions that there are some downsides to changing organizational structures and processes too frequently, and it is suggested that ThaiHealth allows the current structure to be generally retained until the next major review of the Master Plan.

Operational and structural issues are considered in detail in Section 7, and to a lesser extent in Section 3, but are also implicated in many of the other themes within the report.

4.3 The role and success of ThaiHealth in promoting health and how this broadly compares to the activities of similar organizations internationally.

Where relevant, the review has drawn from the knowledge and experiences of other HPFs, focusing particularly on Health Promotion Switzerland, the Austrian Health Promotion Foundation, Victorian Health Promotion Foundation (VicHealth) and the Western Australian Health Promotion Foundation (Healthway). Although these Foundations share some commonalities, there are significant political, cultural and demographic contextual variations, as well as differences in revenue, population reach, existing health promotion workforce capacity etc. ThaiHealth is also the most recently established of the Foundations and is therefore at a different level of maturity. The INHPF has not yet developed any benchmark indicators which could be used to advantage in a review of this kind. Although direct comparisons of HPFs are avoided for these reasons, many sections include comment about how the other Foundations operate, which may be useful for ThaiHealth to consider. In addition, the appendices contain a range of resources and links which will prove useful if ThaiHealth chooses to follow report recommendations.

Broadly speaking, the reviewers concluded that ThaiHealth is operating at a level commensurate with the others when they were 5 years old. It is particularly proactive and advanced in its workings with networks and partners, policy development, and engagement with community groups, in these areas ThaiHealth could be seen

as a role model for others. Conversely, the areas of evaluation and health inequalities have been less comprehensively addressed by ThaiHealth relative to its counterparts in other countries.

4.4 The effectiveness of the current evaluation framework used by ThaiHealth and opportunities to strengthen this, including suggesting key performance indicators for the next 5 years.

In health promotion generally, evaluation is a broad term that encompasses monitoring of project and programme implementation and effectiveness and mechanisms for continual learning and improvement. Compared to other areas of organizational activity, the reviewers found it somewhat difficult to get a clear picture of ThaiHealth's evaluation systems. For example, there does not appear to be an overall evaluation plan that encompasses or depicts all aspects of monitoring and evaluation as they apply to the various levels of ThaiHealth activity. At present, much of the reporting on activities is of a process and observational nature and this, as well as the use of external evaluators to determine project or programme effectiveness, poses some limitations.

As acknowledged by the Governing and Executive Boards and management, evaluation is more undeveloped than many other areas of ThaiHealth activity, and a number of strategies are already in train to strengthen it. The review has presented both broad and specific considerations and recommendations relating to monitoring and evaluation and these are discussed in Section 8 of the report.

5. Future Strategic Directions

5.1 Potential health promotion goals and key performance indicators for ThaiHealth for its next five years of operation.

5.2 Strategic and operational considerations to facilitate the strengthening of Thai Health's effectiveness for its next five years of operation

Strategic and operational considerations to strengthen ThaiHealth's effectiveness have been highlighted in many sections of the report including those sections on capacity building, evaluation and organisational and operational structure. Improving effectiveness requires reliable measures of effectiveness for all levels of activity. While it is premature to significantly alter or discard the current KPIs, the review recommends that these be refined and expanded, to better capture the core goals to which they relate.

The need to reduce and deter political interference was the most frequently mentioned challenge facing ThaiHealth as raised by stakeholders. Concerns about political interference are common among HPFs, but have been particularly contentious for ThaiHealth at times. It will be important that ThaiHealth continues to protect its reputation and integrity in relation to political interference.

Potential future challenges for ThaiHealth considered by the review include the **sustainability** of projects and programmes and the tensions faced by Foundations between maintaining funding of worthwhile projects while still having resources to support new and innovative ones. While not a current problem for ThaiHealth, it may be in the future. Other sustainability issues related to the potential for greater co-funding and the optimal period for which funds should be granted to maximize programme effectiveness and stability.

ThaiHealth's response to the challenges posed by **health inequalities and the social determinants of health** were also explored by the review and are discussed in Section 9 of the report. Compared to other HPFs and many health organizations internationally, ThaiHealth does not appear to have developed a clear position on social determinants of health, and is comparatively silent on issues of health inequality and inequity.

Working more closely with and through **local government** emerged from the review as a prominent future opportunity and challenge for ThaiHealth. While working together brings many advantages for both parties, the main impediment seems to be the increasing burden of responsibility being placed on local government to be responsible for health, education and other programmes. ThaiHealth can benefit from the experiences of the comparable Foundations which use local governments as major partners.

The review identified some potential downsides of ThaiHealth continuing to expand its breadth and volume of activity and thus **spreading itself too thinly**. As experienced by other Foundations, there is a need to be more strategically discerning regarding what will and will not be funded or initiated within a given strategic planning cycle. To this end, it is important that ThaiHealth recognizes and acknowledges that it already contributes to many health and social wellbeing issues less directly, by encouraging and funding initiatives that build the capacity of the health sector and workforce to understand and deliver health promotion.

A final challenge for ThaiHealth over the next five years will be to sustain the impact of its health promotion efforts. Thailand is fortunate to have recently had legislators who are particularly receptive to evidence-informed advocacy and ThaiHealth has contributed to some major successes particularly in areas of policy and legislation. Some **diminishment in health promotion returns is inevitable** in the future, as it becomes more difficult to shift the attitudes and behaviors of those who are currently not interested in healthier alternatives (be they individuals, organizations or governments). This has implications for strategic and programme planning, funding decisions and expectations of project outcomes. In addition, it points to the need for refined monitoring and evaluation approaches that can anticipate and detect patterns of health promotion impact in Thailand.

Future challenges are discussed further in Section 9 of the report, but are also considered within the context of discussions relating to management and structure (Section 7) and evaluation and KPIs (Section 8).

OVERALL CONCLUSION

Overall, there was a clear sense that ThaiHealth has achieved a great deal within its first five years, both in breadth, quantity, and quality of health promotion activity. ThaiHealth's level of activity has been prolific both in comparison to many other Thai organizations and in relation to the breadth of activity generated by other HPFs. Moreover, as acknowledged throughout this review, ThaiHealth has faced a steep learning curve, both as an organization and in fostering a new paradigm for health promotion in Thailand. ThaiHealth's achievements therefore need to be viewed in light of this enormous learning curve which, when considered further, magnifies the significance of its accomplishments in just five years.

In summary, the review *commends the many achievements of ThaiHealth to date and its own efforts to continually review and refine its operations*. The review *supports further consolidating the philosophy, strategies and achievements of ThaiHealth and identifies opportunities to strengthen or adjust focus in some areas*. Moreover, the review *encourages ThaiHealth to share its approaches, experiences and lessons learnt with other organizations within Thailand and globally*, as they stand to benefit enormously, as we, the reviewers, have done.

SPECIFIC RECOMMENDATIONS OF THE REVIEW

The specific recommendations of the review are summarized here in the Executive Summary and also in the concluding section of the report (Section 10). These recommendations are best understood however when read within the context of the whole report. There are also other findings and considerations identified throughout the report that are not framed as formal recommendations, but are nonetheless relevant to the directions and operations of ThaiHealth over its next five years.

Alignment with national strategic directions and priorities (Section 3)

- Overall, the establishment and evolution of ThaiHealth has been congruent with, and complementary to, developments in the direction of the country's health and economic systems.

- ThaiHealth has been able to play an active role in supporting and accelerating the commitment to health promotion espoused in national policies and frameworks such as the NDHP, Healthy Thailand and *Joining Forces for Health Promotion Policy*.

- ThaiHealth sometimes strays into areas that are the remit of other government departments or organizations and should consolidate its focus on priority issues, strategic directions and areas of unmet need within a given strategic planning cycle.

Effectiveness of health promotion efforts to date (Section 4)

Markers of effectiveness

- ThaiHealth exemplifies many elements of a comprehensive and best practice approach to health promotion as articulated in the literature and the Ottawa, Jakarta and Bangkok Charters on health promotion. Particular strengths to be sustained and further built upon include its emphasis on partnerships and networks, the involvement of civil society and the combination of environmental (policy, structural and legislation), behavioral and social marketing strategies.
- There is much that other organizations and countries (not just within Asia) can learn from ThaiHealth's underpinning health promotion philosophy and the associated mix of strategies and programmes. The WHO and INHPF are encouraged to explore ways to draw upon some of the approaches and lessons learnt from ThaiHealth as articulated in this report.
- Assessing effectiveness in health promotion requires within ThaiHealth a more tiered approach with appropriate expectations and evaluation measures differing at the project, programme, strategic and overall organizational level, whilst recognizing that all of these tiers work synergistically to impact on health outcomes. These issues and related recommendations are presented in Section 9 of this report.
- ThaiHealth has actively targeted priority health issues and settings as channels for health promotion. It has however been

less proactive than some other HPFs in prioritizing more at-risk or disadvantaged population groups and targeting health inequalities, and this needs to be considered in future strategic planning and included in KPIs.

- ThaiHealth has identified the need to increasingly work at a local or regional level and this will require a re-orientation of directions and programmes and the devising of appropriate measures of effectiveness.
- While already very active in fostering policy and structural change across a range of health issue areas and settings, ThaiHealth could also consider further leveraging healthy policies within funded organizations as a requirement of funding e.g. policies relating to healthy food, alcohol, smoking, injury prevention for funded organizations, for sponsored events/venues, and as a negotiating point in Proactive and Open Grants.

Social marketing

- Social marketing is a highly prominent arm of ThaiHealth activity that has been able to demonstrate tangible impacts on a range of targeted health related attitudes and beliefs, while less tangibly but still significantly contributing to shifts in community norms and attitudes that ripen the political and social environment for change.
- More impact evaluation of campaigns, including pre and post surveys would help to delineate areas of greatest impact and inform future social marketing strategies.
- Further developing social marketing skills and experience within ThaiHealth and in partner organizations would be beneficial, along with continuing to progress the operation of social marketing as a horizontal and integrating programme area in ThaiHealth.
- The temptation to be always innovative and new in campaign materials and messages needs to be weighted against the merits of fewer and more sustained campaign messages and themes in some issue areas (e.g. alcohol).

Health promotion leadership and capacity building (Section 5)

Capacity of organisations to apply for funds and deliver effective projects

- Survey existing capacity of funded organizations and capacity needs as has been undertaken by some other HPFs.

- Develop clearer guidelines for grants, skills training and evaluation support to improve quality of grant applications.
- Work towards reducing input of expert steering committees in the proactive grant programme thus empowering partners.

Health Promotion Capacity Building

- Work with one or two universities to establish health promotion courses (could be at certificate level) that can be undertaken by those working in another area of health.
- Introduce a Health Promotion leadership course for those working in funded organizations, perhaps similar to that undertaken by Healthway (Appendix 12).
- Offer work experience opportunities internationally to people employed in major NGOs or other partner organizations e.g. identify 3-4 people a year for work placement in a health promotion organization (Foundation or NGO) say in UK, Australia, Canada for up to 6 months.
- Offer scholarships for postgraduate (e.g. masters, PhD) students to undertake research in health promotion as does Healthway, VicHealth and the Austrian HPF.
- sponsor a health promotion conference or seminar series on relevant health promotion topics (e.g. role of social marketing in health promotion advocacy, project management skills, evaluating health promotion)
- instigate a ThaiHealth awards initiative that gives recognition to projects that have demonstrated significant health promotion results or are exemplars of capacity building (the biennial award presentations by Healthway and VicHealth are pertinent models to consider)

Internal capacity building

- In house training for staff with a comprehensive curriculum covering areas such as health promotion competencies, project management, evaluation.
- Support employees to obtain further health promotion qualifications e.g. offer some work release time to encourage relevant studies to be undertaken.
- Twin with another similar Health Promotion Foundation - identify specific areas for learning and people to 'match up'. While this would have a mentoring element it should be seen as a two way process as ThaiHealth has much to share with others.

- Experiment with the proactive grant development process. Use trials to determine if there are more efficient structures e.g. using a University based consultancy group rather than the Expert Steering Committee approach.

Facilitation of networks and collaborations (Section 6)

- ThaiHealth should continue its focus on partnerships and networks as a key operational approach.
- Its partnership approach can be further strengthened by:
  - Focusing on forging those partnerships and alliances that are most strategic, thus enabling ThaiHealth to progress its objectives and priority areas.
  - Fostering partnerships with sectors and organisations that enable ThaiHealth to increase its impact on health inequalities, social determinants of health and more at-risk or disadvantaged population groups.
  - Responding to partner concerns relating to rigidity and demands of reporting requirements.
  - Re-orienting evaluation of partnered projects/ programmes to be of a more collaborative and learning nature.
  - Affirming and acknowledging effective partnerships e.g. recognition awards.
- The coalition model is an alternative partnership approach used by some HPFs that ThaiHealth could trial – this reduces 'frictions' and fragmentation associated with working with only some potential partners on an issue.
- A periodic survey of partnered organizations as used by VicHealth and Healthway would be useful as a means of benchmarking current partner expectations of ThaiHealth, capacity to undertake health promotion and identify areas in partnership effectiveness which can be improved.

Operational and structural systems (Section 7)

Organizational structure

- ThaiHealth's current operational and organizational structure is confusing to those 'outside' and even those internally sometimes struggle to clearly elucidate the various roles and the relationship

between them. This is a barrier to partner organizations understanding how it operates and who within the organization they should liaise with.

- The number of committees is large and ThaiHealth runs the risk of becoming 'bureaucratic' in this regard. Coordinating and maintaining committees is demanding on resources and there is a danger that committees become reporting mechanisms rather than a vehicle for collaborative planning and action.

- As an alternative model to increasing the number of formalized committees, roles could be added to the agenda of existing committees.

- Exploring the use of a coalition model of funding has merit; devolving responsibility for collaboration more to partner organisations.

- Given the breadth of ThaiHealth activity and the active involvement of the CEO in policy and structural change initiatives, it may be timely for ThaiHealth to consider a management role positioned just below that of the Chief Executive Officer and his Deputy to oversee some of the integration, capacity building and evaluation issues that underlie all aspects of ThaiHealth's operation.
- ThaiHealth itself has recognized and started to address the need for greater interaction between its vertical (e.g. risk factors) and horizontal (e.g. communications) programme areas. Recommendations in other sections of this report address progressing this further.
- Notwithstanding the above, retention of the current structure until the end of this Master plan period 2006 – 2008 is important for continuity and stabilization within ThaiHealth. Also for its relationship with stakeholders which can become fractured if positions/roles and systems change too frequently. Similarly, ThaiHealth could step back from the current practice of revising the Master Plan each year, and instead invoke a more tri-ennial comprehensive strategic planning process and consultation.
- As part of the next strategic planning cycle (i.e. 2008 and beyond), it will be timely to review the organizational structure as a whole and identify the most appropriate structure to move ThaiHealth forward strategically. External advice on this would be beneficial.
- Even within the existing structure, there is scope to improve some of the mechanisms for communication, cross-sectional collaboration and information sharing and integration. ThaiHealth

has done better at establishing integration mechanisms at the strategic and planning level but needs to explore ways to more proactively achieve this at all staff and programme levels and to perhaps soften some of the current demarcations between sectional responsibilities.

Grant funding processes

- ThaiHealth should more aggressively target those areas where health inequalities exist to ensure that access is provided to those who are in greatest need. e.g. those living in poverty or for whom greatest health disparities exist, e.g. Thai people living in the Southern region

- In relation to Open Grants, consider:
  - Repositioning the Open Grants Plan so that it is a horizontal strand that supports the other relevant plan areas rather than standing alone.
  - Reducing the number of supervisions and using self reporting formats to focus on the supervision of those of high value.
  - Altering the supervision and reporting schedules so that final payments are released before the completion of the project, particularly for those of low value.

- In relation to proactive grants, explore ways in which specific organizations can be encouraged to proactively propose their own projects within the relevant programme umbrella. ThaiHealth could still identify issues or project/programme ideas but allow the partner organizations to assume a greater role in developing a proposal for consideration.

Transparency and accountability

- The Board should publicise its policy on conflict of interest to all stakeholders and the broader community to educate and provide reassurance of its integrity.

- ThaiHealth should consider holding public forums to which stakeholders (including the media) can contribute as part of strategic planning processes.

- There is merit in more regular reporting of how funds are disbursed, the purposes to which they are allocated, and to what

organizations. This would give stakeholders and the public a clear picture about the extent of the funding and the range of organizations which receive grants.

- Seeking applications from interested qualified organizations to implement projects has the potential to add to the sense of fairness and transparency which is critical when allocating grants.

- When committee positions or particular roles need to be filled by someone external, it would be more transparent and equitable to call for expressions of interest from the experts registered with ThaiHealth (or others not registered) so that interested people have the opportunity to be considered.

Decentralization

There are a number of decentralization options that could be trialed, including:

- Placing an employee of ThaiHealth in selected provinces, located in the office of the MoH, NGO or University. Tasks would include generating new projects, monitoring those already funded, providing training and advice and raising the profile of ThaiHealth.

- Selecting a region in which to establish a ThaiHealth subsidiary office, a type of regional coordinating body. Policy and direction would still be set by the ThaiHealth Board and decisions about funding made by central management, committees and Board. The role of the decentralized office would be to liaise, monitor, encourage applications, build capacity to apply for and develop grants, network relevant actors etc. This approach could be trialled in 2 regions, perhaps north and south.

- Establishing a 'mini ThaiHealth' in a region with its own regional board, committee structure and administration including budget. It would have all the responsibilities of ThaiHealth, with the Board devolving all decision making responsibilities to the regional board within the parameters of the Act. The regional board would have to follow the policy and fiscal directions set by the ThaiHealth Board and the legislation.

- Whatever approach is taken, ThaiHealth must consider what would be the most appropriate host institution to work through

or in the case of the mini ThaiHealth, it may be a 'stand alone' organization. An example can be drawn from the Health Systems Research Institute (HSRI) – an autonomous research agency under the MoH. It has four regional offices, all of which are located in universities, and run by university lecturers. This may be an efficient way to decentralize ThaiHealth. Clearly appropriate mechanisms to avoid conflict of interest and to ensure accountability and conformity to ThaiHealth central would need to be put in place.

Monitoring and Evaluation (Section 8)

Evaluation culture

- There is a need for a cultural shift within ThaiHealth of the way that evaluation and monitoring is viewed. Evaluation needs to be better recognized as a tool for informing and improving its strategic directions and health promotion activity, rather than as primarily accountability or monitoring mechanism.
- While the independence of some forms of evaluation is warranted, it would beneficial for projects and for ThaiHealth if evaluation and monitoring operated in more of a partnership model, providing evaluation feedback and advice that can help with project development and improvements, as well as input to project planning.
- An overall evaluation and monitoring plan that includes strategies for building evaluation capacity would be beneficial. Such a plan should operate horizontally within the organization, with strategies applicable to each section.

Evaluation and health promotion capacity

- There is a dual need within ThaiHealth to strengthen internal skills in project planning, development and monitoring, while also developing these in funded organizations.
- Good evaluation relies on sound project development and implementation. Grant proposals to ThaiHealth need to require clearer objectives, demonstrate how strategies will address objectives, and develop evaluation plans, with assistance and guidelines provided to projects to address this. In the experience of other HPFs, considerable staff time is saved when the rigor and quality of applications and project design improves.
- Within ThaiHealth and in funded organizations, there is a need to increase the capacity to clearly articulate underlying theoretical rationales and assumptions for projects and programmes and

map strategies and evaluation markers accordingly.

- There is scope to improve on the current model of outsourcing external evaluators on a project or programme basis. Establishment of a semi-independent evaluation group to help build evaluation capacity in funded projects as well as undertake evaluation is suggested. Such a group could build a more partnership oriented relationship with funded projects and could also have input to project development, goal setting etc.

Levels of evaluation

- Much of ThaiHealth's evaluation and monitoring to date is of an accountability, process or descriptive nature. There is a need for more impact and implementation level evaluation both at the project and programme level. ThaiHealth should revisit the recommendations of the 2001 evaluation consultancy [1].
- The current KPIs should not be discarded, but need to be refined and added to, to better capture the core goals to which they relate.

Manageability of projects

- The volume of grants funded by ThaiHealth makes it very difficult for the organization and project managers to be actively involved in programme monitoring and leaves little time for reflection and extraction of lessons learnt.
- It is suggested that ThaiHealth consider ways to reduce the number of projects overseen by its sections, such as outsourcing management of a group of related projects to a pertinent organization, prioritizing projects that warrant greater staff attention and requiring better evaluation planning from grant recipients.

Other possible evaluation methods

- Benchmarking is an issue recently identified by the International HPF network and there is merit in ThaiHealth being involved in this process.
- Commissioning a study of the cost effectiveness of either the organization overall, or some of its key programme areas would be beneficial to ThaiHealth at a strategic planning and organizational justification level.

Challenges/issues that ThaiHealth may face in future (Section 9)

Sustainability

- Co-funding for large projects under the Open Grant Scheme

could be required i.e. organizations would need to find external or internal resources to support the project. ThaiHealth could allocate an amount and the organizations could use that as leverage to attract funds from other sources.

- Alternatively, co-funding could be a requirement only for the second or subsequent years of a project, allowing time to build support for a project, get 'buy in', attract other investors.

- A sliding scale for funding could also be introduced (e.g. reduce the amount over time as an incentive for organizations to access support from other sources).

- Encouraging applicants to source 'in-kind' support (e.g. office space, administrative support) is one way of fostering shared ownership of projects and sustainability whilst not disadvantaging those groups unable to access monetary support.

Time-frames for funding

- ThaiHealth could create a category of funding for up to five years, with clear criteria, for undertaking new major projects designed to bring about more complex community level change. Appropriate interim indicators need to form part of the project application.

- When funding government departments, it is recommended that ThaiHealth initiate co-funding arrangements and develop a policy in this regard. This will minimize the perception that ThaiHealth is undertaking the core business of government departments or taking over their roles.

Being spread too thinly

- ThaiHealth needs to explore ways to become more strategically discerning regarding what it will and will not fund or initiate within a given strategic planning cycle. This applies to the proactive as well as open grant areas.

- ThaiHealth should recognize and acknowledge that it already contributes to health and social wellbeing issues less directly by encouraging and funding initiatives that build the capacity of the health sector and workforce to understand and deliver health promotion.

Potential for diminishing health promotion returns

- The challenge for ThaiHealth over the next five years will be to sustain the impact of its health promotion efforts, and shift the attitudes and behaviors of those who are currently not interested in healthier alternatives (be they individuals, organizations or governments).

- This has implications for strategic and programme planning, funding decisions and expectations of project outcomes. In addition, it points to the need for refined monitoring and evaluation approaches that can anticipate and detect patterns of health promotion impact in Thailand.

Social determinants of health and health inequalities

- Given mounting international concerns and evidence about the social determinants of health, and the observed impact of such factors on health in Thailand, it is appropriate for ThaiHealth to more overtly articulate some goals and a position on this issue and the related issue of health inequalities and inequities.

- Many of the project funded by ThaiHealth are already addressing social determinants such as violence, community support, culture, access to healthy food choices, hence this area does not require a new plan as such, and indeed is better addressed if embedded into the plans and strategies of all existing section areas.

- As experienced in other countries, socially determined factors often impede the ability of more disadvantaged groups to access health promotion messages and countries such as Australia have seen a widening in the gap in smoking prevalence between high and low socio economic status population groups. This highlights the need to specifically target more at-risk groups and tackle some of the barriers to their adoption of healthier behaviors. Project and campaign evaluations should also detect and report differential impacts on advantaged and less advantaged population groups.

Freedom from political interference

- Clearly stated guidelines of what will and will not be funded should be promoted not only to potential applicants, but also politicians and their staff.

- Regular briefings of politicians and their staff about the way ThaiHealth operates and how funding decisions are made would be beneficial.

- It is important to ensure that the non political and bureaucratic representatives on the Board represent a broad range of interest groups and are of high integrity.

- In relation to Board representation, ThaiHealth must consider what will work in its own political environment and lobby to achieve this.

Working with local government

- Strategies for enhancing relationships with local governments are based on sound partnership principles and may include:
    - The need to build trust. This may be done in a number of ways including introducing pilot or demonstration projects which produce early, positive results.
    - Making a commitment to be involved long - term rather that doing short-term projects and moving on as it takes a number of years for a sound relationship to evolve.
    - Respecting the problems and issues of the local government organizations and exploring ways to assist in addressing them.

ABBREVIATIONS

Act	Health Promotion Foundation Act (2001)
CAS	Centre for Alcohol Studies
CoI	Conflict of Interest
CSOs	Civil Society Organizations
HEALTHWAY	Health Promotion Foundation of Western Australia
HPEU	Health Promotion Evaluation Unit
HPF	Health Promotion Foundation
INHPF	International Network of Health Promotion Foundations
MoH	Ministry of Health
MoPH	Ministry of Public Health
NHDP	National Health Development Plan
NGOs	Non Government Agencies
P&P	Health Promotion/ Disease Prevention
SARS	Severe Acute Respiratory Syndrome
UC	Universal Health Coverage Plan
VicHealth	Victorian Health Promotion Foundation
WHO	World Health Organization

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In particular we acknowledge the assistance and support of the following:

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And finally our thanks to the Evaluation Board of ThaiHealth who instigated and supported the review.

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Introduction and background to review

1.1 Background to ThaiHealth, its objectives and mission

The Thai Health Promotion Foundation (ThaiHealth) was established by the Health Promotion Foundation Act in 2001 (the Act), after eight years of planning and cooperation involving many different groups. The move to establish an organization of this kind was precipitated by concerns about the many deaths and illnesses in Thailand attributable to preventable causes. The creation of a health promotion organization in Thailand followed the establishment of similar organizations, mainly in Australia, New Zealand and Switzerland. ThaiHealth was the first organization of this kind in Asia.

ThaiHealth's overall objectives include the reduction of sickness and death, and the general improvement in quality of life for Thai people.

According to the legislation, the missions and goals of ThaiHealth are as follows:

- To promote health among Thai people of all ages in accordance with the national policy
- To reduce consumption of alcohol beverages and tobacco
- To reduce other risk factors such as substances or things which are harmful to health
- To develop community capacity in health promotion
- To carry out studies and research and develop knowledge on health promotion
- To campaign on building up awareness, beliefs and information, and to communicate health promotion to the public through various activities

ThaiHealth's mission is summarized as being:

To support and develop health promotion process leading to good health of Thai people and society.

The Act provides ThaiHealth with considerable autonomy as well as annual revenue of about 2508 million baht, derived from 2 percent of the excise taxes on tobacco and alcohol. This revenue is not subject to normal budgetary processes. Instead, ThaiHealth reports directly to the cabinet and parliament each year and is the only organization in Thailand to obtain revenue and report to parliament in this way.

ThaiHealth aims to support, rather than replace groups and organizations already working on public health issues. A number of features set ThaiHealth apart from other health organizations in Thailand, including its funding source of tobacco and alcohol tax, resistance to political interference and focus on working primarily as a lubricant and conduit for others.

1.2 Background to the review

As ThaiHealth approached the end of its fifth year of operation, it was considered to be an opportune time to reflect on the organization and what it had achieved. Given its growth and the enormous scope of its programmes and influence, the Evaluation Board, one of the two ThaiHealth governing boards, considered it important for ThaiHealth to review and assess its progress since establishment. Areas to be assessed in the Review include ThaiHealth's response to its legislative mandate as well as a range of operational and strategic issues identified in the Terms of Reference (see 1.7).

The reviewers were commissioned to appraise ThaiHealth activity and efficiency to date and to make recommendations about areas for improvement and future directions. This was to be based on international best practice and, where appropriate, the experience of other similar organizations. Interest from other countries in the Health Promotion Foundation model, as well as the WHO's support of the establishment of new funding and infrastructures for health promotion, ensures that the findings of the review will be of interest to the international community as well as ThaiHealth.

1.3 Terms of reference of the review

The specific terms of reference (TORs) for the review required the reviewers to consider and report on the following:

[1] The national context

1.1 The alignment of priorities, programmes and strategies of ThaiHealth to the national strategic directions and priorities for health promotion in Thailand, and their links to sound research and international best practice.

[2] Health Promotion leadership and capacity building

2.1 The extent to which ThaiHealth has developed health promotion capacity in relation to groups funded, workforce development, research skills and project management in

priority health areas.

2.2 The extent to which ThaiHealth has influenced health promotion policies and systems in Thailand since its establishment.

2.3 The effectiveness of efforts to facilitate the development of networks and collaborations for health promotion among stakeholders.

[3] Programme effectiveness

3.1 The range and effectiveness of activity undertaken in relation to Objectives 2 and 3: (reduction of alcohol beverages and tobacco: reduction of other risk factors such as substances or things which are harmful to health.)

3.2 The impact of the social marketing programme in relation to awareness, beliefs and information and how it supports and reinforces the major programme areas.

[4] Operational and structural systems

4.1 The current structure of ThaiHealth and its appropriateness to enable it to meet its objectives and responsibilities.

4.2 The alignment between current funding, organisational structures and operational processes to determine how they function to meet the objectives of ThaiHealth.

4.3 The role and success of ThaiHealth in promoting health and how this broadly compares to the activities of similar organisations internationally.

4.4 The effectiveness of the current evaluation framework used by ThaiHealth and opportunities to strengthen this, including suggesting key performance indicators for the next 5 years.

[5] Future Strategic Directions

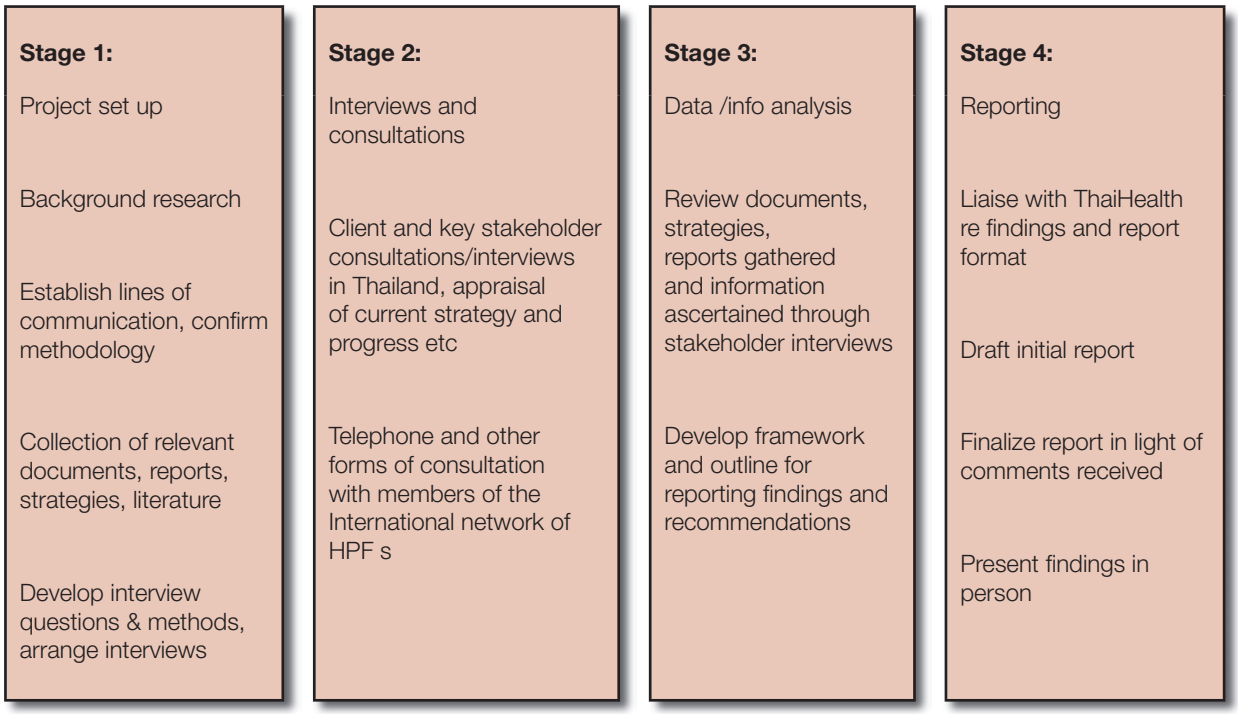
5.1 Potential health promotion goals and key performance indicators for ThaiHealth for its next five years of operation.

5.2 Strategic and operational considerations to facilitate the strengthening of Thai Health's effectiveness for its next five years of operation.

1.4 Overview of methods

The methodology for the review is depicted in Figure 1-1 on the following page.

Figure 1-1 Overview of review methodology



The processes entailed in the document and literature review (Stage 1), stakeholder consultations (Stage 2) and analysis of findings (Stage 3) are described in more detail below.

1.4.1 Document search methods, range of documents reviewed

While depicted in stage 1, the identification and review of data, evidence and literature continued concurrently throughout the review. Document search methods included:

- Medline and Google scholar search for pertinent literature

- Trawling websites of Health Promotion Foundations and other relevant organisations
- Review of internal documents, reports, plans and data as provided by ThaiHealth, as well as relevant government documents

Documents reviewed are listed in Appendix 1.

1.5 Stakeholder consultation methods

The discussion guide for the stakeholder interviews (see Appendix 2) was developed based on the review objectives, preliminary background research and input from ThaiHealth. The discussion guide ensured comprehensive and consistent coverage of issues, but was designed to allow for considerable flexibility in the sequence and scope of discussion topics, with capacity to accommodate the specific expertise or perspectives of individual stakeholders.

The list of stakeholders was developed collaboratively by the reviewers and ThaiHealth, and included representatives from ThaiHealth, funded organisations, relevant government ministries, non-government health organisations, and academic institutions. The breadth and type of those consulted in reviews of similar organisations were also taken into consideration. A number of additional relevant stakeholders were identified during the course of the review or suggested by other stakeholders. Appendix 3 details the stakeholders participating in the review.

All nominated stakeholders were sent an introductory letter by ThaiHealth outlining the nature of the review and requesting their involvement. Appointments were scheduled by ThaiHealth. A discussion interview outline was prepared by the consultants and provided to stakeholders as background information.

Given the number and diversity of stakeholders, interviews were conducted mainly in group or paired formats. A total of 70 stakeholders participated in the review. The face-to-face interviews lasted for around 60 minutes. All participants were given the opportunity to be interviewed in English, with the assistance, of interpretation or in Thai.

1.6 Consideration of best practice elsewhere

Consideration of relevant literature and best practice informed the review methodology and provided a comparison point for the report's discussion of findings and recommendations. As the body of relevant health promotion literature and evidence is vast, the review focused primarily on literature most relevant to the Thai context, ThaiHealth's strategic directions and programme areas, as well as evaluation issues.

Where relevant, the review has also drawn from the knowledge and experiences of other Health Promotion Foundations (HPFs), focusing particularly on four such organisations: Health Promotion Switzerland (HPS), the Austrian Health Promotion Foundation, Victorian Health Promotion Foundation (VicHealth) and the Western Australian Health Promotion Foundation (Healthway).

It was decided to focus on these four because they:

- all operate within the parameters of a HPF as described by the International Network of Health Promotion Foundations
- are most similar to ThaiHealth in terms of funding, legislative mandate and general objectives
- are all mature organisations having been established before ThaiHealth

1.7 Format of report

The report provides a summary and analysis of the comments, issues and themes that emerged during the review process. The concluding section includes a set of broad recommendations, but many other suggestions and issues for consideration are embedded within the report itself. Findings are illustrated by case studies and examples where applicable. The report is structured primarily around the terms of reference, with key sections relating to:

Overview of ThaiHealth Structure and Operations	Section 2
Alignment of ThaiHealth with National Strategic Directions	Section 3
Effectiveness of ThaiHealth Promotion Efforts to Date	Section 4
Health Promotion Leadership & Capacity Building	Section 5
Facilitation of Networks & Collaborations	Section 6
Adequacy of ThaiHealth's Operational & Structural Systems	Section 7
Monitoring & Evaluation	Section 8
Challenges/ Issues that ThaiHealth may face in the future	Section 9
Overall conclusions and recommendations	Section 10

2 Overview of ThaiHealth structure and Operations

2.1 Background – Health Promotion Foundations

A Health Promotion Foundation (HPF) is generally an independent statutory body which has, as its major purpose, the promotion of health [3]. HPFs were established initially in the 1980's and early 90's in four Australian states after tobacco sponsorship was banned through state legislation. A levy on tobacco taxes funded the buy-out of tobacco sponsorships and advertising as well as a range of other health-promoting activities. HPFs were set up to administer those funds. Since then, HPFs have been established in a number of countries.

Table 2-1 provides an overview of the comparative HPFs in relation to funding, population reach and staffing levels.

Table 2-1 Comparison of HPFs

Foundation	Population of country/state	Revenue 2006 (million baht)	Source of funds	Number employees	Funds (Baht per capita)
Health Promotion Switzerland (established 1996)	7.5 million.	499m	Medical insurance companies contribute a per capita amount per insured person	30	66
VicHealth (established 1989)	5 million. 3.5 million live in the capital city, Melbourne	821m	Formerly tobacco tax, now consolidated revenue	<50	164
Healthway (established 1991)	2 million. 1.5 m live in the capital city, Perth	511m	Initially tobacco tax*, now consolidated revenue	15	255
The Austrian Health Promotion Foundation (established 1998)	8.1 million. 1.5 million live in the capital city, Vienna	339m	Consolidated Revenue	~12	41
ThaiHealth (established 2001)	65 million. 9 million live in the capital city, Bangkok	2,508m	2% of tobacco and alcohol excise fees per annum	<80	38

*Pre 1997. In 1997 the High Court of Australia ruled it unconstitutional for states to collect tobacco taxes. Since then funding for HPFs has been sourced directly from consolidated revenue

HPFs are funded from a range of sources, not necessarily tobacco tax. Other countries use tobacco tax to fund health promotion programmes, but have different organizational structures to administer the funds e.g. Qatar and Poland where the funds are administered by the Ministry of Health and the Council of Ministers respectively [3]. While it is interesting to note the revenue per capita of population (Table 2.1), it is inappropriate to draw inferences about comparative staffing levels because of the different approaches to outsourcing key tasks.

The International Network of Health Promotion Foundations (INHPF) was established in 1999 to enhance the performance of existing Health Promotion Foundations and support the establishment of new ones. There are currently 5 country members and 6 associate members. ThaiHealth was the 5th HPF to be established. Appendix 4 provides details of members of the Network. The INHPF has identified a number of characteristics to best describe HPFs [4] as depicted in Box 2-1.

Box 2-1: Characteristics of Health Promotion Foundations

- Involved primarily in funding health promotion activities
- Established according to some form of legislation such as an Act of Parliament
- Is governed by an independent Board that includes stakeholder representation and is not involved in the day to day direction of the organisation
- Exercise a high level of autonomous decision making and uses transparent and equitable allocation procedures
- Not aligned with any one political group and encourage support across the political spectrum

In structure and practice, ThaiHealth clearly reflects all of the characteristics listed. Of particular relevance, and what sets the HPF model apart, is the relative independence from government and the ability to make autonomous decisions about programmes, policies and funding. Generally, the government will maintain some control, for example by making appointments to the Board and approving budgets. However as in the case of ThaiHealth, HPFs usually make independent decisions about health priorities and the allocation of their funds and report to government on what has been achieved.

HPFs have different ways of operating. Their legislative mandate and the context in which they operate (cultural, demographic and geographic) all combine to shape the organizations and their goals and objectives, structures and programme bases. Some will plan and deliver health promotion programmes while others use their funds to enable and empower existing organizations to deliver health promotion. Some will commission specific research or health projects to be undertaken while others may deal with applications

and the funding/supervision of approved projects. It seems that most HPFs use a combination of approaches, with some leaning more towards the proactive approach (ThaiHealth, VicHealth and Health Promotion Switzerland). One of the strengths of all of HPFs considered in this review is that they work in partnership with non-government and community-based organizations, enabling and empowering them to carry out health promotion programmes and initiatives. This is an area where ThaiHealth has made excellent progress.

Despite differences in the way that individual HPFs operate, a number of common advantages of this type of model have been identified [3]. Advantages realized by ThaiHealth include the ability of HPFs to utilize independence to advocate to government in relation to health promotion policy. They can also trial innovative programmes which may be risk-taking or politically sensitive and therefore less likely to be undertaken by Health Departments, operate with fewer bureaucratic constraints, and operate independently of government while supporting government priorities and directions for health promotion [3].

As the 5th HPF established internationally, it may have been tempting for ThaiHealth to merely reproduce or imitate what had been done before in other countries. However, it is evident that ThaiHealth, while learning from similar organizations, has successfully refined and adapted the HPF model to suit the Thai context, taking into account the population, geography, demographics, culture and other social factors, health issues, current health structure and capacity of professionals and the community to promote health.

2.2 Organisational structure of ThaiHealth

2.2.1 Governance

In accordance with the Act, ThaiHealth has two boards: the Board of Governors which has 21 members, dictates policies, strategies, the management structure and other guidelines for ThaiHealth. The chairperson of the Board is the Prime Minister, or his or her nominee, and the first Vice Chairperson is the Minister of Public Health. The

second Vice Chairperson of the Board is appointed by the Council of Ministers and is an appropriately qualified community member. Of the remaining Board members, 9 represent different Ministries of government departments while 8 honorary members, who have no political affiliations, are chosen as qualified members from the community.

The overall governance structure of ThaiHealth is depicted in Appendix 5. The ThaiHealth manager is a member and the secretary of the Board. Another 6 people are appointed as consultants to the Board of Governors to provide expertise when required. The Evaluation Board has 9 members with the responsibility of carrying out the overall evaluation of the performance of ThaiHealth, leading to transparency and efficiency. The two boards which are appointed by the Executive cabinet have equal standing.

Table 2-2 describes the governance structure of the four comparable HPFs. In all cases, HPF Boards govern the organizations to ensure that they fulfill their statutory obligations, as well as set priorities and direction to ensure delivery of aims and objectives. In contrasting the governance of different HPFs, a number of observations stand out. The size of the Boards varies considerably, with the ThaiHealth Board comprising 21 members as well as 6 consultants, while the others have from 11 to 16 members.

Table 2-2 Governance structure of HPFs

HPF	Constitution of Board	Other major committees
Health Promotion Switzerland	16 members representing, federal government, cantonal governments, insurance companies, medical professions, the sciences, health associations, and consumers.	A scientific Advisory Board assists the Foundation Council in developing strategies and evaluating activities.
VicHealth	A Board of Governance comprising 11 ministerial appointments and three members elected by Parliament.	Two Board Committees: Audit Committee and the Remuneration, Finance and Human Resources Committee. Several advisory panels support the Board.
Healthway	Eleven members representing medical, health promotion, sport, arts local government interests. Members are nominated by specific organizations. Four government departments are represented on the Board and there are no politicians.	Three advisory committees: health, sport, arts and racing with a health promotion research sub committee. These committees propose policy and strategic directions to the Board and make recommendations about funding
The Austrian Health Promotion Foundation	Thirteen Board members are appointed, 5 by government ministries and the remainder by key peak bodies representing health insurance, physicians, cities and towns, pharmacists and social security.	A project advisory committee has 7 members of whom 3 must represent Austrian university institutes. The committee evaluates technical aspects of applications and provides advice to the Board and the administrative office.

Another notable difference is the inclusion of politicians on some governing Boards and not others. For example Health Promotion Switzerland and Healthway have no political representation while VicHealth has a representative from each political party. ThaiHealth on the other hand has senior politicians or their nominees at Chair and first Vice Chair levels, namely the Prime Minister and Minister of Health. All of the comparable Foundations have representatives of government departments on their Boards. This is essential to provide expertise, create links among relevant organisations and minimize duplication. Departmental representation also ensures that the work of the HPF reflects the directions and priorities which have been established by government. In all of the HPFs reviewed, the number of government departmental representatives is fewer than half of the number of the full board, thus ensuring that the Boards are not dominated by the bureaucracies.

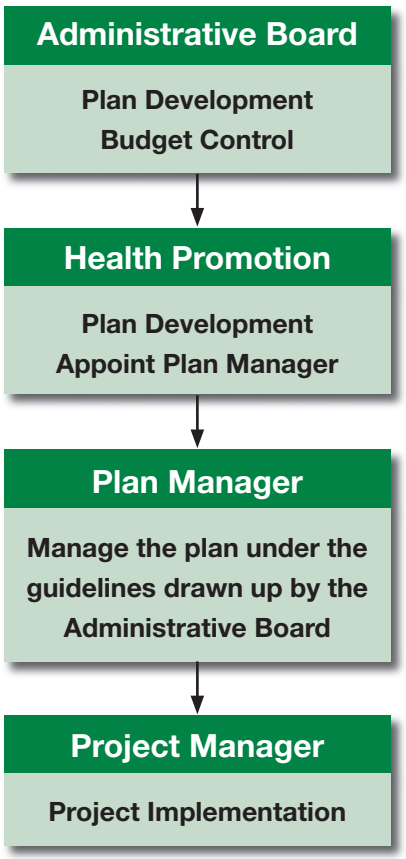
2.3 Administration and implementation

2.3.1 ThaiHealth's operational structure

ThaiHealth allocates grants either through proactive or open grants programmes which are described later. The operational structure relates to the proactive grants area.

This operates through 4 levels: section, plan, programme and project (see Figure 2-1).

Figure 2-1 ThaiHealth Operational Structure



As depicted in the overall organisational chart developed by the reviewers (see figure 2-2 on page 18), there are seven **sections** comprising (1) Major Risk Factors; (2) Minor Risk Factors; (3) Integrated Health Condition; (4) Learning for Health;

(5) Communication; (6) Open Grants; and (7) Support Systems and a total of 12 plans cascade from the sections. Each section covers a number of Plans and has its own **Plan Administering Committee** comprising 7 -15 members representing government, non - government, academic and other interests. Each Plan Administering Committee also includes two Board members.

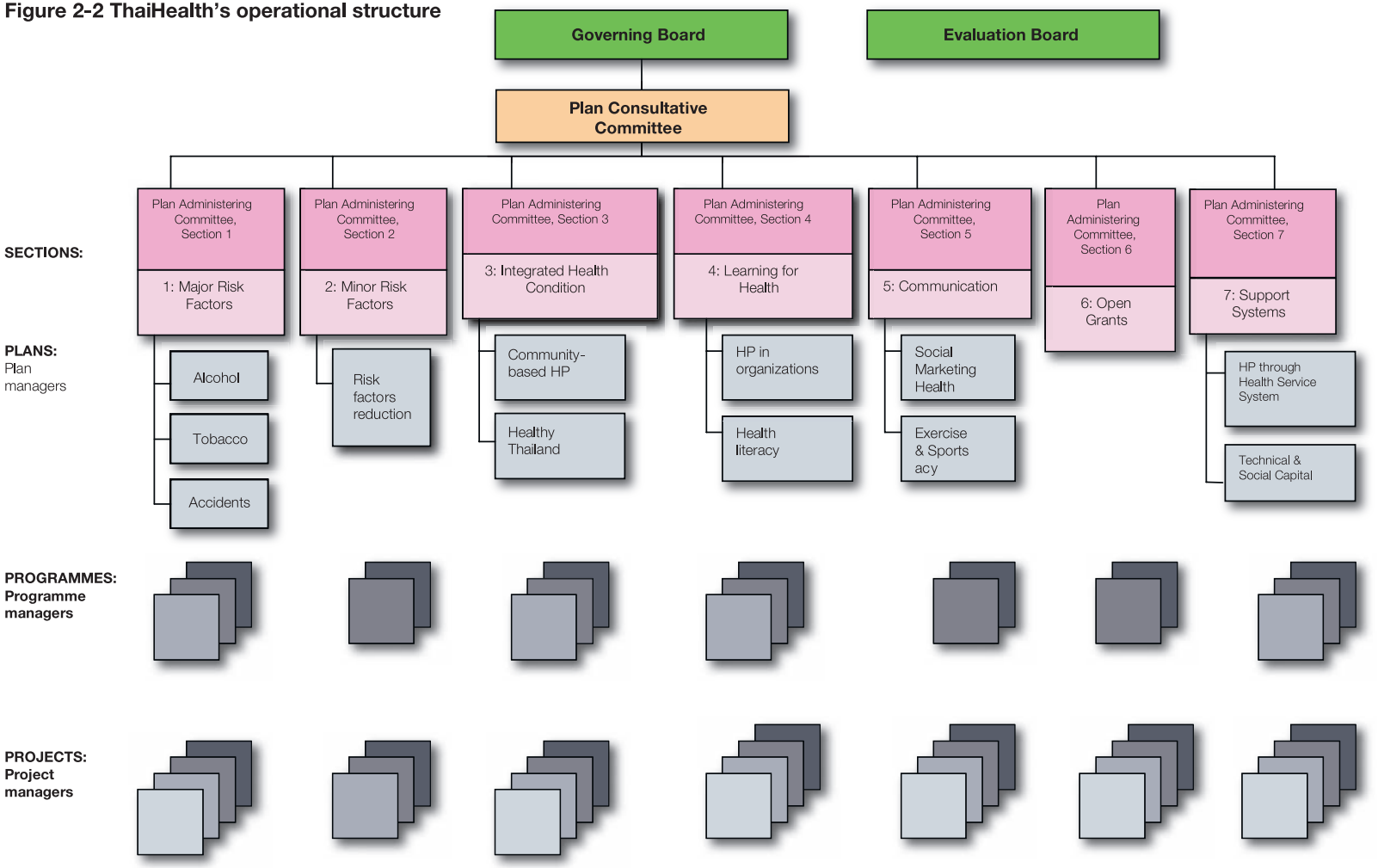
These working units are linked to the **Consultative Committee**, which is designated by the Executive Board to oversee plan development and monitoring as well as the promotion of the integration of the plans. The Committee consists of 7 members, who are chairpersons of the Plan Administering Committees. The **Section Director**, a ThaiHealth employee is appointed as secretary of corresponding supervisory committee, while the Director of another section serves as the co-secretary.

As indicated, each section covers a number of plans and there are 12 Plans in total. For instance, the first section of Major Risk Factors is responsible for devising and implementing 3 Plans relating to alcohol consumption, cigarette smoking and road traffic accidents. Each section has its own **Plan Administering Committee** comprising 7 -15 members representing government, non-government, academic and other interests plus two Board members. ThaiHealth appoints an internal **Plan Manager** to oversee each of its 12 Plans. There are also externally appointed **Work Plan Managers** who oversee the work of one or sometimes more plans.

Work plans are executed through the introduction of different **programmes**. Meanwhile, supporting each programme is a **series of projects** as the lowest-level operational unit. At the programme/ project level a **Steering Committee** comprising external expert representatives from relevant organizations is established to oversee the development of specific projects which will meet the objectives of the plan. Implementation of a project is carried out by an external organization which appoints a **Project Manager** to be responsible for the work. In this model ThaiHealth acts as a facilitator and igniter and does not undertake the implementation of projects.

While the governing arms of ThaiHealth, the Governing Board and Evaluation Board have been in place since the organization was established in 2001, the remainder of the organizational structure has evolved over time. By 2003, the general structure of the organization was in place and 11 plans were being supported. Furthermore the philosophy and general directions of the organization were being clearly enunciated [5], positioning ThaiHealth as a lubricant or catalyst rather than an implementer. This has resulted in the involvement of many partners from diverse areas such as schools, community groups, private, government and non government organizations, and the establishment and maintaining of networks.

Figure 2-2 ThaiHealth's operational structure



2.4 Programme and grants structure

ThaiHealth has identified four channels through which it works to encourage a wide range of partners and networks to become involved in health promotion. This strategy ensures that the content and scope of the programmes is not only broad, but also reaches a wide cross-section of the community across a range of geographical locations. The four channels are:

Issues approach which includes: alcohol risk reduction, tobacco control, physical activity, mental health and consumer protection

Settings approach which includes: work places, educational and religious institutions

Area approach which includes: all forms and levels of community involvement e.g. local government, villages, regions, sub districts

Target group approach which includes: groups such as young people, workers, the elderly, and particular religious groups

Two types of grant schemes enable ThaiHealth to use all of these approaches in order to meet its goals and objectives:

1. **The Open Grants** or reactive grants are open to any organization to apply. The Open Grants Plan was allocated 220mBAHT or 6.4% of the 2006 implementation plan budget.

2. **The Proactive grants** refer to programmes and projects which are initiated and developed by ThaiHealth but implemented by others. These received the remaining 93% of the implementation allocation in 2006, amounting to 1,390m baht.

2.4.1 Open Grants

The general Open Grants and Innovation Plan (Section 6) provide opportunities for individuals, organizations and communities to apply for funds to implement projects. There are 3 rounds of open grant allocations per year falling into two categories:

1. Those applications which may be for any activity to reduce health risk factors

2. Those applications which address specific issues or target groups which have been identified by ThaiHealth prior to the announcement of each round e.g. tobacco control, road accident prevention, health knowledge among young people.

2.4.2 Proactive grants

In the **proactive grants** funding programme, ThaiHealth sets the agenda within the framework of the Master Plan. To develop a project, a particular issue or topic is identified and the Plan Administering Committee of the relevant section identifies a chairperson to take the plan forward along with a Steering Committee appointed for the particular project. The Steering committee comprises NGOs, relevant Government departments and others who are regarded as partners. The organization which will implement the project is identified and is involved in the planning process.

Grants are discussed further in Section 7.3.

3

Alignment of ThaiHealth with National Strategic Directions and Priorities

The review was asked to consider the alignment of priorities, programmes and strategies of ThaiHealth to the national strategic directions and priorities for health promotion in Thailand, and their links to sound research and international best practice (TOR 1.1). The discussion that follows helps to establish both the broader health and Thai context in which ThaiHealth operates.

3.1 The broader health context

The establishment and evolution of ThaiHealth coincides with increasing recognition nationally that many of the causes and burdens of disease in Thailand are preventable (see Appendix 6). Thailand's 9th National Health Development Plan (NHDP) for

2002 to 2006 identified proactive health promotion and public health approaches to reduce the afflictions of preventable disease [6]. According to the NHDP, health promotion was expected to translate into practice through sets of targets and corresponding activities, with responsibility for these shared by the Ministry of Public Health (MOPH), government agencies, private corporations and civil society, including non-government organizations (NGOs) and communities. It is noteworthy that the enforcement of the Health Promotion Foundation Act 2001 was included in the NHDP as a target to achieve.

The 2002-2006 NHDP comprised 7 strategies concerning health promotion (see Appendex 7). Priority health behaviors and risk factors identified by this NHDP included physical activity, smoking, alcoholic beverage consumption, drug addiction, sex behaviors, anxiety and other psychological problems, food consumption, utilization of health products and technologies, and environment. The *Joining Force for Health Promotion* policy introduced in 2002 [7] encouraged Thai people to adopt healthy behaviors and lifestyles such as exercising, selecting safe and nutritious foods, practicing safe sex, and avoiding narcotic substances.

In early 2004, a large-scale project titled 'Healthy Thailand' was launched by the MoH. Its main objective is to improve the health status of the general population as well as to emphasize disease prevention in women and children, in line with the Millennium Development Goals for 2015 [7]. These initiatives target health promotion activities in five areas: exercise, food, emotion, environment and disease reduction and are carried out at national, provincial, district, and village levels.

While 'Healthy Thailand' is a responsibility of Government, with the Health Ministry as the major actor, ThaiHealth has an important supportive role in this initiative. One of ThaiHealth's 12 plans/priority areas is the 'Integrated National Public Health Policy', which is devoted to Healthy Thailand and with ThaiHealth providing most of its budget in the initial phase.

An important change in the Thai health sector in the early 2000s was the reform of health care financing. The government established the

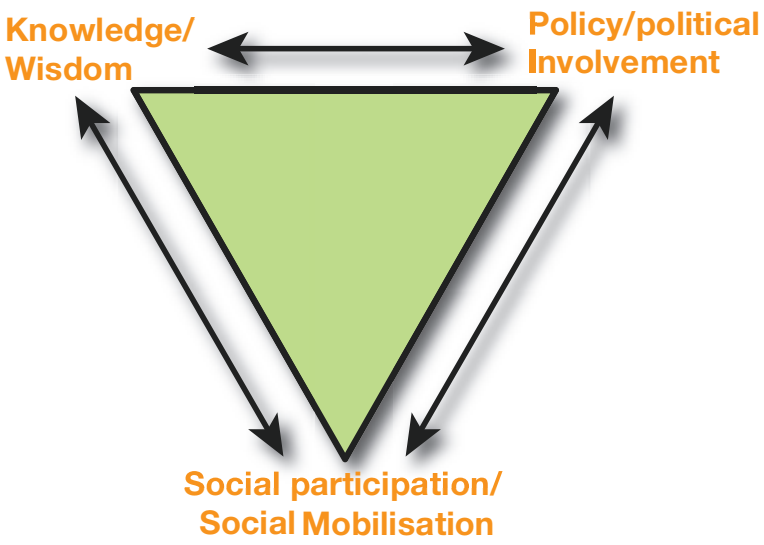
Universal Health Coverage Plan (UC) in 2001 to ensure equitable access to all essential health care and medical services, especially among the low-income and uninsured [8]. Access to health promotion and disease prevention (P&P) services is included in the benefit package. In 2003, over 75% of the population accessed health care through UC. [9].

The healthcare delivery system in Thailand (including the health providing units, workforce and payment mechanisms) was changed to accommodate the integration of health promotion elements into healthcare settings and communities [10]. A health promotion budget is included in the UC health budget allocated on a capitation basis to hospitals and health centers through the National Health Security Office. Key implication of these reforms for ThaiHealth include increased demand for funding of health promotion programmes, workforce training needs and research and development. In addition, civic networks and working systems, as fostered by ThaiHealth, have become increasingly important. While the perception among some of those consulted is that the advent of ThaiHealth brought about a reduction in the health promotion budget of the MoH, it appears that the reduction is in fact due to the redistribution of funds to support the UC.

Overall, the establishment and evolution of ThaiHealth has been congruent with, and complementary to, developments in the country's health system as described in this section of the report. Moreover, ThaiHealth has been able to play an active role in supporting and accelerating the commitment to health promotion espoused in the NDHP, Healthy Thailand and Joining Forces for Health Promotion Policy.

ThaiHealth's objectives and mode of operation reflect the core tenets of the triangle model (see Figure 3-1). As the Thai experience shows and public health literature testifies, knowledge alone is inadequate to achieve significant public policy and behavior change, and needs to be complemented and reinforced by civil society mobilization and political engagement. The 'Triangle that Moves the Mountain' [11] has been adopted by many institutes involved in health policy advocacy in Thailand; including the National Health Foundation, Health Systems Research Institute, and ThaiHealth, as well as their partners.

Figure 3-1 Triangle that moves the mountain



Many of the priorities targeted by ThaiHealth correspond to those identified in key policies and plans for health nationally. However ThaiHealth appears to be more focused on some national priorities than others; for instance sexual health is a high priority nationally but to date not a major area targeted by ThaiHealth. When proactively selecting programme issues and areas to target a number of criteria are used by ThaiHealth including:

- Critical issues that cause current social problems and concerns
- Ability to raise awareness of health promotion in society
- Potential for creating health promotion networks in society

ThaiHealth also contributes to national priority areas less directly by encouraging and funding initiatives that build the capacity of the health sector and workforce to understand and deliver health promotion.

3.2 The broader Thai context

In addition to the overall health context in which ThaiHealth operates, there are a number of broader trends and developments in Thailand that have implications for ThaiHealth. For instance, national frameworks for socioeconomic development are formulated as five-year plans and provide guiding directives for development in different sectors, including health. As such, health is seen to be intertwined with broader government goals relating to socioeconomic development and sustainability.

The National Economic and Social Development Plan (NESDP) for the past five years emphasized people as the centre of development objectives, as well as the balance between economic growth and development in other aspects such as equity, fairness and individual and social wellbeing. However in practice, macroeconomic performance was generally regarded by the administration as an important indicator of national achievements and failures. After the political change in September 2006, the idea of promoting a 'green and happy society' and including Gross National Happiness as a national development indicator gained currency. People's wellbeing as a development goal has been highlighted alongside the Sufficiency Economy philosophy in the tenth NESDP for 2007-2010. Political instabilities and the relative infancy of democracy in Thailand also of course have implications for ThaiHealth but such issues are well beyond the scope of this review.

Advantageously for ThaiHealth, the recent and current policy and social environment in Thailand has been conducive to the rise of an organization of its kind, compared, for example, with a country with a more economic rationalist agenda. Global issues such as terrorism and the emergence of potential public health disasters such as SARS and bird flu have also heightened awareness of the need to build public health capacity in the community, so that such issues can be responded to effectively when they arise.

Increasingly in Thailand, there is decentralization of authority with local administrative organizations now key actors in public policy development and implementation at sub-national level. The responsibility to provide basic public services such as education and health has gradually been transferred to local governments. However, there is still substantial need to improve the capacity of these organizations and also their constituencies. In this environment, lessons can be drawn from ThaiHealth's experience in involving community and civic groups as well as in partnering with local administrative bodies in health promotion. One of ThaiHealth's challenges will be to explore further ways in which it can empower and encourage local governments to meet the demands of the newly devolved health structure.

4

Effectiveness of Health Promotion Efforts to Date

Under its terms of reference, the review considered the range and effectiveness of ThaiHealth activity undertaken in relation to: reduction of risk factors (Objectives 2 and 3, TOR 3.1); influence on health promotion policies and systems in Thailand (TOR 2.2); congruence of activity with research and international best practice (TOR 1.1). Another of the review terms of reference specifically addressed the impact of the social marketing programme in relation to awareness, beliefs and information and how it supports and reinforces the major programme areas (TOR 3.2).

When examining the effectiveness of ThaiHealth, it is essential to consider the level of activity already present before its establishment because the infrastructure, ability of partner organizations and available resources very much influence ThaiHealth's ability to respond. For example, there was already a strong tobacco control

effort in Thailand pre ThaiHealth, while the promotion of physical activity, nutrition and other preventive factors was comparatively underdeveloped.

Appraisals of programme effectiveness also need to recognise that ThaiHealth does not operate in a vacuum, and by its own acknowledgement, is but one of the players working together to improve the health of Thai people. Many other government, non government and community based agencies are active in addressing the same health issues, therefore it is not generally possible to quantify which results may be directly attributable to ThaiHealth and which to other organizations. This is not unique to Thailand. Indeed, it is one of the paradoxes of effective health promotion, whereby interventions are more effective if multi-faceted and when strategies work in combination. However because the approach is multifaceted, it is more difficult to attribute 'success' to individual strategies and programmes.

The review mainly considered six areas of effectiveness:

- Key achievements as perceived by stakeholders
- Alignment with international health promotion evidence and best practice
- Existence of strategies and programmes to address objectives
- Evidence that programmes are effective
- Effectiveness of ThaiHealth's social marketing programme
- Influence on policy and systems

The discussion that follows reflects a synthesis of findings from stakeholder interviews and the review of pertinent documents, along with the reviewers' own observations of ThaiHealth programmes and familiarity with health promotion literature and practice internationally.

4.1 Key achievements to date

Complementing the examination of available data and reports, the reviewers sought to ascertain stakeholder opinions on the key achievements of ThaiHealth to date. This was done with a view to appraising its effectiveness and informing future directions, rather than as a post mortem exercise. Stakeholders were also given opportunities to identify any weaknesses or challenges that ThaiHealth has been observed to face and these are discussed within the context of subsequent sections. Some of the key achievements noted by stakeholders are summarized in Table 4-1 and are discussed further throughout the report. Overall, there is a resounding consensus that ThaiHealth has accomplished much in its first five years.

Table 4-1 Key achievements of ThaiHealth as perceived by stakeholders

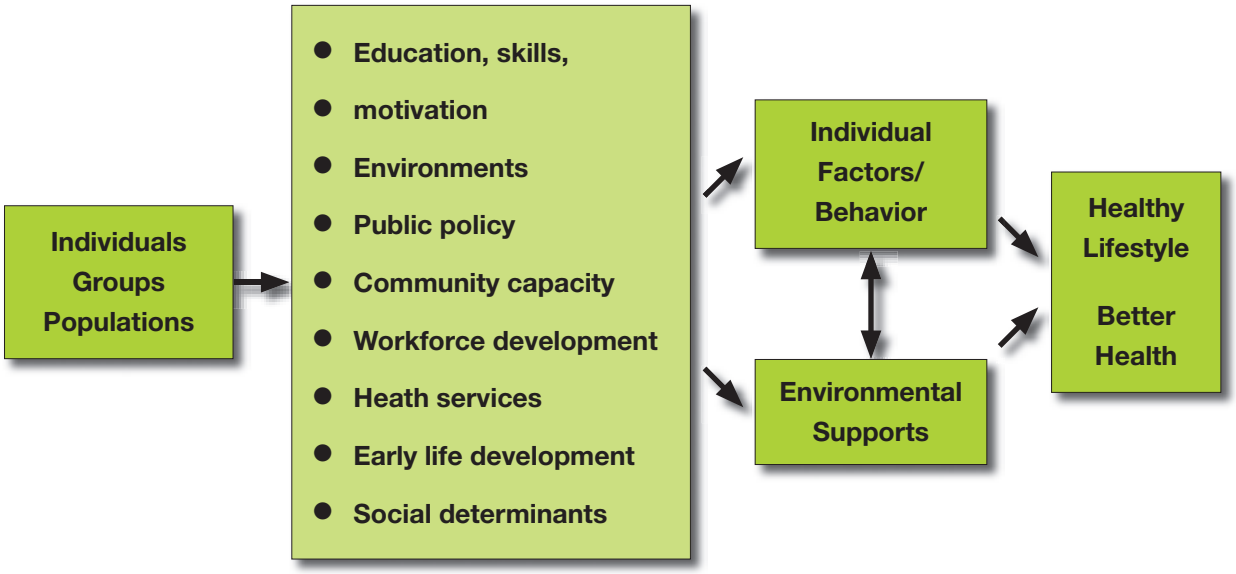
Key achievements	
Brings together many units in society including public, private and community groups to mobilize energy and resources	Plays a proactive role in advocating for policy and environmental change to improve health
Filled a void in dissemination of health information to the public. Created notable awareness about health and healthy health behavior among people.	Lubrication and mobilization and coordination of existing groups
Initiated community wide campaigns to promote health – only minor health promotion activity in Thailand prior to ThaiHealth.	Built capacity of many to promote health e.g. teachers, doctors, nurses, community health workers
Put health promotion on the community agenda - increased community understanding of the need to take care of own health through healthy lifestyles	Rapidly built a high profile, public support and good relationships with the media and key organizations which enables ThaiHealth to be a powerful voice for health in Thailand
Used resources to raise awareness of and take action on issues which had not been prominent e.g. reduction of alcohol consumption	Established strong mass media campaigns which are both proactive and aggressive

4.2 Alignment of ThaiHealth with international best practice

Health promotion is the "process of enabling people to increase control over and to improve health" [12]. A comprehensive approach to health promotion entails multiple elements as conveyed in Figure 4-1. Such a model aptly describes the ideological underpinnings and key approaches used by ThaiHealth to promote and improve health.

Guidance in best practice health promotion also comes from the Ottawa, Jakarta and Bangkok Charters on health promotion. The review found that much of ThaiHealth's activity aligns with the core tenets of the Ottawa Charter, with ThaiHealth probably being one of the most proactive of all HPFs in relation to developing healthy public policy and strengthening community action. The more recent Bangkok Charter is challenging for all HPFs and the health promotion field globally. For ThaiHealth, these challenges relate particularly to the issues raised in the charter of sustainability; addressing underlying determinants of health; building health promotion capacity, policy and leadership; and equitable protection from harm and opportunities for health.

Figure 4-1 Framework for health promotion



Making the promotion of health a key focus of communities and civil society is one of the core planks of the Bangkok Charter. Communities and civil society often lead in initiating, shaping and undertaking health promotion [13]. They need to have the rights, resources and opportunities to enable their contributions to be amplified and sustained, which often necessitates considerable capacity building. ThaiHealth has been proactive in this regard since its inception, with a strong focus on working with, and mobilizing civic society, as illustrated by the examples summarised in Table 4-2.

Table 4-2 Social mobilization fostered by ThaiHealth

Initiative	Brief Description
Identifying healthy role models	Some 406 projects identifying healthy role models were implemented in villages in 56 provinces beginning in 2004. Communities came up with their own definitions of what health meant, physically, mentally socially and spiritually. Local role models were used in person and in local media to inspire others and promote the idea that everyone can take steps to improve their health. Community activities included exercising together, making compost or organic fertilizer, growing chemical-free vegetables, holding contests such as "healthy elders'.
Health Promotion for the Elderly	Some 75 associations for the elderly were set up in 65 provinces between 2004 -2006 to encourage acceptance and promotion of the 5 standards of healthy villages (drug free zones, regular exercise groups, all elderly having their own health pocket book and overseeing healthy practices e.g. food safety, drinking alcohol and gambling prohibited inside temples).
Learning network to strengthen families	Some 105 communities in 9 targeted provinces are using volunteers to implement a learning programme for families, including parents and grandparents. As well as strengthening the family unit, the objective of the programme is to encourage poor families to be self reliant. Working teams also aim to progress the provincial policy to strengthen families through working with the provincial social development and local administration. The programme started in 2005 and is on-going.
Alcohol free temples	A pilot project to promote alcohol free temples in Nakhon Ratchasima has had 17000 temples joining in the project in 2005. ThaiHealth is joining the Ministry of Interior to press for the remaining 2,551 temples nationwide to become alcohol free.

4.3 Assessing effectiveness in health promotion

There are a number of methods and data sources used by ThaiHealth to assess the effectiveness of programmes as depicted in Table 4-3 on the following page. Section 8 of this report addresses specific issues relating to monitoring and evaluation processes in greater detail, and makes some suggestions as to other methods for measuring effectiveness that ThaiHealth could consider.

Table 4-3 Measures of effectiveness

Method used	Example
Evaluation of funded projects	External evaluators contracted by Evaluation Board to evaluate various mid-larger projects
Surveys of awareness and response to media campaigns	Surveys of awareness of road safety campaign and reported impact of campaign on driving behavior Surveys of smoking attitudes/behavioral intentions post campaigns
Changes over time in prevalence of risk factors and preventable morbidity and mortality	Annual report on Health Indicators produced by the Institute for Population and Social Research, Mahidol University Collection of data and monitoring of trends by research centers affiliated with ThaiHealth
Process indicators relating to networks	Information on size of membership and key activities obtained from various networks
Monitoring of policy and social change in priority areas	Collation and reporting of pertinent changes and achievements in annual reports
Analysis of funding distributions	The Annual Report describes funding distributed by health issue, geographical area, type of organization funded

One of the well recognised dilemmas in health promotion relates to the difficulty of isolating the impact of a single intervention from the impact of other activity impinging on the health behavior in question. For example, the number of road deaths in Thailand over the New Year and Song Kran holidays has reduced significantly since 2004 [14]. While ThaiHealth has been involved in high profile road safety and alcohol consumption control campaigns during this period, other factors including improvement in road conditions, legislation to limit the advertising of alcohol, and a greater level of law enforcement by the police may also have contributed to the down turn in road deaths reported.

Thus while it is important to monitor the effectiveness of individual projects, it is often inappropriate to try and disentangle the health impact of a single strategy given the volume of evidence that indicates that health promotion programmes and campaigns are most effective when complemented by other synergistic strategies[15, 16]. This is evident in Thailand's successes in tobacco control which have effectively included a comprehensive mix of legislation, public

education, advocacy, cessation support and smoke-free policy. Additionally, health related behaviors are complex and difficult to change and it is not always possible to see a direct effect in the short-term. For example the impact of the policy forbidding the addition of sugar in infant formula which came into effect in 2006 will not be able to be measured for some years.

4.4 Range of ThaiHealth activity in risk factor and priority areas

The review considered the range and outcomes of ThaiHealth activity in relation to the core elements of a comprehensive approach to health promotion as identified in the literature. The following table Table 4-4) indicates the range of ThaiHealth's efforts to address the major health issues/ risk factors and is a subjective view based on the collation of evidence from ThaiHealth reports (see Appendix 8 for a more detailed summary). One asterisk denotes the presence of activity while two signify a high level of activity.

Table 4-4 Areas of programme activity in relation to key risk factors

Health Promotion strategy	Tobacco	Alcohol	Road safety	Physical activity	Health risk factors
Research	**	**	**	**	**
Awareness and education	**	**	**	**	**
Social mobilization	**	**	**	**	**
Capacity Building	*	*	**	**	*
Policy/ laws / legislation	*	**	**	*	*
Reaching at-risk groups	**	**	**	**	**
Range of settings	**	**	**	**	**
Involving other sectors	**	**	**	**	**
Norms re health	*	*	**	**	*
Personal behavior change	*	**	**	*	*

As evident in the preceding table, ThaiHealth has a spread of strategies across its **priority risk factors**. ThaiHealth has also been active in generating health promotion activity in a diversity of **settings**, including schools, local communities, religious events and universities. Settings are a popular and effective vehicle for health promotion, providing alternative ways to reach specific populations, contextual cues and reinforcement for behavior change, opportunities for structural and policy change, and a means of engaging other sectors/professionals in promoting health to their 'client base'. Settings also sit well with ThaiHealth's 'catalyst' philosophy, enabling it to take advantage of existing infrastructure, networks and channels of communication.

In 2005/2006 a wide range of organizations and individuals were beneficiaries of ThaiHealth funding, with 55% of the open grant funds going to communities, 35%to schools and educational institutions, 4% to network organizations while hospitals and medical institutions, factories and work places and other organisations received the remainder. Box 4-1 provides an example of health promotion in an educational setting.

Box 4-1 Health in educational settings

The No Na Club (The no alcohol and nicotine club) is a youth group which originated from an anti-alcohol and tobacco campaign in 2003 with membership of students from 15 Institutes. By 2004 some 40 educational institutes were members, with over 40,000 students participating. Among them, about 20,000 have sworn to be lifelong abstainers from alcohol and tobacco. The No Na Club supports campaigns to reduce tobacco and alcohol use among young people within educational institutions e.g. the Alcohol Free Freshies Campaign. It continues to receive support from ThaiHealth.

ThaiHealth has also articulated a commitment to reaching **at-risk groups**. Priority population groups identified by ThaiHealth include youth, people with disabilities, and the elderly. The review identified plans (e.g. tobacco, alcohol, health literacy) and a range of funded projects targeting different groups within the community (see for example the case study described in Box 4-2. However, ThaiHealth

appears to have been less proactive than some other HPFs in prioritizing more at-risk or disadvantaged population groups and targeting health inequalities, and this needs to be considered in future strategic planning.

Box 4-2 Reducing violence against women in Amnat Charoen

The Women and Children's Assistance Coordination Center developed a programme co sponsored by ThaiHealth which was instrumental in encouraging men to quit drinking. This in turn improved family relationships and financial status. Men only discussion forums were held at the Center to exchange ideas and personal experiences. The majority of men recognized that the negatives effects of their drinking behavior extended to their wives and children and a core group decided to quit. This core group became leaders and role models in the village, leading efforts to spread the message about the impact of overuse of alcohol on family life. For example the Center formed a group of 15 women who had experienced domestic violence who joined with the men who had quit drinking to speak at 2 workshops where 150 -200 people attended. Following the intervention, the way of life in the community was reported to have improved. Not only were the women able to improve their own quality of life but they were also able to use their life experiences to give advice to relatives and friends.

More recently, ThaiHealth has sought to increase its **area-based approach** to health promotion, with a focus on local communities and settings, as well as regional activity. In the Open Grants Plan, the amounts allocated by region in 2005/2006 varied as did the allocation per person ranging from 5.33 Baht pre person in Bangkok to less than 1 baht per person in the Southern, Northeastern and Central Thailand regions. Allocations in the Open Grant Plan are generally application-based so it could be argued that the distribution depends upon the applications received. However there is a case to be made for ThaiHealth aggressively targeting those areas where health inequalities exist to ensure that access is provided to those who are in greatest need e.g. the Southern region.

4.5 Physical, mental, social and spiritual dimensions of health

Some of the views expressed by those both within and outside the organization, and at senior and more junior levels, related to the need to give greater emphasis to the social and spiritual dimensions of health as espoused in the WHO definition used by ThaiHealth. There are of course current initiatives in these areas, such as the 'spiritual health promotion' programme (2005/2006) and commitment to well-balanced development as part of health literacy (Master Plan 2007-2009). Indeed ThaiHealth has been creative in linking health to the cultural and religious context of Thailand, as illustrated by the alignment of a campaign to reduce alcohol use with Buddhist lent (see Box 4-3).

Box 4-3 Abstinence from alcohol during Buddhist Lent

Campaigns to promote abstinence during the period of Buddhist Lent began in 2004 with ThaiHealth in conjunction with the Office of Alcohol Free Organisations Network as well as over 200 NGOs and government agencies participating. Activities including media campaigns were conducted and resources produced and distributed. These included pledges to be signed by those committing to an alcohol – free Lent. The activities included walking and running events organized by the Jogging Club Federation Network and some restaurants joined in by displaying banners and refusing to serve alcohol. A survey on people's response to the 2005 campaign indicated that 91% of people had heard of the campaign and 1.25 million people pledged to either quit or reduce drinking during the Lenten period. It is estimated that during the 3 years the programme has run The "Alcohol-free Buddhist Lent" saved approximately 14,000million BAHT from being spent on alcohol.

The review identified quite strong support for ThaiHealth having a stronger focus on social and spiritual dimensions of health in strategic planning and programme and project funding. There is a global imperative for this also, as reflected in WHO's recognition of the growing burden of mental health problems and inclusion of a spiritual dimension within the concept of wellbeing. This has implications for the breadth and diversity of other areas ThaiHealth is already involved in, as is discussed further in the section on spreading too thinly (Section 9.2).

4.6 Generating and disseminating knowledge for health promotion

ThaiHealth recognized early on the need to have access to relevant data to underpin advocacy and policy change and to inform and raise awareness of health related issues and their impact on Thai society. This has led to the systematic development of academic data and information systems covering all of the major health areas through the establishment of a range of knowledge management centers and research institutes. Through these, surveys and research can be commissioned by ThaiHealth, as well as government departments and networks to support policy development and this has had an enormous influence on the rate and scope of policy development in Thailand over the past 5 years.

In just five years of operation, ThaiHealth has spawned a vast volume of knowledge including the monitoring and reporting on health indicators, funded research centres and projects, knowledge generated as part of funded programmes and projects. The latter is partly documented (e.g. project evaluation reports) but an enormous wealth of knowledge and lessons learnt is of the tacit knowledge nature. ThaiHealth's establishment of the Knowledge Management Institute (KMI) in November, 2002 reflects its recognition of the value of knowledge dissemination. However, like integration, knowledge dissemination and utilization needs to permeate the organizational culture and its way of operating at all levels.

The review observed that the KMI has found it difficult to change people's notion/paradigm regarding knowledge, i.e. that Information Technology (IT) is just a tool for knowledge management and that sharing of knowledge and experience is often more valuable than textbook/explicit knowledge. As noted by one stakeholder however, knowledge sharing is a two way street – it is not just about ThaiHealth disseminating it, but also about how can knowledge be brought from the field back to ThaiHealth to improve the effectiveness of its operations and programmes.

4.7 Effectiveness of ThaiHealth's social marketing programme

At present, 6% of ThaiHealth's overall budget is allocated to the social marketing plan, which encompasses media campaigns on priority health issues and sponsorship activity and health information dissemination. ThaiHealth has been on a rapid social marketing learning curve, but has already gained a good reputation among stakeholders in this area, and has won a number of national and international awards for some of its campaigns.

Campaign evaluations concur with stakeholder observations about the high levels of public awareness of health messages promoted by ThaiHealth campaigns. The 2006 'Alcohol-Free Buddhist Lent' campaign for example had an awareness of 94% and 90% of those surveyed after a New Year road safety campaign were reported to have admitted that the campaign to reduce accidents caused people to drive more carefully.

ThaiHealth's annual reports also recount many campaign successes in other areas such as child helmet wearing, tobacco, physical exercise, and alcohol-related violence. As noted elsewhere in this report, however, much of the documentation of outcomes is of a descriptive or qualitative nature and the reviewers found it difficult to evaluate the impacts on specific attitudes, knowledge and behaviors.

At present campaigns appear to be evaluated primarily through post-campaign surveys (i.e. ascertaining attitudes and awareness after a media phase), with pre-campaign research more often of a formative or qualitative nature. A more rigorous assessment of campaign impact entails pre and post campaign surveys with the same core questions so as to detect changes in attitudes, knowledge, intentions or behaviors relating to the targeted health issue. This is the standard and best practice method for campaign evaluation used by many health promotion campaigns in Australia, improved further by follow-up surveys one, three or 12 months after a campaign to gauge sustainability of impacts and detect behavioral relapse. Given that some of ThaiHealth's post

campaigns have had quite large sample sizes (e.g. over 1000), the costs of the pre-campaign benchmark survey could be met in part by reducing the sample size. A sample of 300-400 still gives reliable and valuable data.

Social marketing is often narrowly equated with mass media, because this is the most visual element of the campaign, and sometimes because the campaign is itself inadequately underpinned or supported by other strategies. Within a comprehensive approach to health promotion however, campaigns and marketing should be complemented and supported by relevant policy, economic, service delivery and structural measures that all have the potential to contribute to a common outcome goal. As noted by Donovan and Henley:

> "Social marketing not only targets individual behavior change, but also attempts to bring abut changes in the social and structural factors that impinge on an individual's opportunities, capacities, and right to have a healthy and fulfilling life" [17, pix]

The review considered the congruence between ThaiHealth's social marketing campaigns and principles for effective communication campaigns as identified in the literature (see Figure 4-2).

Figure 4-2 Principles underlying effective social marketing campaigns

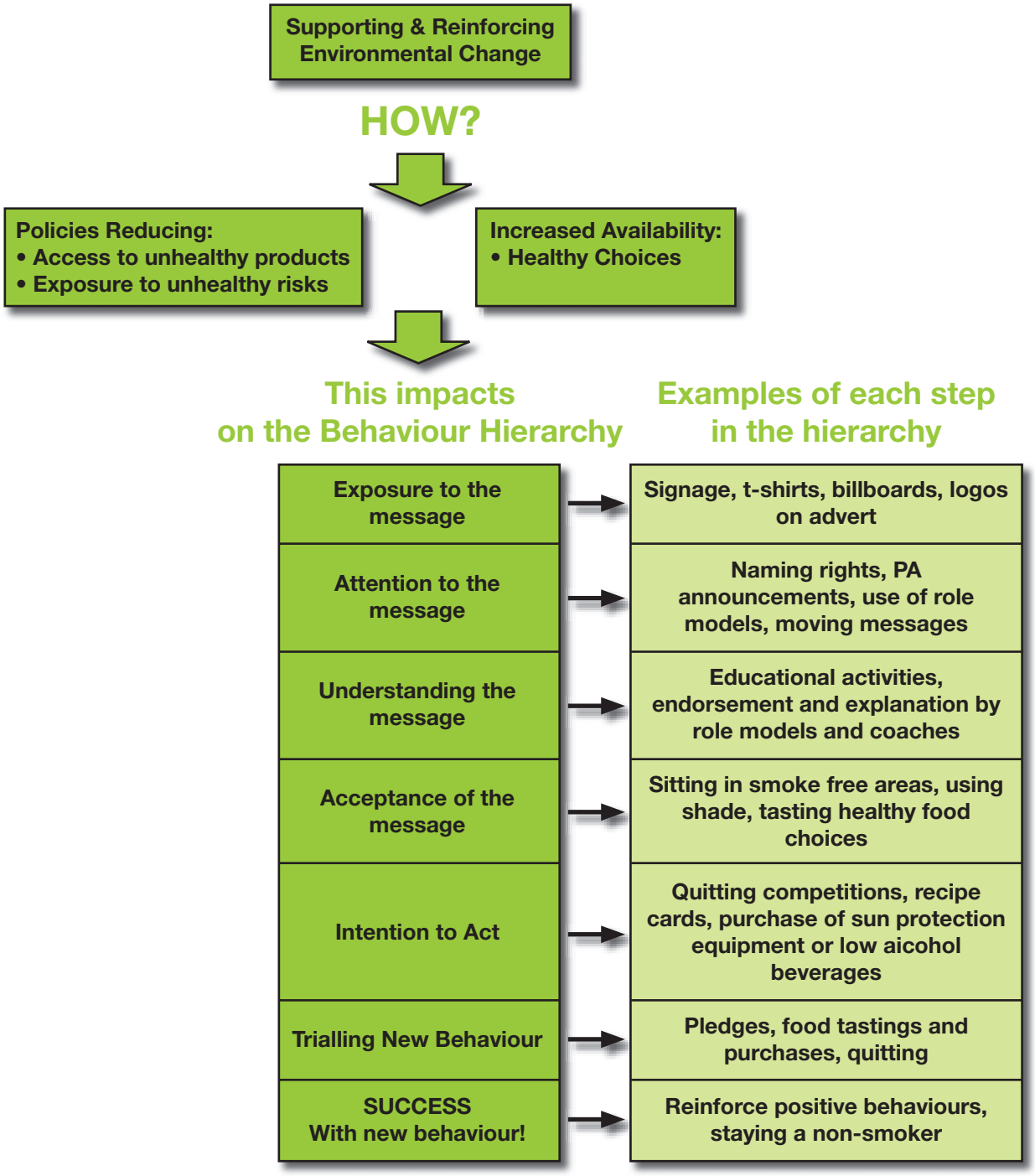
Principles for effective communication campaigns[17]
Recognise that messages are filtered by an individual's pre-existing attitudes, beliefs etc
Use appropriate messages for different target groups
Based on formative research, including message testing
Comprehensive and coordinated with on the ground strategies
Use multiple delivery channels and multiple sources
Stimulate interpersonal communications
Sustained over time
Use a theoretical framework

There are many examples in the literature of mass media campaigns that have raised awareness but had limited sustained success or impact on behaviors if not supported by other strategies [17]. ThaiHealth has however been particularly proactive and effective in developing media campaigns that are coordinated with on-the-ground strategies, with media campaigns on tobacco, alcohol, road safety and nutrition all complemented by 'ground war' communications and reinforced by pertinent advocacy, policy, structural change and law enforcement. For example, the awareness and prompts for behavior change provided by road safety media campaigns are reinforced by increased enforcement of drink driving laws and reduced access to alcohol in social settings are a case in point.

Congruent with one of the principles for effective communication campaigns identified in Figure 4-2, ThaiHealth has been proactive in its use of multiple delivery channels, with conventional mediums of television, radio and press complemented by creative channels that include the incorporation of health issues into television drama and message placement on bottled water provided at venues. As noted by some stakeholders however, evaluation measures are needed that enable the relative reach and cost of differing channels to be compared.

The appropriateness of particular promotional strategies or resources (eg merchandise) is determined by the campaign objectives and the stage of behavior change among the target group, as illustrated by Figure 4-3 on the following page.

Figure 4-3 Role of health sponsorship strategies in encouraging behavior change



Although there are benefits of targeting different messages for specific target groups, this needs to be weighed up against diluting the impact of key health messages with too many variations. The consistent branding of Nike's 'just do it' is a commercial example of this, while QUIT has been the core branding for tobacco control campaigns in Australia for over two decades. In some areas, ThaiHealth may wish to consider rationalizing the number of different messages.

Alcohol messages for example number more than 14 and have included: Think Before you start; If you drive drunk, you won't just get fined, you'll go to jail; Don't drive drunk; Drunk don't drive; Stop drinking stop violence; Alcohol - free Buddhist Lent; Quit drinking for MOM, These Three Months Give Up Alcohol For Your Mom; Stop Drinking Stop Being Poor; Don't Underestimate Alcohol Campaign with messages, Looking for a Fight, Heartbreak; Drunk Driving, Not Just Fines, Rehab programme; Drink, Don't Drive, Don't Speed; Drink and drive, Sure Get Busted. This contrasts with many international health promotion campaigns that have retained a single core message for periods of 3-10 or more years.

Other HPFs such as Healthway have more recently rationalized the number of health messages promoted, and in particular, try to limit one or two messages to a specific health issue. The impetus for rationalization has included concerns about dilution of message impact, message clutter, confusion if too many messages are presented to the community, and cost efficiencies from fewer 'brands' to produce on merchandise, signage and other campaign products.

Related to message continuity is the benefit of a long term outlook for campaigns generally, with the overall theme and objectives set for, say, a three year period, and new activity seen as *phases* of this overall campaign. Too frequently changing the focus or direction of campaigns also potentially dissipates effectiveness, and there are cost efficiencies in retaining existing media advertisements for a 2-3 year period. Indeed, recent campaign evaluations in Western Australia of both Smarter than Smoking (youth tobacco campaign) and Freedom from Fear (domestic violence prevention campaign) show that advertisements developed through sound formative

research still have high impact and low 'wear-out' some 5-7 years after they were first created and aired on television.

Sponsorship from ThaiHealth extends beyond the sports and arts events typically sponsored by HPFs in Australia and includes sponsorship of television programmes, conferences, press associations and special events. As depicted in Figure 4-3 (adapted from Healthway), sponsorships need to include a mix of strategies that help progress people through the behavior change hierarchy. While ThaiHealth may undertake many of these types of strategies, there is merit in using such conceptual frameworks to clearly identify any gaps, as well as delineating the rationale for strategies currently employed in sponsorship or campaign contexts.

4.8 Influence on health promotion policies and systems

Some two decades ago, the Ottawa Charter called for a greater focus on policy and environments within the health promotion realm. Similarly, environmental, organization and policy interventions are a key component of the Precede Framework [18] and other ecological models of health. Despite this, and the fact that some of the most significant gains in health promotion are attributable to environmental and policy change (e.g. tobacco taxation, alcohol availability), there remains a tendency in many nations and programmes for health promotion to still focus predominantly on behavioral risk factors and more traditional 'health education' strategies. Encouragingly, this is not the case with ThaiHealth, whose strong commitment to influencing health through policy and systems change is not just ideological but has been a core plank of its activity since its inception.

The review of ThaiHealth documentation and consultations demonstrated the significant level of activity and advocacy undertaken by ThaiHealth in the policy and systems domain in the last five years. Figure 4-4 depicts examples of the types of policy and system changes impacted by ThaiHealth (see Appendix 9 for a more comprehensive synopsis).

Figure 4-4 Examples of policy and systems change facilitated by ThaiHealth

Type of policy or system change	Examples
Deterring unhealthy behavior	Drink driving laws and random breath testing Reducing availability of alcohol at social events Strengthening enforcement of tobacco laws
Promoting availability of healthy choices	Provision of unsweetened milk in schools Increased access to sports venues and amenities
Decreasing availability of unhealthy choices	Removing sale of alcohol from petrol stations Enforcing laws re sale of cigarettes to children
Reducing exposure to unhealthy influences	Banning of tobacco and alcohol advertising Improvements to children's television programming
Eliminating/reducing exposure to health hazards	Smoke-free policies - protect from passive smoking

By its very nature, the effectiveness of health promotion is enhanced when a combination of strategies and approaches complement each other. For example, social marketing campaigns not only encourage individual behavior change but raise 'whole of community' awareness and contribute to the reshaping of public attitudes and norms [17], which may in turn render governments and politicians more receptive to enacting public health legislation or policy. Thus, isolating the effectiveness and relative impact of particular systems and policy strategies is difficult.

Nonetheless, the emphasis given by ThaiHealth to policy and systems is well supported by mounting evidence in the literature indicating that a significant proportion of health behavior change is attributable to policies that influence the pricing and availability of unhealthy products (e.g. tobacco, fatty foods), the opportunities to engage in healthy behaviors (e.g. exercise), or that counter the promotion and normalization of unhealthy lifestyles (e.g. glamorization of alcohol consumption). Moreover, there is growing recognition in the literature of the imperative for policy to be driven by, and informed by, research and evidence, and ThaiHealth has commenced well in this regard.

Health promotion effectiveness – summary considerations and recommendations

ThaiHealth exemplifies many elements of a comprehensive and best practice approach to health promotion as articulated in the literature and the Ottawa, Jakarta and Bangkok Charters on health promotion. Particular strengths to be sustained and further built upon include its emphasis on partnerships and networks, the involvement of civil society and the combination of environmental (policy, structural and legislation), behavioral and social marketing strategies.

There is much that other organizations and countries (not just within Asia) can learn from ThaiHealth's underpinning health promotion philosophy and the associated mix of strategies and programmes. The WHO and INHPF are encouraged to explore ways to draw upon some of the approaches and lessons learnt from ThaiHealth as articulated in this report.

Assessing effectiveness in health promotion requires within ThaiHealth a more tiered approach with appropriate expectations and evaluation measures differing at the project, programme, strategic and overall organizational level, whilst recognizing that all of these tiers work synergistically to impact on health outcomes. These issues and related recommendations are presented in Section 9 of this report.

ThaiHealth has actively targeted priority health issues and settings as channels for health promotion. It has however been less proactive than some other HPFs in prioritizing more 'at risk' or disadvantaged population groups and targeting health inequalities, and this needs to be considered in future strategic planning and included in KPIs.

ThaiHealth has identified the need to increasingly work at a local or regional level and this will require a re-orientation of directions and programs and the devising of appropriate measures of effectiveness.

While already very active in fostering policy and structural change across a range of health issue areas and settings, ThaiHealth could also consider further leveraging healthy policies within funded organisations as a requirement of funding e.g. policies relating to healthy food, alcohol, smoking, injury prevention for funded organisations, for sponsored events/venues, and as a negotiating point in proactive and open grants.

Social marketing is a highly prominent arm of ThaiHealth activity that has been able to demonstrate tangible impacts on a range of targeted health related attitudes and beliefs, while less tangibly but still significantly contributing to shifts in community norms and attitudes that ripen the political and social environment for change.

Further developing social marketing skills and experience within ThaiHealth and in partner organisations would be beneficial, along with continuing to progress the operation of social marketing as a horizontal and integrating programme area in ThaiHealth.

The temptation to be always innovative and new in campaign materials and messages needs to be weighted against the merits of fewer and more sustained campaign messages and themes in some issue areas (e.g. alcohol).

5

Health Promotion Leadership and Capacity Building

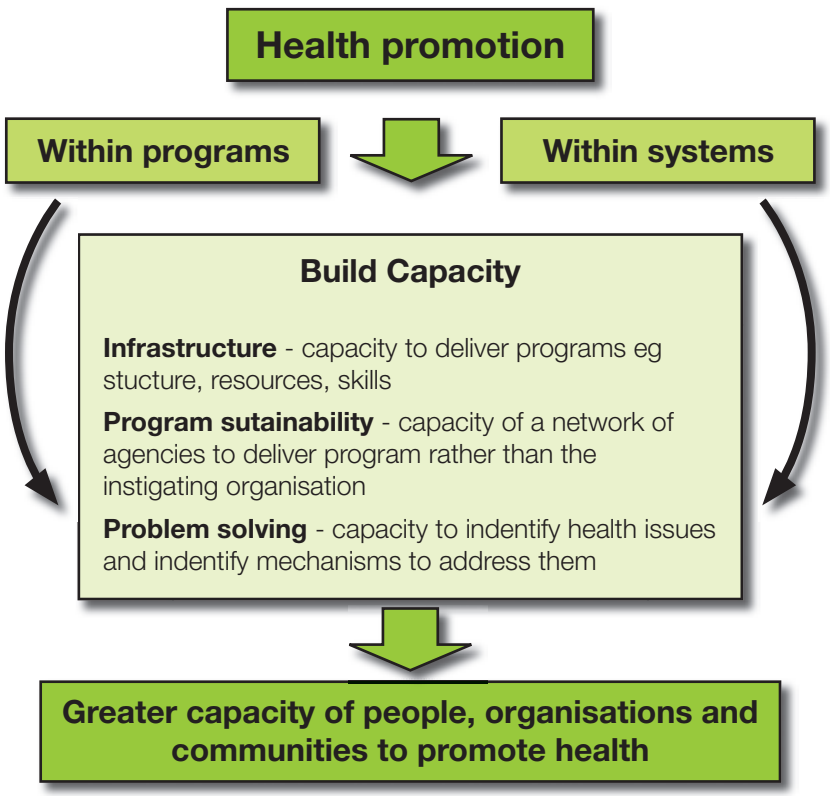
5.1 Background

The review considered the extent to which ThaiHealth has developed health promotion capacity in relation to groups funded, workforce development, research skills and project management in priority health areas (TOR 2.1). Capacity building in the context of health promotion has been defined as:

> Enhancing the ability of an individual, organisation or a community to address
>
> their health issues and concerns. [19]

Health Promotion capacity building can operate both at a programme and system level as depicted in Figure 5-1 below [20]

Figure 5-1 Health promotion capacity building*



*adapted from [20]

Capacity building has received increasing attention in the health promotion literature over the last two decades. It was implicit in the Ottawa Charter's [12] call to strengthen community action and empowerment and is more explicitly articulated in the Bangkok Charter [21] which stresses the need to build capacity for policy development, leadership health promotion practice, knowledge transfer, research, and health literacy.

Capacity building strategies can enhance health promotion by:

- facilitating 'on the ground' support, involvement and ownership [20]

- tapping into existing infrastructure and networks [20]
- increasing the appropriate delivery and effectiveness of programmes [22]
- building collaboration and partnerships [19]
- developing skills and resources to manage and sustain projects [19]

ThaiHealth's approach to health promotion is very much framed around a capacity building model. As stipulated in the Act, the emphasis is on building the capacities of communities, government and non –government organizations, public interest organizations, state enterprises and agencies, to plan, develop and conduct their own health promotion programmes. Overall, stakeholders recognized this as an area in which ThaiHealth has been proactive generally, albeit with a greater emphasis on some types of capacity building over others.

The review considered ThaiHealth's efforts and contributions to build capacity in relation to:

- Health promotion capacity within the health sector
- Health promotion capacity in the broader community and other sectors
- Capacity within systems
- Skills and abilities of external organizations and groups to 'do' health promotion
- Capacity of external organizations to apply for funds and manage projects
- The internal organizational capacity of ThaiHealth

5.2 Health promotion capacity within the health sector

Capacity building is sometimes the primary purpose of a ThaiHealth project as illustrated by the case study in Box 5-1 which describes strategies to integrate health promotion into health professional training. ThaiHealth has proactively encouraged such capacity

building in the educational training of doctors, nurses, dentists, pharmacists and community health workers.

ThaiHealth has also targeted the capacity of already practicing health professionals to be advocates and deliverers of prevention. For example, an inter professional network for a tobacco- free Thai society which included medical, nursing, pharmacy, dental councils and other health professional networks were enlisted as volunteers to provide advice for patients on quitting smoking. The health professionals were given some training as well as resources for patients. ThaiHealth has been able to provide support for undergraduate and post graduate doctors who treat the Muslim community by supporting the translation of "Teaching of the prophet in medicine" into Thai for distribution to medical faculties for use by Muslim Doctors.

Box 5-1 Health promotion in profession education institutes: a case study

In 2002 ThaiHealth instigated a project to raise health promotion on the agenda of health professionals and health professional training. This is a challenging area given the traditional emphasis on treatment rather than prevention and health promotion. In the early phase, a partnership was created with the Medical Schools Consortium, whose members were the 12 schools of medicine in the country. Loose networks were also formed between this initiative and health workers associations such as groups of rural doctors, community nurses, dentists and rural pharmacists.

In the one-year pilot phase, ThaiHealth granted 12 million Baht to research and operationalize projects relating to health promotion, including those aimed at encouraging better understanding of health promotion concepts, goals and activities among medical students, as well as the integration of health promotion elements into medical care. These projects were submitted by lecturers and students through the Medical Schools Consortium. Later, the health promotion networks were extended to involve other profession education consortiums including nurses, dentists and pharmacists. This initiative supported the inclusion of health promotion and holistic care principles in the training curricula. Moreover, health promotion outputs and outcomes were counted as important performance indicators of institutes under the Medical Schools Consortium. ThaiHealth created mechanisms for collaboration and experience exchange among education consortiums, profession councils and also groups of health workers. As a result of this initiative,

- Administrators and personnel of participating institutes have gained understanding of the concepts and importance of health promotion. This was, in part, a result of experience-sharing and knowledge-exchange mechanisms.

- The number of medical specialists involved in health promotion activities has increased.
- Organisational structure, budgeting and staffing to support health promotion and healthy environments have been pursued in some institutes.

Lessons learned on the success and failures in comparable settings within the network are helpful for programme managers and participating organisations to improve their programmes.

Another area in which ThaiHealth has contributed to capacity building is through village health volunteers who are counted as personnel within the health sector although they are community based. While they already existed before its establishment, ThaiHealth, through its lubricating/facilitating role has involved these volunteers in a range of new interventions and activities.

Frequently, ThaiHealth integrates capacity building within a project that is explicitly addressing a health issue or problem, as illustrated by the *No alcohol parties* case study described in Box 5-2.

Box 5-2 Capacity building at district level: 'No-alcohol parties in Baan Paew

In 2003, Baan Paew district hospital applied for an Open Grant section to address road safety issues associated with drunk driving. The **'No-alcohol parties'** project focussed on reducing alcohol consumption and intoxicated driving at social and festival events, such as wedding ceremonies, funerals, parties and religious festivals. A total of 337,900 Baht was granted from November 2003 to December 2005. The project offered money towards the costs of social events in exchange for event organizers pledging to keep the events free from alcoholic beverages. The agreement specified that cost sharing would be revoked if alcoholic beverages were found at sponsored events. Trained moderators from the project attended events as masters of ceremony and emphasised the health risk and financial consequences of drinking, and life loss and disability associated with drunk driving. Other education strategies included newspaper and radio announcements targeting community members.

Capacity building and sustainability outcomes

- Moderators trained by the project and staff of Baan Paew hospital became recognisable figures at no-alcohol parties, even after the project ended.
- Baan Paew hospital handed ownership of the project over to community leaders to continue it and encouraged them to adopt alcohol-free social events as community policy.

- Collaborative work among health promotion groups in the district was instigated by the project.
- The cooperation and involvement of respectable persons in the community such as monks and teachers was identified as a key success factor.
- Experiences drawn from this project have been used as a model for ThaiHealth's proactive grants through the Stop-drink Network (a programme under the Alcohol Consumption Reduction Plan)

Health and other outcomes

- Fifty parties and other social events signed on to the project. Out of these, 46 were alcohol-free.
- Community centres (eg temples, schools) where social events are often held were declared alcohol-free zones.
- Prevalence of road accidents dropped during the period of funding.

5.2.1 Health promotion capacity in the broader community/other sectors

With its emphasis on engaging civil society in promoting health and wellbeing, ThaiHealth has instigated and supported a number of initiatives that involve community groups and members outside of the health sector in 'doing' health promotion. Building up health promotion capacity in non-health organizations presents a learning curve for both ThaiHealth and the community organization. The Family Learning project provides a good example of how ThaiHealth has developed such capacity in a way that empowers the community group and is beneficial for health promotion outcomes (see Box 5-3).

Box 5-3 Family Learning Project - capacity building case study

ThaiHealth's Family Learning Project is run by the Rakluke Group, a private sector company that produces media, magazines and TV programmes as well as organizing events to help build healthy families. ThaiHealth has enabled the company to expand its operations in 9 provinces, with a working committee established in each province. In the communities selected to run pilot projects, Thai villagers are trained to run forums, become community researchers, do community radio broadcasting and disseminate information and encourage people to talk about family issues. The training occurs 3 times per year and covers such topics as alcohol misuse, family violence, consumerism and family debt and youth problems. Currently 94 communities participate. The

development of the project took 18 months, with the proposal going to the expert committee 3-4 times for review and amendment. The project coordinator reported that having expert input added value to the project and that it was a better and more effective project in the long run. Moreover, there were flow-on benefits from the capacity built, described as "a participatory learning process which has enabled the organisation to bring new skills and competencies to other areas of its programmes".

As well as building capacity of the organization directly funded, many of ThaiHealth's community based projects place a strong emphasis on building participants' knowledge and skills to improve health. Pertinent examples include:

- The Healthy Fishing Village of Pattani included in its health promotion programme support and stimulation for each household to make a small garden in the vicinity of their home to create a more livable environment.
- Health@Camp involves university students running summer camps in cooperation with local communities. Students receive prior skills training and camps focus on infrastructure building, knowledge building or special activities e.g. environment conservation, training of youth leaders. All camps must be tobacco and alcohol free.
- Under the Food Safety Market Programme, academic knowledge and local wisdom combined to improve the methods employed by all involved in the production of safe foods for sale. The Council of the Samut Sonkram Assembly for Food Safety which encompasses 52 fisheries and agricultural producers worked together using organic methods and other means to reduce contamination in foods with support from ThaiHealth. Through this initiative the local villagers changed their farming and production methods to ensure safe and healthy foods for local communities.

As articulated by one stakeholder,

"Working with communities is very powerful. Groups of volunteers can create good behavior change and integrate with each other. Using the bottom up approach a small community can create big change"

5.2.2 Building capacity within systems

Capacity building at the systems level involves policy development, inter-organizational planning, resource allocation, and consultation and advocacy efforts [23]. Generally, in a health promotion context, this level of capacity building will support healthy environments and lead to changes in whole populations, not just specific communities. It is the most complex and difficult area in which to work but can produce far reaching and long term impacts which bring about healthy changes and also challenge community norms and values. ThaiHealth has demonstrated its ability to be both a participant and a leader in building capacity within systems in a range of areas including tobacco control, road injury prevention and food safety (see case study in Box 5-4).

Box 5-4 Influencing systems for alcohol consumption control - a case study

Prior to 2003 Thailand had limited infrastructure and personnel to address the issue of alcohol consumption control. Strong players including government, non government agencies, vocal lobbyists and sound research data were needed to force change in this area. Active lobbying by ThaiHealth and others saw the establishment of the Alcohol Consumption Control Committee within the Ministry of Health. ThaiHealth has supported a number of other organisations including the Center for Alcohol Studies and these and other groups have combined to produce a range of education, enforcement and policy measures to reduce alcohol consumption A range of policies have been introduced, including a declaration of alcohol- free zones at schools, public parks and temples; and the introduction of advertising bans. There has been a decrease in alcohol sales and tax revenue over the past 3 years.

ThaiHealth's input into strengthening health promotion capacity at the system level is part of a multi-faceted effort involving advocating for concerted changes in the national policy, civil society organisations, and community. Employing top-down and bottom-up approaches have been crucial to achieving success in this area.

5.2.3 Building the capacity of external organisations to do health promotion

As noted by many stakeholders and ThaiHealth personnel, health promotion is very new in Thailand and it will take some time to build up a collective body of health promotion experience as well as people and organizations with requisite skills. In response, ThaiHealth has in-housed some activities (e.g. social marketing campaign coordination) and has placed a strong emphasis on the proactive development of programmes and projects.

As reflected in **International experience** and the literature relating to the development of health promotion workforce capacity, a combination of formal training in health promotion and experiential learning opportunities (e.g. 'hands on learning through doing') is required. The experience of the four comparable HPFs confirmed the importance of putting resources into capacity building, particularly in the formative years. These HPFs observed that the style, content and frequency of such initiatives changed as the organizations matured and developed and the external organizations and workforce became more skilled and able. A VicHealth survey found that capacity building programmes also have a positive impact on project sustainability and stakeholders look for and appreciate this kind of support (particularly seminars)[24] .

While the value of capacity building endeavors was stressed by all the HPFs interviewed, its impact on resources, both human and financial, was noted. This work is generally not income generating for Foundations and there was some discussion about whether this should continue to be carried out 'in house' or be outsourced. The difficulties of maintaining quality programmes and the appropriateness of the training environment were raised as possible negatives associated with outsourcing.

Stakeholder views were mixed as to whether ThaiHealth has done enough to date in relation to building the health promotion capacity of other organizations, and this was frequently identified as an area that ThaiHealth needs to continue to focus on and strengthen. In particular, the review findings suggest that there is scope to:

1) Ascertain stakeholder needs and desires in relation to capacity building

A number of other HPFs have surveyed their stakeholders and funded organisations to obtain feedback as well as information on both capacity needs and areas in which the HPF might have contributed to improved health promotion capacity. Issues covered by stakeholder surveys conducted by VicHealth and Healthway are summarized in Figure 5-2 on the next page.

2) Increase health promotion workforce development (e.g. skills relating to health promotion models, planning and implementation) among those involved in ThaiHealth projects

Capacity building needs applicable to a variety of funded organizations included overall project planning (including objective setting) and management; monitoring and evaluation of project strategies and outcomes; grant writing skills; and mechanisms for collaboration and integration (at project and inter-organizational level). While ThaiHealth has produced an “operating handbook” for open grants, this emphasizes financial reporting rather than the broader delivery of effective health promotion projects and for many of the smaller organizations the detail and complexity of the information may be somewhat daunting.

Figure 5-2 Stakeholder surveys undertaken by other HPFs

VicHealth stakeholder survey	Healthway Organizational survey
Conducted every few years (eg 2000, 2002, 2005) to obtain feedback from key stakeholders on strategic directions and quality of relationships with VicHealth	Obtains feedback on Healthway's influence on funded groups. 700 organisations funded by Healthway are surveyed every four years.
Topics included in survey: *Relationship with VicHealth:* Overall satisfaction with VicHealth; ability of stakeholders to influence VicHealth; quality of relationships; stakeholders' needs and concerns; pressing issues for stakeholders; suggestions for improving service provision. *Capacity building:* contribution to organisational capacity building. *Strategic directions:* stakeholders' understanding of VicHealth's current strategic objectives; views on VicHealth's current strategic directions; achievement of strategy related objectives; VicHealth's advocacy role.	**Topics included in survey:** *Effects of Healthway*: on organizational activities; programmes; staffing; membership; policy; funding sources; partnerships, target groups reached. *Views on Healthway*: satisfaction in dealing with Healthway; communication and feedback; difficulties in applying for and administering funding. *Healthy public policy*: smoke-free policy; safe alcohol practices; sun protection; healthy food choices; access for disadvantaged groups; injury prevention; other structural policies relevant to health; policy development, review and updating; introduction and enforcing policy; settings. *Skills levels and training needs*: Project planning, implementation and evaluation skills.

3) Reduce ThaiHealth involvement in some areas as capacity of external groups increases

Stakeholders tended to acknowledge the necessity of in-housing some roles (e.g. social marketing) in the early years of ThaiHealth's operation. However, there now exists a situation whereby if organizations are not granted the independence or resources to conduct campaigns and develop social marketing skills for example, then it is difficult for them to ever build capacity and experience in this area, including forming their own networks with advertising and media agencies. More conventionally in health promotion, and in the practice of other HPFs, social marketing campaigns are outsourced and are coordinated by one or more organizations with a mandate to address that health issue (e.g. ASH as a tobacco group, Cancer Council for nutrition etc). Where a learning curve exists, organizations can be supported, mentored, overseen by an advisory group with social marketing expertise etc.

Outsourcing of roles can also impede capacity development in funded organisations. The review found that the emphasis on independent external evaluation of projects reduces the impetus for funded groups to develop their own monitoring and evaluation skills. In the experience of other HPFs and funding bodies, requiring grant applicants to consider evaluation and monitoring issues greatly strengthens the quality of project objectives, strategies and implementation.

After five years of operation, it is timely for ThaiHealth to reflect on those areas of health promotion from which it may be able to withdraw or reduce its own influence and activity. For example, the capacity of other organizations to advocate on tobacco and alcohol issues continues to increase, therefore it was suggested by some stakeholders that ThaiHealth may more usefully direct its attention to issues that do not currently have skilled advocates. The outsourcing of social marketing was a contentious issue in some stakeholder interviews, but could perhaps be considered now that some templates for social marketing of health within the Thai context have been established.

4) Fostering strategic health promotion thinking amongst stakeholders/ applicants

To date ThaiHealth has taken the lead in initiating a large proportion of the health promotion activity that it funds. While this has led to the inception of many effective projects across a diversity of health priority areas, a number of stakeholders noted the need to empower other organizations to begin to take on a greater role in strategic thinking and initiating health promotion programmes and projects that align with ThaiHealth or national health priority areas. This may necessitate increasing the proportion of funds allocated through the open grants process as well as increasing the strategic role played by partner organizations in the development of proactive grant proposals. Similarly, the intensity of ThaiHealth's direct involvement in projects once funded can be reduced over time as organizational capacity increases, with ThaiHealth focusing more on ensuring effective project implementation and evaluation and extracting lessons learned for other funding areas.

5) Build health promotion as a recognised discipline within educational institutions

While ThaiHealth has been proactive in raising the profile and incorporation of health promotion into various health professional training programmes, there appears to have been less focus on fostering health promotion as a field in its own right. In countries such as Australia, hundreds of students graduate each year with qualifications in health promotion, and in the states with HPFs, often work on VicHealth and Healthway funded projects. Health promotion is also a core unit in many public health and health science degrees and many academic institutions run short-courses on health promotion. While there are some elements of health promotion within courses available in Thailand (see Appendix 10), these are few in number and suggest that a capacity void will exist for some time unless greater priority is given to encouraging institutions to offer health promotion education and training courses. Similarly there is scope to raise the profile of health promotion as a profession/field within the health sector via dedicated professional associations and conferences.

5.3 Capacity of organisations to apply for funds and develop proposals

With its emphasis on being a catalyst and support for other organizations to deliver health promotion in Thailand, the capacity of external organizations to apply for funds and plan programmes is vital. In discussions with stakeholders, the setting of unrealistic objectives and goals as well as poor evaluation strategies were highlighted as issues to be addressed.

The Evaluation Board also identified these concerns in its 2005 Annual Report. In a later report[1] where 25 large projects were reviewed, it was noted that approved grants sometimes lacked evidence-based strategies, had unsuitable timeframes and resource limits, and did not reflect understanding of the facts and problems they were aiming to address. In the view of the Evaluation

[1] Second meeting of the committee for results evaluation and funding of health promotion, year 2006

Board some projects had set goals higher than the ability levels of organisations to deliver, and had planned activities which were inadequate to meet them.

These problems are in part due to the limited knowledge and skills of some applicants or implementers. For proactive grants, some of these weaknesses may be ironed out in the proposal development process, but the intense input of ThaiHealth and its experts into the development of many proactive grant proposals reflects the health promotion learning curve that many organizations are still on.

The open grant applicants who do not have the input of expert steering committees may also need assistance. This is challenging given the volume of open grant applications with more than 1750 being received in the past year and around 40% or 700 receiving funding,

Strategies used to date to build the capacity of organizations to apply for funding include:

- Providing help from advisors in provincial health offices/ NGOS to community groups which require it.
- Inviting those with underdeveloped open grant applications to attend a grant writing workshop and resubmit a revised proposal.
- Operating handbooks for proactive programmes/ projects are provided to programme/project managers, responsible staff of projects, ThaiHealth partners, and project coordinators. The handbook describes the roles and responsibilities of different parties involved, instructions on operating procedures and financing mechanisms, several report forms and related documents.

Other HPFs tend to have a strong focus on building capacity in this area, they employ similar strategies to ThaiHealth as well as providing:

- Grant writing workshops for those who have not previously applied for funding

- Feedback on draft grant proposals prior to submission
- Samples of well written grants
- Access to expert evaluation advice during the project design phase
- Accredited short courses (e.g. VicHealth runs 2 day mental health promotion courses for partner organizations)
- Simpler application forms for the smallest tier of open grants for a specific issue or type of programme (e.g. with tick –a –box response options)
- Meetings for clustered groups working on the same project before application as well as after funding allocation (e.g. Walking School Bus in Victoria, Smart Schools in Western Australia)
- Website with information on the theory and practice of health promotion. E.g. Health Promotion Switzerland supports a website (*Quint essenz)* which provides guidelines and advice on health promotion planning and management

For high value grants, Healthway commissions the Health Promotion Evaluation Unit based at the University of Western Australia to assist with project design and evaluation strategies prior to the grant being submitted. This provides expertise as well as consistency and ensures appropriate standards are met. Appendix 11 provides web-links for sample grant application forms used by other HPFs which illustrate some of the examples provided above.

5.4 Internal workforce and organisational capacity building

In this case internal workforce refers to those employed by ThaiHealth as well as the external experts who are appointed as programme managers. There is general recognition that ThaiHealth has come a long way in establishing itself as a credible and competent health promotion organization in just five years. While a number of issues relating to internal organizational capacity emerged during the course of the review, these were generally typical of those which may be experienced by any new organisation.

In reflecting on the disappointing outcomes of some projects funded, the Evaluation Board identified the development of managers' ability levels in planning projects and processes related to project development. Other comments from stakeholders related to a need within ThaiHealth for increased:

- Integration within and across programmes (recurring theme)
- Project management skills
- Commitment and ability to undertake evaluation
- Data management skills
- Focus on specific health issues rather than spreading too thinly, which strains resources as well as personnel.

In essence the areas requiring strengthened capacity internally within ThaiHealth mirror those identified for external organizations earlier.

Capacity Building – summary considerations and recommendations

There are a range capacity building strategies and actions that ThaiHealth could explore, including:

Capacity of organisations to apply for funds and deliver effective projects

- Survey existing capacity of funded organisations and capacity needs as has been undertaken by some other HPFs
- Develop clearer guidelines for grants, skills training and evaluation support to improve quality of grant applications
- Work towards reducing input of expert steering committees in the proactive grant programme thus empowering partners

Health Promotion Capacity Building

- Work with one or two universities to establish health promotion course (could be at certificate level) that can be undertaken by those working in another area of health
- Introduce a Health Promotion leadership course for those working in funded organisations, perhaps similar to that undertaken by Healthway (Appendix 12).
- Offer work experience opportunities internationally to people employed in major NGOs or other partner organisations e.g. identify 3-4 people a year for work placement in a health promotion organisation (Foundation or NGO) say in UK, Australia, Canada for up to 6 months
- Offer scholarships for postgraduate (e.g. masters, PhD) students to undertake research in health promotion as does Healthway, VicHealth and the Austrian HPF
- sponsor a health promotion conference or seminar series on relevant health promotion topics (e.g. role of social marketing, advocacy, project management skills, evaluaton)
- instigate a ThaiHealth awards initiative that gives recognition to projects that have demonstrated significant health promotion results or are exemplars of capacity building (the biennial award presentations by Healthway and VicHealth are pertinent models to consider)

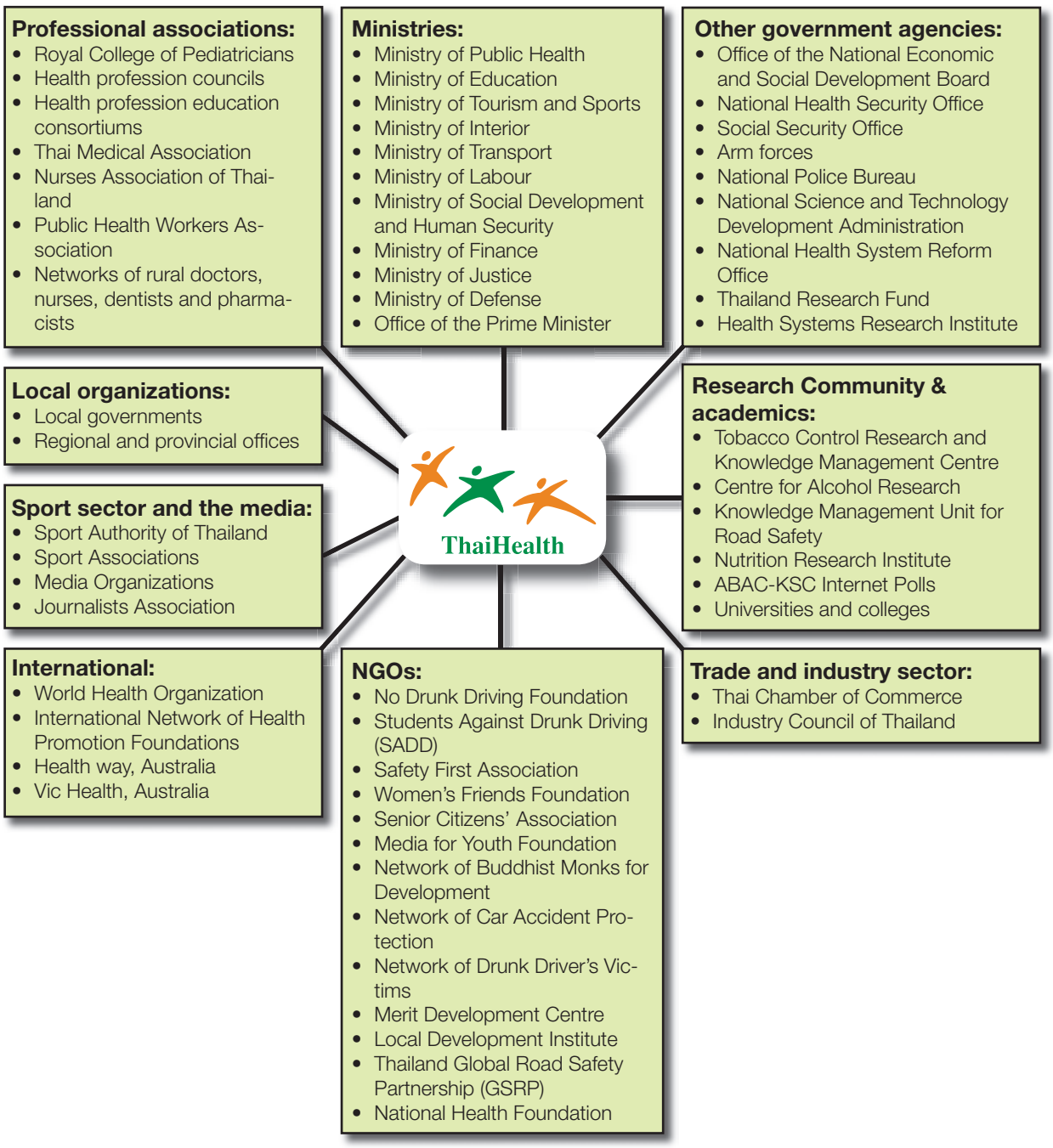
Internal capacity building

- In house training for staff with a comprehensive curriculum covering areas such as health promotion competencies, project management, evaluation
- Support employees to obtain further health promotion qualifications e.g. offer some work release time to encourage relevant studies to be undertaken.
- Twin with another similar Health Promotion Foundation - identify specific areas for learning and people to 'match up'. While this would have a mentoring element it should be seen as a two way process as ThaiHealth has much to share with others.
- Experiment with the Proactive grant development process. Use trials to determine if there are more efficient structures e.g. using a University based consultancy group rather than the Expert Steering Committee approach.

6 Facilitation of Network and Collaborations

The review considered the effectiveness of efforts to facilitate the development of networks and collaborations for health promotion among stakeholders (TOR 2.3). ThaiHealth sees one of its key roles as being to support, foster and connect with other organizations and individuals to work more effectively to promote the health and wellbeing of the community. The encouragement of partnerships and networks is listed as one of the strategies of the three powers which underpin the philosophy of ThaiHealth. In the review, there was general consensus that this has been a key strength of ThaiHealth's mode of operation. Efforts to build partnerships and networks are evident across a diversity of issues, sectors, geographic areas, organizational types and exist at both a strategic and on the ground level as illustrated by in Figure 6-1.

Figure 6-1 ThaiHealth partnerships



6.1 Types of relationships ThaiHealth has fostered

ThaiHealth has sought to facilitate networks and partnerships at a number of levels. Figure 6-2 provides a typology of the key types of partnerships and networks facilitated to date.

Figure 6-2 Typology of partnerships and networks facilitated by ThaiHealth

Type of relationship	Examples
A. ThaiHealth itself – partnering with other sectors, NGOs, private business, government departments, research institutions etc	ThaiHealth, in cooperation with the Department of Disease Control, the Ministry of Public Health, supported the enforcement of tobacco control laws on health protection for non-smokers.
B. Between partners – e.g. bringing different players together	Accident Reduction Network whose members include the Health Physicians Association, Industry Council of Thailand, Safety First Association, Against Drunk Driving Foundation, Students Against Drunk Driving (SADD)
C. Networks (type 1) – working through existing group or network to strengthen networking around an issue	ThaiHealth provides grants to support the training of some of the village health volunteers who are part of the public health network supporting public health workers which has been operational for some 30 years.
D. Networks (type 2) - bringing together existing groups and players to form a new network	In the area of tobacco, there are groups (e.g. ASH) and individuals who have been active advocates prior to ThaiHealth's existence – ThaiHealth draws upon and works with these existing networks as new challenges in tobacco arise.
E. Health promotion networks and affiliations	Network for health promotion among the elderly whose members include the Senior Citizens Council of Thailand as well as provincial elderly clubs.

Additionally, the review identified programmes and projects that encompass a combination of the partnership and network types depicted in the preceding figure. Road safety is a good example of this, as described in Box 6-1.

Box 6-1 How ThaiHealth works with partners and networks on road safety issues

In 2005 The Road Safety Center developed an integrated road accident prevention plan to encourage coordinated efforts by all interested groups. ThaiHealth has been a key player in efforts to reduce road accidents, including support for a diverse range of partnerships and networks, including:

Partnership with a non-health organisation/sector; The Provincial Road safety Division. *Network 'type a' – work through existing group to facilitate network development*: The 'Don't Drink and Drive 'Foundation received support to encourage networks to form e.g. 'victims of drunk drivers'. *Network 'type b' – establish new network*: The Accident Prevention Network. *Partnership with relevant government Ministry or Department*: Department of Probation to increase penalties for drink driving. *Linkage with research institution*: Support to King Mongkut's University of Technology for research and development of speed detection and monitoring systems. *Partnership or funding of a grass-roots community organisation;* Rakdee Center to identify drunk drivers at gas stations in risky areas.

Partnership, network and capacity building outcomes - Examples of achievements include: the establishment of some 22 networks; development and modification of laws relating to wearing of helmets; 51 pilot provinces drafted road safety prevention plans; training provided for 10,000 volunteers who work to prevent accidents nationwide, including assisting the traffic police during long weekends.

6.2 Benefits of partnership/networks approach

Any partnership should be beneficial to both parties, as well as to the shared objective or outcome. This is borne out in the review findings which identified benefits accruing to both ThaiHealth and its partner organizations, as summarized in Figure 6-3.

Figure 6-3 Benefits accruing from partnerships with ThaiHealth

Benefits to ThaiHealth	Benefits to participating organizations
Able to act as lubricant and spark rather than as a chief actor in promoting health	Increased resources, able to do things they had not been able to before
Builds recognition in community and support Breadth of partner groups provides widespread support for issues that ThaiHealth is advocating e.g. when there is a tobacco or alcohol issue that needs people to rally around	Enables them to tap into a new set of networks and infrastructure
Effective mechanism for capacity building	Able to share information
Generates new approaches	Increases leverage on health issues e.g. united voice, power in numbers, coordinated response
Provides access to other settings, sectors, areas c	Provides participatory learning process and skill development for partnered organizations which can be applied to other areas of the partners' work
Partner input/collaboration improves project quality	Increases viability by increasing resources, project activity, community visibility
Partners can act quickly and as a team	Strengthens and complements existing role of the organization

6.3 Strategies used to build partnerships/networks

6.3.1 Networks

Networks play an important role in monitoring, campaigning, advocating and carrying out health promotion activities in Thailand. As identified in ThaiHealth's master plan, successful mobilization of social units that share common ideals and goals requires the development of skills in working together as well as integration techniques. The No-added sugar network illustrates the types of strategies used to develop a new network in a priority area, and is an example of a network that has achieved much in just a few years (see Box 6-2).

Box 6-2 No-added Sugar Network – creation of a network to address a priority area

Despite dental health programmes in Thai schools since 1977, the prevalence of carries among children 3-6 years has been increasing, as has the incidence of children who are overweight. Prior to 2002, there were no national policies, strategic plans or coordinated networks in Thailand to reduce sugar consumption among children. At that time, only a small number of health professionals were interested in such issues. In 2002, ThaiHealth sought collaboration with these concerned individuals and established the No-added Sugar Network. Initial network activities focused on researching the problem, building knowledge and engaging in policy dialogues with government agencies. The work of this network, along with growing concern globally and in the Thai Public Health Ministry about childhood overweight and obesity, led to the establishment of the Sugar Consumption Reduction plan (ThaiHealth Section 2) in 2004.

Network members originally included individual health professionals, such as paediatricians, dentists, and nutritionists but has extended to include government agencies, professional organisations and academic institutes, such as the Paediatricians Association of Thailand, Department of Health's Dental Health Division, Queen Sirikit National Institute of Child Health, and Nutrition Research Institute at Mahidol University. Activities undertaken by the network can be classified as knowledge generation and management, campaigns including public relations or policy advocacy. For example, network leaders with support from partner organisations initiated discussions with policymakers such as Health and Education Ministers, the Food and Drug Administration, and administrators of local governments.

The network has played a vital role in a number of successes in the Thai effort to reduce sugar consumption, including revised regulations relating to sugar in infant formula; schools being made free of carbonated drinks, sweetened juices and junk food. Critical success factors include the involvement of credible health professionals, the evidence-base underpinning the campaign and the involvement of local government and the community in bringing about policy change. While the no-added sugar campaign is the current core activity of the network, network leaders see that this can then serve as a platform to extend areas of work to other health issues in children and adolescents.

Other strategies employed by ThaiHealth to facilitate networks include:

- Physically bringing people/organizations together to meet, share ideas and knowledge, build relationship, do advocacy work, and develop projects.
- Organizing seminars, workshops, conferences etc that can build capacity in networks and provide opportunity to interact e.g. for 5 years ThaiHealth has organized

the National Health Seminar where academics, NGOs, advocacy groups and campaigners meet to share information and ideas on tobacco. Some 1000 people attended in 2006.

- Funding ongoing maintenance of networks e.g. learning networks to strengthen families formed by volunteers in 105 communities in 9 targeted provinces.
- Supporting creation of consortiums of similar institutions e.g. ThaiHealth encouraged establishment of health professional education consortiums – separate consortiums covering professions of medicine, dentistry, nursing, pharmacy, teachers/ workers.
- Supporting networks for specific population groups e.g. Muslim communities, breast feeding mothers and the handicapped.

6.3.2 Partnerships

ThaiHealth's Master Plan documents the need to foster new partners. Indeed the number of partner networks and new experts/ scholars joining the work is listed as a KPI. As identified by a number of stakeholders, new partnerships should not merely increase the volume of partnerships per se, but should also focus on forging those partnerships that are most strategic, thus enabling ThaiHealth to progress its objectives and priority areas. The review explored whether there are barriers that may deter some potential partners from becoming involved at present, as well as proactive ways in which ThaiHealth might expand its partnership base. Partnership impediments perceived by some stakeholders included:

- FAVOURITISM - ThaiHealth has favorites, not open to new partners
- RIGIDITY - Rigid or onerous reporting requirements
- INFLEXIBILITY – partners must follow the ThaiHealth line
- BUREAUCRACY -Overly bureaucratic in demands
- SELECTIVITY - ThaiHealth tends to work with groups who will do their bidding. This tends to produce friction and fragmentation among those groups working in the area

- DEMANDING - Places too many demands on partners, not sensitive to partners who have other roles

It is not uncommon for stakeholders of HPFs to raise these kinds of issues, and while some of these perceptions may not be shared by ThaiHealth and all its stakeholders, they are issues that are valid in the eyes of some and therefore cannot be dismissed. Moreover, as the capacity of partner organizations grows, revised models of partnering are warranted. As articulated in VicHealth's Partner Fact Sheet[2], the way a HPF partners with other groups can be depicted as a continuum where, over time, there is a lessening of control, increase in trust, and willingness to increase the capacity of other organizations for mutual benefit and a common purpose. This is congruent with ThaiHealth's own vision to be a lubricant, spark, and energizer to other organizations. For an example of VicHealth's partnerships see Box 6-3.

Box 6-3 VicHealth in partnership with a community Arts and participation scheme

VicHealth provides funding to assist community members to work in collaboration with artists to create a performance, exhibition or public event that expresses or raises issues important to that community. Partners include local government, community groups, indigenous and refugee groups, community based health/human services and arts organisations. Through this process people can develop skills and capacity to express and celebrate their culture, get involved in group activities, access supportive relationships, build self-esteem and self-confidence, increase a sense of self-determination and control.

There are 35 VicHealth community arts projects currently operating across Victoria. At least 7000 Victorians participate in these projects – creating theatre, song, visual arts, circus and multimedia activity. Another 30,000 people attend the performances. Participants learn transferable skills such as communication, problem-solving, negotiation and cooperation. Additional benefits include: the ability of the arts to provide a powerful tool for advocacy by creating and enlarging understanding of unfamiliar people and issues, arts projects transcend language and cultural barriers, a community is created among those working on the project; bolstering individual connections to the community , events allow the general public to gain an appreciation of the talents of people that they may otherwise never encounter and may hold fears and prejudices about, groups are linked to relevant support services, inter-agency links are created, increasing communication and improving services. Also organisations outside the arts sector develop an understanding of health promotion through the partnerships.

[2] VicHealth Partner Fact Sheet, ttp://www.vichealth.vic.gov.au/assets/contentFiles/Fact%20Sheet_Partnerships.pdf

Example of how it works. Darebin City Council received support for *Jammin It Up,* a project designed to offer indigenous young people the chance to develop skills in hip hop dancing, rap song writing, instrument playing and band skills. Parents were also offered creative arts sessions. Young people were mentored and helped to further develop their skills to a high standard. Performance opportunities included production of live to air shows for radio.

The issue of partnership 'quality' versus 'quantity' raised during the review has implications for strategic identification of new partners, as well as for ways to build the 'quality' of existing or new partnerships. There are also new models of partnership that could be considered, particularly where not all potential partners are equally engaged on an issue currently. In our review of international HPF activity, a coalition model of partnering emerged as one option that ThaiHealth could explore for some programme areas. Box 6-4 provides an illustration of a large scale youth smoking campaign funded by Healthway that is managed by an effective coalition partnership.

Box 6-4 Smarter than Smoking coalition: an Australian experience

Smarter than Smoking is **managed by a coalition of leading health agencies in Western Australia, including the Heart, Cancer and Asthma Foundations, the Australian Council on Smoking and Health, and the West Australian Department of Health. Similar to a Thai proactive grant process, Healthway worked with these partner groups back in 1995 to develop the project in response to concerns about the void in youth smoking activity in Western Australia. The proposal was submitted by the Coalition to Healthway and funding awarded to this coalition, with the project to be run by a management committee comprising representatives from each coalition agency. One agency within the coalition (currently National Heart Foundation) takes responsibility for physically housing the project, line managing the project coordinator and administrative aspects of the project.** Each agency of the Coalition shares a commitment to tobacco control and the adoption of a multi-agency approach has proven to be one of the strengths of the Project. Over time, the Coalition has enabled greater efficiency by integrating services, sharing expertise, pooling resources and working together on joint projects.

Networks & partnerships – summary considerations and recommendations for ThaiHealth

ThaiHealth should continue its focus on partnerships and networks as a key operational approach.

Its partnership approach can be further strengthened by:

- focusing on forging those partnerships and alliances that are most strategic, thus enabling ThaiHealth to progress its objectives and priority areas
- fostering partnerships with sectors and organisations that enable ThaiHealth to increase its impact on health inequalities, social determinants of health and more "at risk" or disadvantaged population groups
- responding to partner concerns relating to rigidity and demands of reporting requirements
- re-orienting evaluation of partnered projects/programs to be of a more collaborative and learning nature
- affirming and acknowledging effective partnerships e.g. recognition awards

The coalition model is an alternative partnership approach used by some HPFs that ThaiHealth could trial – this reduces 'frictions' and fragmentation associated with working with only some potential partners on an issue.

A periodic survey of partnered organisations as used by VicHealth and Healthway would be useful as a means of benchmarking current partner expectations of ThaiHealth, improve the capacity to undertake health promotion and identify areas in which partnership effectiveness can be improved.

7 Operational and Structural Systems

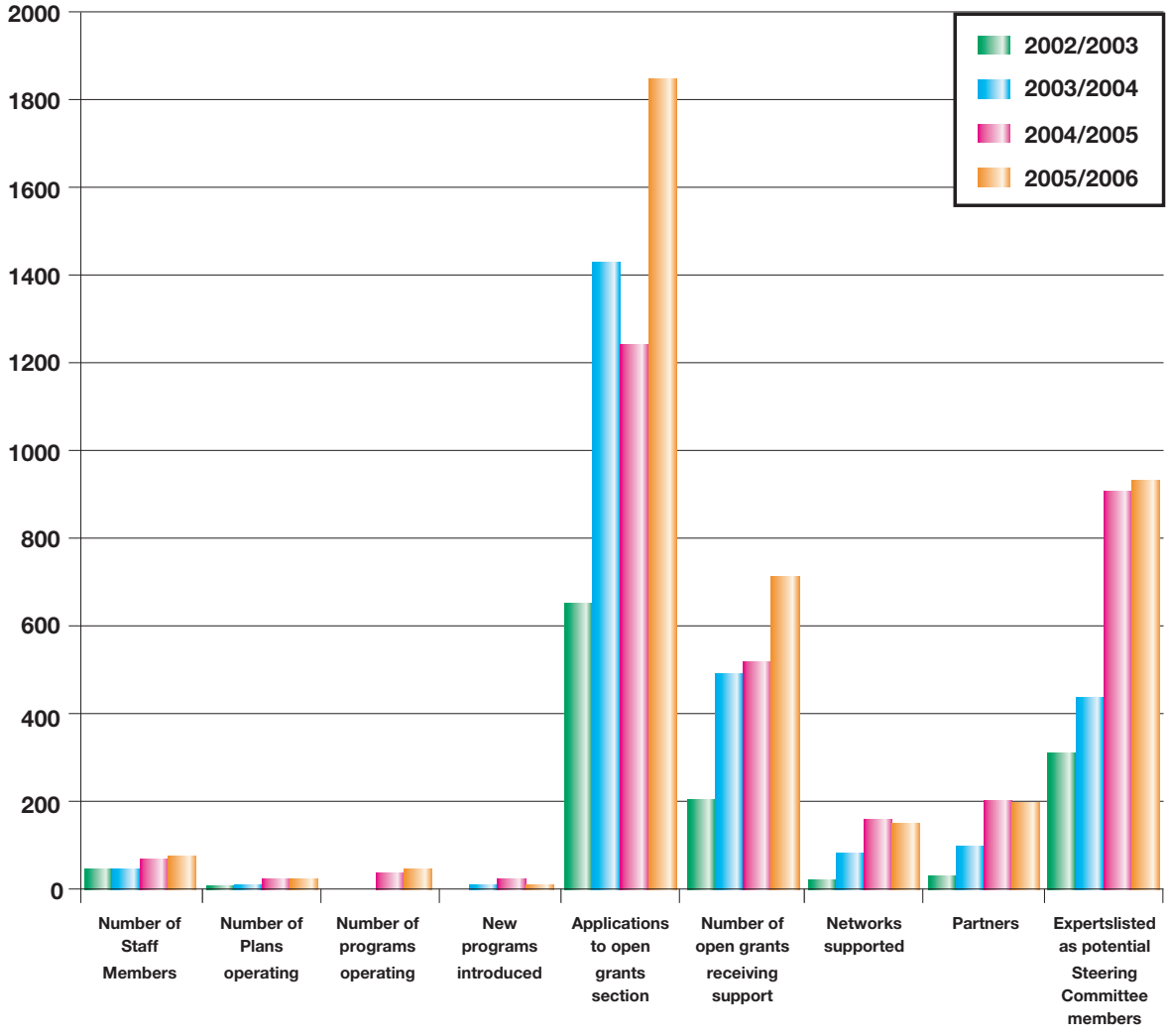
While an overview of ThaiHealth's current organizational structure, governance and funding systems was provided in Section 2 of this report, this section focuses on review findings regarding the adequacy of these to meet ThaiHealth's objectives and responsibilities (TOR 4.1) and the alignment between current funding, organizational structures and operational processes to determine how they function to meet the objectives of ThaiHealth (TOR 4.2). These findings are grouped as they relate to: organizational structure and management; funding/granting processes; integration; transparency and accountability; decentralization.

7.1 Organisational structure and management

7.1.1 Structure of ThaiHealth

ThaiHealth has grown rapidly since its inception, both in physical size and in the number and scope of plans, programmes and projects it initiates and manages. Within ThaiHealth, there has been a great deal of expansion and modification to accommodate and manage the expanding and changing needs of the organisation over the past 5 years. The increase in work load is demonstrated by the growth in the number of projects supported by ThaiHealth and expansion in employee numbers as depicted in Figure 7-1.

Figure 7-1: Indicators of the growth of ThaiHealth 2002 – 2006



During the course of the review, there was a general sense from both internal and external stakeholders that ThaiHealth may have already reached a maximum desirable size in terms of staffing. There was also concern that the number and breadth of plans and programme areas could become unwieldy. As noted by one stakeholder:

> *"The agency has become more bureaucratic with too many boards, committees. It lacks flexibility."*

ThaiHealth has begun to address these issues in recent years. With regard to staffing for example, it has outsourced various tasks such as project evaluation and accounting, and has drawn upon external experts to participate in its committees. Also in 2006, the 13 plans were reduced to 12 through the amalgamation of Plans 5&6, Health Promotion in Communities and Healthy Thailand to reduce duplication and increase efficiency.

ThaiHealth has been commendably responsive in adapting its organizational structure as it has evolved, but this has resulted in many added layers and branches and a structure that appears quite complex compared to that of other HPFs. The introduction of the Plan Consultative Committee in 2005 was designed to address problems of integration and coordination across sections and plan areas. However, a number of stakeholders struggled to understand ThaiHealth's operational structure or the way in which different sections, plans and committees fit together, and some felt that there are now too many levels of committees. This was also the experience of the reviewers.

7.1.2 Management of ThaiHealth

Given the reviewers' limited time for observation in Thailand, the main sources of comments about the management of ThaiHealth are Annual Reports, Board Papers and stakeholders' comments. The annual reviews by the Evaluation Committee are generally positive and in the consultations with stakeholders, remarks were generally complimentary about the way the organization is run. The CEO was often singled out and commended for his contribution.

The most recurring issue in discussions about the management structure of the ThaiHealth office pointed to the lack of 'across section' oversight and coordination within the organization. This is discussed further in Section 7.2 on integration. As noted by the CEO, it is difficult to have a simple organizational structure given the complex nature of health, the context in which ThaiHealth is operating and the mix of strategies that contribute to effective health promotion. Nonetheless, there is a growing body of pertinent literature relating to the management and effectiveness of more complex organizational structures and intra- and inter-organizational coordination [25, 26]. Additionally, ThaiHealth management could build upon its strengths in effectively networking and bringing external groups and individuals together around a health issue to foster such interactions internally.

ThaiHealth's management structure has altered and evolved considerably since its inception, but there are some downsides to changing organizational structures too frequently. As evident in organizational change literature and the consultants' observations of some health organizations in other countries, continual restructures can be stressful and demoralising for staff, as well as administratively demanding and confusing to stakeholders. Moreover, a reasonable period of time, for example a minimum of 3 years, is needed for any organizational change to 'settle' and for its effectiveness and efficiency to be monitored. Similarly, the practice of revising the three year Master Plan each year (i.e. ThaiHealth had a 2006-2008 Master Plan, followed now by a 2007-2009 Master Plan) is somewhat unconventional.

While there are benefits in refining directions and strategies during the course of a strategic plan, problems arise if the goal posts keep shifting. Moreover, an annual review of the plan erodes in part the deliberate long term emphasis of a three year plan. More conventional practice in other health promotion organizations is to monitor and report on progress against a three year plan annually, and modifying strategies if necessary, but not revising the plan per se.

Organisational structure – summary considerations and recommendations

ThaiHealth's current operational and organisational structure is confusing to those 'outside' and even those internally sometimes struggle to clearly elucidate the various roles and the relationship between them. This is a barrier to partner organisations understanding how ThaiHealth operates and who within the organisation they should liaise with.

The number of committees is large and ThaiHealth runs the risk of becoming 'bureaucratic' in this regard. Coordinating and maintaining committees is demanding on resources and there is a danger that committees become reporting mechanisms rather than vehicles for collaborative planning and action.

An alternative model to more formal committees may include adding to the agenda of existing committees.

ThaiHealth is encouraged to explore using a coalition model of funding; devolving responsibility for collaboration more to partner organisations.

Given the breadth of ThaiHealth activity and the active involvement of the CEO in policy and structural change initiatives, it may be timely for ThaiHealth to consider a management role positioned just below that of the Chief Executive Officer and his Deputy to oversee some of the integration, capacity building and evaluation issues that underlie all aspects of ThaiHealth's operation.

ThaiHealth itself has recognised and started to address the need for greater interaction between its vertical (eg risk factors) and horizontal (eg communications) programme areas. Recommendations in other sections of this report address progressing this further.

Notwithstanding the above, retention of the current structure until the end of this Master Plan period 2006 – 2008 is important for continuity and stabilisation within ThaiHealth, also for its relationship with stakeholders which become fractured if positions/roles and systems change too frequently. Similarly, ThaiHealth could step back from the current practice of revising the Master Plan each year, and instead invoke a more tri-ennial comprehensive strategic planning process and consultation.

As part of the next strategic planning cycle (i.e. 2008 and beyond), it will be timely to review the organisational structure as a whole and identify the most appropriate structure to move ThaiHealth forward strategically. External advice on this would be beneficial.

Even within the existing structure, there is scope to improve some of the mechanisms for communication, cross-sectional collaboration and information sharing and integration. ThaiHealth has done better at establishing integration mechanisms at the strategic and plan level but needs to explore ways to more proactively achieve this at all staff and programme levels and to perhaps soften some of the current demarcations between sectional responsibilities.

7.2 Integration issues

ThaiHealth's vision for the next 10 years includes a system which achieves better integration of sections and plans within the Master Plan. The need for greater integration was frequently mentioned in consultations with ThaiHealth boards, staff and by some stakeholders who work more closely with ThaiHealth. Yet the difficulties of maximizing integration within an organization such as ThaiHealth were also widely acknowledged. As recognised by management and Board, the breadth of partnerships, settings, issues and target groups aptly reflects the broad notion of health espoused by WHO and adopted by ThaiHealth since it began. Integrating programmes and operations within this breadth is inevitably difficult. Nonetheless, the review found there to be recognition internally and externally of integration as an area that warrants improvement. Figure 7-2 summarizes some of the integration issues and challenges raised:

Figure 7-2 Integration issues and challenges raised

Integration issues within ThaiHealth	Integration issues impacting on the community
Multiple projects sometimes unknowingly funded that overlap in terms of setting or target group e.g. the same youth networks receiving grants from the Open Grant Plan because it is an innovative project and from Plan 4 under the banner of youth.	Overlap of projects in the community For example it is possible for number of projects addressing the health of the elderly to be supported through Plans 1,2,3,9,11 at regional or sub regional levels.
Fragmentation in terms of accountability for KPIs e.g. the Communications section will ideally have some impact on health behaviors but they primarily collect data and report on KPI relating to attitudes only	Integrating community responses to an issue can result in greater leverage and effectiveness for that issue than isolated funding of many small individual community projects and groups, which on their own do not have much power to bring about change.
Lessons learnt from experiences in one plan or programme area are not necessarily known or easily transferred to other areas.	Opportunities are sometimes missed e.g. a few stakeholders cited examples of finding out 'too late' abut relevant initiatives funded by ThaiHealth that they could have collaborated or got involved with.
Managers are busy managing their own areas hence it is hard for them to think about and establish mechanisms for greater synergy between programme areas or between individually funded projects.	Scope for further networking of groups to promote integration and efficiencies e.g. it is labour intensive for an adolescent project to try and identify and engage all relevant youth networks, organizations – ThaiHealth could bring together or broker such links.

ThaiHealth has sought to address some of these integration issues more recently as acknowledged in a number of interviews. In particular, there is evidence of improved mechanisms in areas identified in Figure 7-3:

Figure 7-3 Measures to improve integration within ThaiHealth

Mechanism	Improvement to integration
Coordination structures and mechanisms	Established the Plan Consultative Committee to oversee integration of key issues. Grouping of plans into sections with one Section Director. Invited cooperation of different plan areas in development of projects.
Annual 'theme' project across all ThaiHealth programme areas	In 2005 ThaiHealth instigated the idea of a project that all programme areas could contribute to and which would have an integrated face in the community. The 69 million good deeds project was the first initiative of this kind (see case study in Box 7-1 below), followed by the theme for 2007 of "Sustainable Wellbeing With Sufficient Lifestyle" which reinforces the guidelines of the King relating to sustainable well being.
People' links between plan and programme areas	Directors of a section sit on a steering committee for another plan. Chairpersons of each Plan Administering Committee are on the Plan Consultative Committee. Regular meetings (monthly) of the chairpersons of the Plan Administrative Committee and the 7 teams as a sub-committee to advise the Office. An internal meeting mechanism of ThaiHealth, among the managers and secretaries of the Plan Administrative Committee teams. Two Board members are on each plan administering committee.
Links between horizontal and vertical programme areas	The Social marketing area was most frequently cited as a good template of horizontal and vertical programmes working together Social marketing provides specific campaign expertise, skills and contacts while relying on issue-based section plans like alcohol and tobacco for strategic directions, content knowledge, input to campaign development and strategies to support media.
Knowledge and information sharing	This now receives prominence via the knowledge management strategies in Section 7 (support systems) and work is underway to improve database and information management systems internally.

Box 7-1 Integration within ThaiHealth and among partners - '60 years 60million good acts'

Project Background

In 2005/ 2006, ThaiHealth identified a specific focal area in which all 7 sections would develop initiatives for a period of one year during 2006. The project focuses on the integration of internal and external stakeholders and aims to achieve this through the development of the "60 years 60 good acts" programme. This campaign is a national initiative involving a wide range of ThaiHealth external partners as well as each of the internal sections and plans. This project aims to create healthier environments and increased participation in activities (such as volunteering and activities to strengthen the bonds with family) for young people, the main target group. Apart from wishing to foster the well being of young people, the ThaiHealth Board saw this as a way to encourage integration, not only within the various sections of ThaiHealth and their plans, but also among the many partners and networks with whom ThaiHealth works.

Project Outcomes in relation to integration

- All 7 ThaiHealth sections have committed to support the programme.
- Cross section committees established with appropriate communication and reporting strategies
- Working groups have been able to foster integration through addressing topics from the plans e.g. alcohol misuse, gambling, unhealthy snacks cross such settings as media, schools and creative activities.
- Integration of local youth networks with the local health promotion network.
- Integrating local youth projects through the creation of the 'Kids street' project in 20 provinces
- Youth networking through Saturday teenager's activities including the sports network.
- Through the schools network three significant policies were introduced. (1) Soft drink free schools (2) safe and creative use of internet in schools and (3) the encouragement of creative activities in schools.
- Media watch to monitor media practice in collaboration with other government departments.

Other HPFs have experienced similar integration problems but they are much smaller in terms of staff so communication is easier and the scope and budget of projects is much less. Everything in ThaiHealth is on a larger scale; hence when there are problems in relation to integration they have bigger impacts.

As noted above, some of the integration solutions applied by ThaiHealth to date have been of a structural nature; such as the overarching committee structure introduced in 2004, cross-membership of committees, assigning secretariat and co-secretariat

responsibilities to committee members and Section Directors. As experienced by many organizations, including ThaiHealth however, such structural mechanisms for integration look sound 'on paper', but are not always as effective as intended in practice. For instance, some stakeholders noted that forums held to enhance integration primarily entail members reporting on what they are doing in different programmes, rather than focusing on how the individual programmes can work together to better achieve the objectives of ThaiHealth.

As noted by several stakeholders, effective integration in any organization requires an 'integration mindset/culture' within an organization - this can influence the degree of integration far more than documented processes and structures. It is imperative that an integrative culture permeate all levels of ThaiHealth and is not just seen as the domain of directors, managers or committees. Concern was expressed however, that such an integration culture does not yet exist within ThaiHealth.

ThaiHealth appears to have done better at achieving synergies at the 'plan level', but is less synergized at the implementation level. This applies both to implementation internally (e.g. duplicate support to the same organizations, low awareness at 'implementation' staff level of what other sections may be doing that is related) and externally (e.g. confusion in communities when there is more than one ThaiHealth project or contact person addressing the same issue). Similarly, some stakeholders observed that networks which focus on their own specific issue or area do not necessarily have a comprehensive understanding of ThaiHealth's overall objectives and where the network's activity fits into the broader picture.

Integration - considerations and recommendations for ThaiHealth

The increasing emphasis on local community and region/area-based health promotion highlights the importance of ThaiHealth having both the systems and 'internal culture' to support integration between programme areas, projects and partners. In the experience of other HPFs, area-based (e.g. at town, neighbourhood or region level) and sector-wide initiatives (e.g. VicHealth's local government project) have proved an effective tool for integrated and holistic health promotion.

Fostering better integration within ThaiHealth programmes and between funded initiatives may require a strategic decision to reduce the breadth of what ThaiHealth does or at least, the number of different projects at any one time. Outsourcing responsibility for a group of related projects is another option that has been used by some HPFs (such as the healthy club grants managed by Sports Medicine Western Australia for Healthway).

Effective integration requires freeing up more time and 'thinking space' at Board, executive, director and plan manager levels to look strategically at how programme areas can capitalize on synergies, work together from the outset towards shared objectives, detect areas of overlap or joint opportunity etc. Related to this, current committee mechanisms for integration need to ensure that they are not merely about reporting what each section or programme is doing.

Fostering networks is one of ThaiHealth's strengths and can be built upon to promote integration, not just between individuals around an issue, but between networks and spanning sectors, and networks that bring together those seeking to engage priority target groups, or settings, or players within a region.

Internal practices to foster an integrative culture and way of thinking from the 'bottom up' include: rotational placements of staff in different sections; involving staff at lower levels in detecting (and addressing) areas of overlap; creating mechanisms for sharing lessons learnt applicable to other sections (e.g. all sections will have lessons learnt relating to 'good quality/bad quality' project implementation, engaging groups outside of health, network strategies that work better than others etc).

Exploring the idea of decentralizing ThaiHealth operations in provinces is another potential mechanism for fostering integration and is discussed further in section 7.5

7.3 Funding and granting processes

7.3.1 Open Grants Plan

Generally those interviewed saw great value in the Open Grants Plan, citing its ability to support innovation, build the capacity and confidence of organizations and individuals, and prepare them to take on bigger and more complex projects in the future. Open grants are promoted in newspapers, websites and through direct communication to particular target groups or settings e.g. youth groups, universities, local government organizations. Over 700 projects were supported in the past year and the target is to grow by 10% per year. Applications are screened on receipt and those which are not complete or do not meet criteria for funding are excluded at this point. Assessment of the remainder is carried out by three reviewers who score the application and make recommendations to the Open Grants Steering Committee.

Overall only around 40% of applicants receive support, the most common reasons for rejection being poorly developed proposals and failure to meet ThaiHealth's funding guidelines (see Appendix 13). The rate of rejection of open grants appears high compared to other Foundations canvassed but accurate comparisons are difficult because the Foundations offer differing levels of support and assistance in the pre - application phase.

Some of the concerns raised about aspects of the Open Grants Plan should be addressed in order to improve its effectiveness and efficiency. These included:

- Duplication, both within regions and with projects which are already approved through the proactive grants stream as has been discussed earlier.
- ThaiHealth's method of payment by instalments which requires the grantee to advance the funds for the last part of the project and receive reimbursement after the final reports are submitted thus putting pressure on some small organisations which do not have adequate cash flow to bankroll the project.

Many of these issues have already been noted by management and steps are being taken to address the deficiencies. For example, a data base to minimise duplication, and to enable ease of tracking, follow-up, and monitoring of projects is already being developed. However, a solution which may address duplication and assist integration may be to reorganise the Open Grant Plan so that, rather than standing vertically alongside the other 11 plans, it sits horizontally below the issue plans e.g. tobacco, alcohol, traffic accident reduction. Clearly this would mean significant changes to the decision making process as the recommendations and decisions would ultimately be made by the relevant Plan Administering Committee.

Cash flow concerns, particularly for the small projects, could easily be addressed by altering the supervision and reporting schedules so that final payments are released before the completion of the project. Generally HPFs pay small grants in advance and receive a final report on the project which includes details of financial acquittal. Those that do not do so are generally excluded from future funding.

In the draft copy of the 2006 Annual Report it is reported that each Open Grant project was supervised on average 4 times during the course of the project and some 80% of these were implemented according to plans. Given the high rate of compliance and the small budget allocated to many of these Open Grant projects, ThaiHealth may consider reducing the number of supervisions, or concentrating mainly on those projects and programmes of high value.

In allocating a small portion of the budget to Open Grants, ThaiHealth is in line with all of the comparable HPFs except Healthway, where the vast majority of the grants remains applicant driven, but addresses the stated priority health issues. Retaining a small proportion of funds for open grants encourages innovation and creativity and is also politically astute in that it means that many more organizations have access to funding. Furthermore, experiences and strategies from successful projects can be used as models for larger projects in the proactive grants area. For example the “No alcohol Parties project” in Baan Paew (Box 5.2)

became a model for an extended programme developed as part of the Alcohol Consumption Reduction Plan. There is no doubt that the Open Grants Plan has many excellent qualities and should continue to play an important role in ThaiHealth's grants schemes.

7.3.2 Proactive grants

In the Proactive Grants Programme, ThaiHealth sets the agenda within the framework of the Master Plan and works with a range of strategic partners to develop and implement health promotion programmes which fit under the banner of one of the 12 Plan areas. The term 'programme' is used here to describe the grouping of a number of different but interrelated projects which aim to address the targets of the Plan.

ThaiHealth differs from the comparable HPFs in programme/project development. Rather than accepting applications or calling for expressions of interest through tender the steps are generally as follows:

I. Analysis of data and knowledge about issues coupled with input from experts about possible strategic directions.

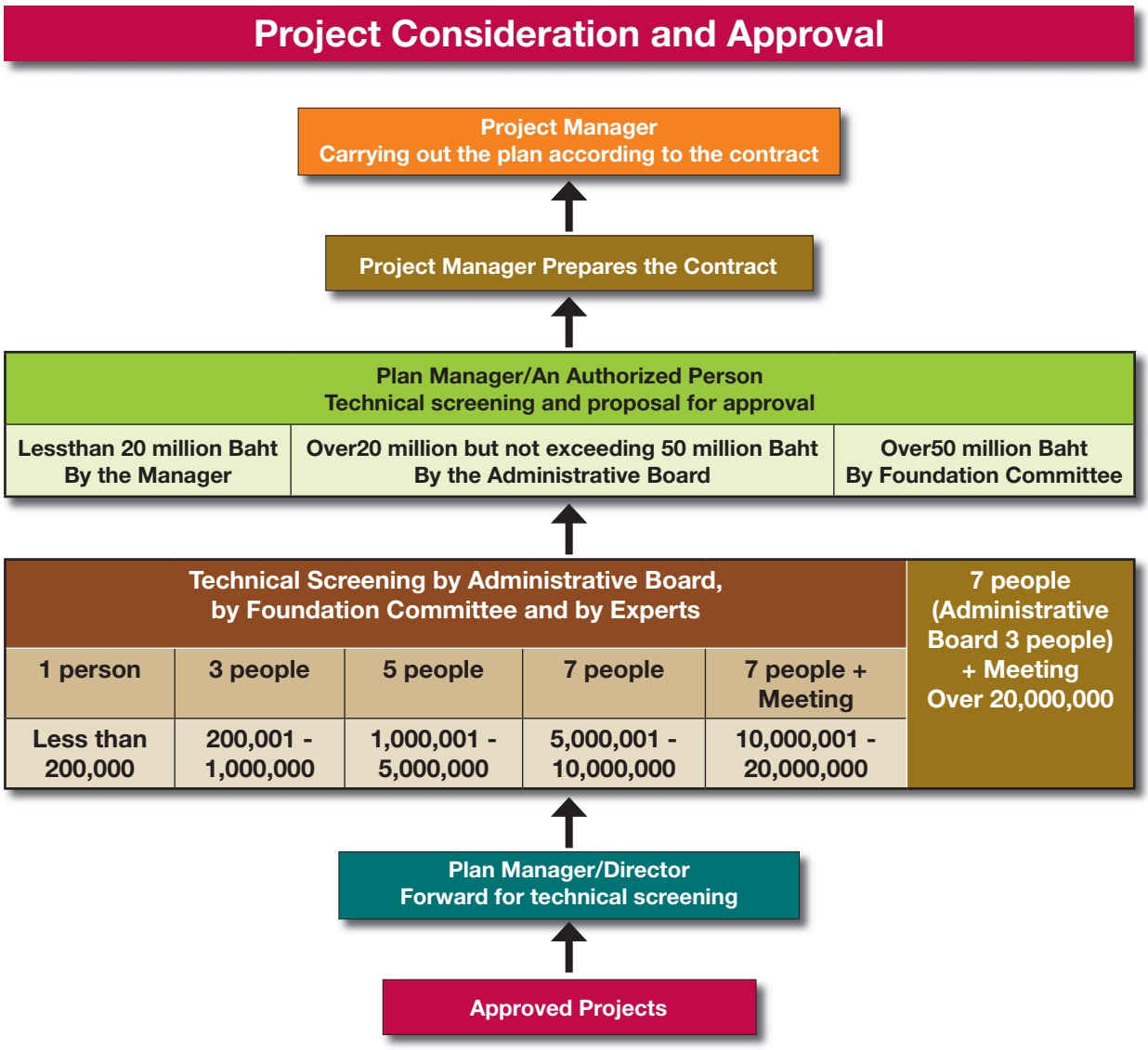
II. A number of partners are invited to form a steering committee to work together to develop the programmes and projects. The partners will be experts and experienced in the field and may come from NGOs, government departments, academia etc.

III. Organization to be responsible for project selected and a project manager appointed.

IV. Project or programme plan submitted to the appropriate body for approval and funding.

The following diagram depicts the steps in the approval process.

Figure 7-4 **The steps involved in the project approval process**



The proactive grants model combined with the programme approach has created a number of benefits for ThaiHealth including:

- the ability to identify gaps in the system and develop programmes to address those gaps using the best possible expertise available
- the ability to do long term planning to address major issues while promoting integration and coordination within the programme areas

- facilitating the development of a broad range of projects under one umbrella leading to the development of a series of interconnected projects
- allowing for flexibility within programme areas
- using planning and managerial personnel from outside the internal structure of ThaiHealth reducing internal staffing requirements
- building capacity of many organisations ,individuals and networks so that they are better equipped to take on health promotion activities
- excluding applications from those organisations not having the capabilities or experience to implement projects as well as those who may apply for the funds and try to use them for their own purposes

Another positive aspect of the proactive grants scheme is that programmes and their projects are not included in the annual budget cycle but funded separately according to strict guidelines set out in regulations approved by the Board in 2005. This enables flexibility in terms of identifying project participants and timelines and means that the work can continue on a year - round basis when programmes are ready to be launched.

Overall the proactive grant approach has been appropriate and practical; however a number of weaknesses were also identified by the stakeholders, reviewers and in ThaiHealth's documentation. The case study in Box 7-2 highlights some of the merits and limitations of the current proactive grants process.

Some concerns were raised that in the process of project development ThaiHealth is 'too controlling', does not empower organizations and provides limited scope for them to develop their own projects, even though some have now gained relevant experience. While recognising that such organizations may apply though the Open Grants Plan there may also be scope to explore ways in which specific organizations propose their own projects under the programme umbrella. The role of programme /project managers was also raised by some stakeholders who claimed that with their other professional responsibilities some had limited time to

devote to overseeing their assigned projects. The Evaluation Board also identified weaknesses in the project/programme management area in its 2005 and 2006 reports. This matter is noted but is addressed more fully in the section on capacity building.

The proactive grants process appears to have worked well during ThaiHealth's formative years. Given the relative success of its capacity building initiatives and the establishment of many successful networks and partnerships it may be time to explore ways to withdraw from some of the planning and developing roles and hand over more responsibility for these areas to the implementing organizations.

Box 7-2 Proactive Grants case study - the Sexual Wellbeing Promotion plan

Project Background

Concerns about prevalence of HIV Aids particularly in the workforce and among young people, increasing health care cost of caring for HIV/ Aids patients as well as Illegal abortions and the high number of sex crimes were major reasons for introducing this project. The Board passed a resolution August 2005 to urge ThaiHealth to establish a project as a matter of urgency to reduce the problems associated with unsafe sex. The chairperson of the project convened a meeting with key Government organisations (Ministry of Social Development and Human Security, the Ministry of Education and NGOs) to assess the situations and development principles, guidelines and the scope of the plan. Operational partners include 49 units representing government and non government organisations, as well as academic and research institutes.

The ThaiHealth Board appointed a steering committee of academics and experts to oversee directions and criteria for the plan and make a recommendation to the Board in regard to funding approval (because the project involved more than 50million Baht). The Foundation for Understanding Women's Health developed a procedure for plan development. In March 2006, a plan was drafted by a collaboration of government and other organisations. This plan incorporated relevant academic research and there were 5 key strategies identified in it. The Foundation for Understanding Women's Health was appointed as responsible for implementing this plan. Funding was approved for this project in June 2006.

The project also aims to raise awareness of safe sex practices and risk factors, to reduce behavioral risk factors among young people, and Increase sexual well being promotion. **Project strengths** include the high levels of participation by, and consultation with, relevant organisations in the planning and development process leading to ownership of the plan by the key stakeholders; the leading of the process by a team of experts who are able to provide leadership and advice; the ThaiHealth Board's discussion of the application to provide another layer of scrutiny and critical comment to enhance the project.

There are however a number of **project limitations.** For instance, in the Board documentation the expected outcomes of the project are vague and immeasurable. No evaluation process is included in Board papers which signifies that the Board is not aware of the evaluation protocols. There could be a perception of a conflict of interest, as the organisation that developed the Plan is also the organisation that is responsible for it. The Department of Health and the Bureau of AIDS, which have responsibilities in this area, do not appear to be included as key government participants. There is no evidence of discussion in relation to the deficiencies of the existing government systems, and the need for Thai Health to fill the gap of act as a 'lubricant' or 'catalyst to address the deficit.

Grant funding processes – summary considerations and recommendations

All grants

- ThaiHealth should more aggressively target those areas where health inequalities exist to ensure that access is provided to those who are in greatest need. e.g. those living in poverty or for whom greatest health disparities exist - Thai people living in the Southern region.

Open Grants

- To reduce duplication and promote integration, consider repositioning the Open Grants Plan so that it is a horizontal strand that supports the other relevant plan areas rather than standing alone.
- Given the high rate of compliance and the small budget allocated to many of these Open Grant Projects, consider reducing the number of supervisions and using self reporting formats so that the supervisors will focus on the supervision of those projects of high value.
- Consider altering the supervision and reporting schedules so that final payments are released before the completion of the project, particularly for those of low value.

Proactive Grants

- ThaiHealth could explore ways in which specific organisations can be encouraged to proactively propose their own projects within the relevant programme umbrella. In other words, ThaiHealth could still identify issues or project/programme ideas but allow the partner organisations to assume a greater role in developing up a proposal for consideration.

7.4 Transparency and accountability

As an organization which has a large operating budget which is not subject to the usual budgetary processes, but reports directly to the cabinet and parliament each year, it is vital that ThaiHealth is transparent and accountable in all its dealings. This applies to financial and accounting procedures as well as its funding allocations and communication, including the reporting of outcomes.

Discussions about the transparency and accountability of ThaiHealth were generally favorable, with most considering that ThaiHealth operated appropriately in this regard. Some believed that ThaiHealth did not come under the same scrutiny as other government departments. However, others felt that because of its unique budgetary arrangements, and the requirement to report direct to parliament annually, ThaiHealth was under close and continuous examination by many, including parliamentarians, stakeholders, the community and the media.

During the consultations there was discussion around ThaiHealth's reporting of outcomes including its successes and failures. It was felt that there could be more regular reporting to stakeholders on outcomes of plans and projects, and there was a need to circulate the results of all evaluation and monitoring activities to a wide audience, including the media.

Internal and external auditing. External auditing is required by law to include presentation of an Annual Report to the General Auditing Office of the House of Representatives, the Senate Council and the Cabinet. Internal audit is managed by an Internal Audit Sub-committee established by the Board after promulgation of regulations in 2005. Chaired by a member of the Board, the sub-committee has representatives of the Evaluation Board as well as the legal, auditing, administration and accounting professions. This sub- committee reports to the Board three times per year overseeing such areas as budget, accounts, inventory, assets, administration and risk management as well as reviewing the reports of internal and external auditors.

From the reports of the Internal Auditing Committee which were presented for review, it is evident that the committee is thorough in its work and in checking and monitoring to ensure that any issues which are identified are expediently addressed.

Financial management and accounting. There were no concerns raised about financial management and accounting procedures in the consultations, and documentation supports the view that they are sound and appropriate for ThaiHealth. The documentation also reveals the Board of ThaiHealth has introduced various regulations and measures to strengthen this area as the work as the organization evolves.

The Board has taken steps to ensure transparency and accountability through regular reviews of the grant approval processes. The criteria for project support, necessary screening steps, and the delegation of authority to make funding decisions is clearly stated, and reviewed by the Board annually to ensure that the process maintains integrity and relevance[3].

Conflict of Interest. In relation to how ThaiHealth allocates its funds the matter of conflict of interest, was raised by some of those interviewed. There were some perceptions that ThaiHealth or its expert committees, steering committees and staff members may have 'favourite 'organizations which are selected to implement projects; also that there may be conflict of interest issues in relation to the recommendation and selection of experts and committee members who take part in the decision making processes.

These kinds of accusations are commonly leveled at organizations which disburse funds and it may be argued that such comments lack substance and are not correct with regard to ThaiHealth. However given how the proactive grants system works it is open to perceptions of potential COI and this must be acknowledged and addressed.

Selecting organizations. To avoid the accusation of using 'favorite organizations' ThaiHealth uses a number of clear criteria in selecting the implementing organizations which include:

- Education, expertise, and management background of the agency.

[3] Minutes of the Thai Health Promotion Foundation Board meeting 5/2006

- Proven dedication and commitment that is widely recognized and accepted.
- Having valuable partners and connections through local or international networks.
- Recommendations by ThaiHealth's partners, Board and committees among others.

These criteria need to be widely publicised so that stakeholders know that there is a selection rationale. In the interests of openness and transparency ThaiHealth may also consider inviting a number of relevant organizations to express interest in implementing projects by citing how they can address specified criteria. This could be done through written documentation or by interview. While this measure would add another step to the granting process it has the potential to allay concerns and add to the sense of fairness and transparency which is so important when in allocating funds.

Selecting personnel for committees, project management. ThaiHealth uses a number of selection criteria including experience, academic background, reliability, reputation for work in the field etc. ThaiHealth currently has a data base of over 900 experts. It may be interesting to analyse this to determine how many have been used, in what roles and how many times. This may help to refute or indeed it may serve to confirm the accuracy of the perception. Another suggestion is to ask for expressions of interest from relevant registered experts when a particular role is to be filled to at least give interested people the opportunity to be considered. As ThaiHealth grows it will be important to continually introduce new experts to the teams.

7.4.1 ThaiHealth's response to conflict of interest issues

In May 2006 the Board of ThaiHealth, after reviewing its COI policy, produced very clear and strict regulations to be followed by all Board, Committee and staff members. In essence there are clear statements about what constitutes COI, members must complete a questionnaire before each meeting declaring any interest in a project, must not participate in the approval process and must leave the room. Any declarations are included in minutes with

specific details about the nature of the interest.

The regulations are very comprehensive and in some instances stronger than those in the comparable HPFs. Obviously some stakeholders are not yet aware of this development. The only area where ThaiHealth could perhaps strengthen its policy is by including the following criteria in the COI form so that declarations would be required by those who had:

- Interests in companies or other bodies dealing with ThaiHealth, ownership of property over which a conflict may arise, or hold an office in a body which may deal with ThaiHealth or which might create duties which conflict with the member's position within ThaiHealth.

Apart from these suggestions, the regulations related to COI appeared strong and there was evidence in Board and committee documentation that they were being adhered to.

Some of those interviewed provided suggestions to improve ThaiHealth's transparency and accountability and these are included in the list of recommendations which follow.

Transparency and accountability – summary considerations and recommendations

The Board should publicise its policy on conflict of interest to all stakeholders and the broader community to educate and reassure .

ThaiHealth should consider holding public forums to which stakeholders (including the media) can contribute as part of strategic planning processes.

There is merit in more regular reporting of how funds are disbursed, the purposes to which they are allocated, and to what organisations. This would give stakeholders and the public a clear picture about the extent of the funding and the range of organisations which receive grants.

Applications from interested qualified organisations to implement projects has the potential to add to the sense of fairness and transparency which is so important when in allocating grants.

When committee positions or particular roles need to be filled by someone external, it would be more transparent and equitable to call for expressions of interest from the experts registered with ThaiHealth (or others not registered) so that interested people have the opportunity to be considered.

7.5 Decentralisation

In the stakeholders interviews there was a deal of discussion about decentralization and whether ThaiHealth should consider changing its administrative approach to have a greater presence in the regions/ sub regions. Perceived benefits and disadvantages of decentralised funding that were raised are summarized in **Table 7-1**.

Table 7-1 Perceived benefits and negatives of decentralization

Benefits	Disadvantages
⊙ enabling easier access to ThaiHealth and its funds ⊙ better able to focus on social determinants ⊙ improving integration and coordination as well as cross fertilization ⊙ increasing interconnectedness of people and projects ⊙ reducing duplication of projects funded ⊙ increasing the skills and abilities of organisations, particularly grass–roots organisations to apply for funds ⊙ enhancing the overseeing and monitoring functions ⊙ being closer to problems which may arise ⊙ easier/ more efficient knowledge transfer ⊙ potential to empower communities	⊙ increase barriers to communication within ThaiHealth ⊙ increase administration costs including staff time and resources (travel, office establishment, IT equipment) ⊙ dilute the current role and presence of ThaiHealth in the capital Bangkok ⊙ lessen control of Board, management and staff on activities carried out under the banner of ThaiHealth ⊙ lead to duplication of administrative activities ⊙ increase the potential for political interference through decentralised offices ⊙ ThaiHealth could lose control if priorities, objectives and parameters not clear.

Given that the numbers of grants allocated to grass-root and regional and rural groups have been growing, ThaiHealth may need to address this decentralization issue in the near future. To determine the degree of decentralization and responsibilities of sub-national offices or personnel, the above mentioned advantages and disadvantages should be taken into account.

It is interesting to examine the approaches of the 4 comparative foundations in relation to decentralization. Only one, Switzerland

which covers the smallest geographical location, has a decentralized administrative system (see Box 7-3).

Box 7-3 Decentralization of Health Promotion Switzerland

The reasons for Switzerland's move towards having 2 offices, one in Lausanne and the other in Berne are mainly political and cultural. The office in Berne was opened to be closer to the seat of the federal government and Ministry of Health. Also, Switzerland is multilingual; it was important to have a presence in the German speaking as well as in the French/ Italian speaking region. Both offices have the same status; there is no head office, again so as not to offend either of the language groups. In the past few years the Lausanne office was mainly home to the finance and administration staff overseen by the Deputy Director, while the Director was based in Berne with the technical and departmental staff.

The rationale for the decentralization of Health Promotion Switzerland has little relevance to the Thai situation. However what is relevant is that the advantages and disadvantages of decentralization which were raised in consultations with the Thai stakeholders were reinforced in discussions with HPS personnel who have experienced it. A further point to note is that Health Promotion Switzerland works mainly through Switzerland's 26 Cantons which are strong arms of regional government. To facilitate this partnership the Cantons have each nominated one officer, not employed by the Foundation, but by the Canton, to be the go –between or point of liaison between the Foundation and the Canton.

Western Australia which has the smallest population and the largest region to service is currently experimenting with placing an officer in the remote Kimberley region for a three year trial period and this offers another model for ThaiHealth to consider. This role is to support existing projects and generate new ones in that region. While there is no formal evaluation as yet, this pilot programme seems to be working well. The officer, although an employee of Healthway, is placed within the Department of Health for day to day management and reports to the regional Department of Health as well as Healthway. The only downside appears be that there is the potential for the officer to be drawn into Departmental business.

While these examples offer some ideas for ThaiHealth to consider, it is evident that ThaiHealth will have to develop it own solutions to fit its unique context and culture, taking into account demographic, geographic and governmental factors. However, first the Governing Board of ThaiHealth must determine what it wants to achieve in the

regions over the next 5-10 years and, based on this, develop a strategy to enable this to happen.

In this case, the consultants will not make recommendations about how ThaiHealth might decentralize but rather offer a range of options which the Board may wish to explore through trials in selected regional, sub regional or local government jurisdictions. A number of options may be trialled together, as well as introducing single strategies. This would allow monitoring of how the strategies work together and impact on each other, from the top-down as well as the bottom up.

Decentralization – summary considerations and recommendations for ThaiHealth

There are a number of options that could be trialed, including:

- Placing an officer, employee of ThaiHealth in selected provinces, located in the office of the MoH , NGO or University. Tasks would include generating new projects, monitoring those already funded, providing training and advice and raising the profile of ThaiHealth

- Selecting a region in which to establish a ThaiHealth subsidiary office, a type of a regional coordinating body. Policy and direction would still be set by the ThaiHealth Board and decisions about funding made by central management, committees and Board. The role of the decentralized office would be to liaise, monitor, encourage applications, build capacity to apply for and develop grants, network relevant with actors etc. This approach could be trialled in 2 regions, perhaps north and south.

- Establishing a ' mini ThaiHealth' in a region with its own regional board, committee structure and administration including budget. It would have all the responsibilities of ThaiHealth, with the Board devolving all decision making responsibilities to the regional board within the parameters of the Act. The regional board would have to follow the policy and fiscal directions set by the ThaiHealth board and the legislation.

Whatever approach is taken, ThaiHealth must consider what would be the most appropriate host institution to work through, or in the case of the mini ThaiHealth it may be a 'stand alone' organisation. An example can be drawn from the Health Systems Research Institute (HSRI) – an autonomous research agency under the MoH. It has four regional offices, all of which are located in universities, and run by university lecturers. This may be an efficient way to decentralize ThaiHealth. Clear and appropriate mechanisms to avoid conflict of interest and to ensure accountability and conformity to ThaiHealth central would need to be put in place.

8

Monitoring and Evaluation

The review was asked to consider the effectiveness of the current evaluation framework used by ThaiHealth and of opportunities to strengthen this (TOR 4.4). Evaluation refers to "the systematic examination and assessment of the features of an initiative and its effects, in order to produce information that can be used by those who have an interest in its improvement or effectiveness"[27]. In practice however, it often narrowly construed to be more about 'proving' programme worth rather than 'improving' programme effectiveness [28]:

> *Although evaluation is useful to document impact and demonstrate accountability, it should also lead to more effective programmes, greater learning opportunities, and better knowledge of what works* [28]

Typically in health promotion, evaluation is a broad term that

encompasses monitoring of project and programme implementation and effectiveness. ThaiHealth however tends to distinguish between evaluation and monitoring in its terminology and division of responsibilities, and sometimes appears to use evaluation in a narrow sense to relate to accountability and governance rather than effectiveness issues.

Compared to other areas of organizational activity, the consultants found it somewhat difficult to readily get a clear picture of ThaiHealth's evaluation systems. For example, there does not appear to be an overall evaluation plan that encompasses or depicts all aspects of monitoring and evaluation as they apply to the various levels of ThaiHealth activity. Figure 8-1 reflects what we understand to be the key areas of evaluation within ThaiHealth.

Figure 8-1 Evaluation and monitoring overview

Key types and levels of evaluation within ThaiHealth	
Overall responsibility for evaluation	Evaluation Board
Independent project/grant evaluation	External evaluation contracted
Reporting on key success factors	Responsibility of funded project
Reporting on ThaiHealth KPIs	Sections within ThaiHealth (as appropriate)

As acknowledged by ThaiHealth Boards and management, evaluation is more undeveloped than many other areas of ThaiHealth activity, and a number of strategies are already in train to try and address this. The reviewers recognize, therefore, that ThaiHealth may already be cognizant of some of the following evaluation and monitoring issues, but present them here as independent observations, and with reference to evaluation best practice. The discussion of findings relating to monitoring and evaluation are grouped around themes as follows.

8.1 Purposes of evaluation

The review of documents and stakeholder interviews explored the extent to which ThaiHealth's evaluation framework fulfils the generally recognised purposes of health promotion evaluation as identified in the literature (see Figure 8-2).

Figure 8-2 Purposes of health promotion evaluation

Reasons for evaluating in health promotion
To know if the intervention worked (did it do and achieve what it set out to?)
To find out which strategies are more effective or 'best buys'
To see who the intervention had an effect on
To learn how to do better or differently next time
To assess whether the resource inputs (money and time) were worthwhile
To be accountable
To disseminate the findings so as to extend the 'value' of the intervention

The review found very few ThaiHealth programmes or projects that currently have an evaluation component that fulfils all of these evaluation purposes. Accountability purposes appear to often dominate over the use of evaluation as a learning tool to improve project effectiveness. For instance, external evaluations are commonly viewed as a process for checking that projects have used their money as intended. Funding has sometimes been withdrawn in the first or second year of a project where it was not meeting specified standards, but there seems to be little assistance given to projects when problems are identified. Both internal and external stakeholders noted that projects often fail to identify, document and share 'lessons learnt'.

There is a need for a cultural shift within ThaiHealth of the way that evaluation and monitoring is viewed. As articulated by one stakeholder:

> *"Evaluators should not just look at the paperwork; they should work in a more collegiate way with the project management"*

An evaluative culture that views evaluation as a tool for learning and improving should ideally permeate all facets of ThaiHealth operations. As noted in the 2001 Evaluation Report undertaken for ThaiHealth [1], evaluation that is perceived to be primarily about judging 'success' or 'failure' can be disempowering for project staff, and some four years on, we draw the same conclusion.

8.2 Process versus impact evaluation

Whether evaluating at the project or programme level, both process and impact evaluation (see Figure 8-3) are important in health promotion because health outcomes are often not immediate or direct.

Figure 8-3 Key types of evaluation in health promotion

	Process	Impact	Outcome
Purpose	Evaluates strategies to ensure that programme is being implemented as intended and is working.	Evaluates objectives to measure immediate and short term consequences.	Evaluates aims/goals to measure long-term consequences.
Typical measures	Programme reach, participation, quality, targeting & implementation, descriptive observations.	Short-term changes in knowledge, attitudes, behavioral intentions, structural change.	Long-term knowledge, attitudinal, behavioral, structural change, risk factor prevalence, morbidity and mortality.

At present, much of the documentation of project or programme effectiveness is of a process and observational nature. For instance, while 'model programmes' are a worthy inclusion in the most recent annual report, they are mainly descriptive, and evaluation and monitoring do not feature as strong elements.

Similarly, the reporting on progress against the objectives in the annual report is largely narrative and thus it is difficult to ascertain the degree of progress or effectiveness of strategies employed. Funded projects also tend to report on process indicators and what they are doing/have done, rather than on what they are achieving or learning. Box 8-1 provides an example of the comprehensive mix of process, impact and outcome measures developed for a Western Australian community project.

Box 8-1 Example of comprehensive process, impact and outcome evaluation

Evaluation of Healthway HEALTHY COMMUNITIES project

Between 2000 and 2003 Healthway funded a Healthy Communities Project (HCP) in two regional centres of Western Australia. The HCP aimed to build social capital and community capacity to promote health, as well as to address issues that might negatively affect well-being. The HCP defined health broadly and encompassed a range of social (eg youth boredom and lack of recreational opportunities), economic (eg absence of local employment) and environmental determinants (eg access to healthy food, transport). When applying to participate in the project, communities had to demonstrate commitment and contribution from a local health agency and local government to enhance the potential for sustainability.

In each community, Healthway funded a project coordinator, a planning and implementation guide, and access to expert evaluation advice and support. Evaluation was multi-faceted and comprised qualitative and quantitative methods, including:

- Needs assessment to determine community priority issues, settings and target groups and set locally relevant criteria for a healthy community
- Descriptive evaluation - standard form developed to document all events/activities.
- Local process evaluation - involvement of different agencies, numbers of participants, requests for information, referrals to support services etc.
- Impact measures - changes in attitudes, skills, knowledge from specific project initiatives.
- Pre and post intervention survey – a baseline telephone survey of social capital in each community (1999) and repeated (end 2002). Measures included civic engagement, sense of community, satisfaction with local services, reciprocity, and tolerance.
- Objective performance indicators – selected by community to relate to HCP criteria (eg crime rates, availability of parks and footpaths)
- Key stakeholder interviews – post intervention and at 12 month follow up.

8.3 Role of external evaluators

Stakeholder views regarding the merits of the current approach of contracting external evaluators for projects were mixed. Although a few groups cited examples of feedback for future strategies provided by the external evaluator, concerns were more common and included:

- evaluators not fully understanding the project or its context
- inconsistent quality of external evaluation
- oversimplification of measures applied to assess project effectiveness
- lack of useful feedback to inform project improvements
- low transfer of evaluation capacity to project staff
- more continuous and consistent evaluation support needed
- getting involved too late in project
- inadequate mechanisms and pathways for feedback from, and to, evaluators and programmes

The following quote is consistent with quite a number of views put to the consultants:

> *"An external evaluator came out at the end of the project, didn't really know about the project – comments and assessment were unfair and irrelevant"*

In addition, the consultants sensed that the external stakeholders are often viewed as somewhat of a threat or an external system for 'checking up' on their project. This perception was sometimes exacerbated by evaluation approaches that are too rigid or that do not adequately capture the key elements of the project. This contrasts with the collaborative approach taken to involving evaluators in projected funded by other HPFs such as Healthway.

The establishment of a semi-external expert evaluation group (similar to Healthway's Health Promotion Evaluation Unit) has been suggested to ThaiHealth previously [1], but still seems to have currency, and could support ThaiHealth in strengthening both its own evaluation activity and that of funded organizations. The purpose and types of evaluation undertaken directly by HPEU for Healthway are summarized in Appendix 15.

8.4 Building evaluation capacity

While ThaiHealth has been proactive in many areas of capacity building, it has been less so in relation to building evaluation skills and competencies internally and in funded projects. Although Open Grant projects are encouraged to develop an evaluation plan, very few grants proposals submitted to ThaiHealth appear to have a comprehensive and rigorous evaluation plan. Moreover, the use of external evaluators may have some benefits, but does not contribute to building evaluation capacity in either funded organizations or ThaiHealth itself.

Other HPFs require that all grant applications include an evaluation plan and budget. Such evaluation plans must be clearly linked to the projects' objectives and strategies. While this may be difficult for some organizations if evaluation capacity is lacking, such requirements provide an impetus for skills and experience to be developed.

As recommended to ThaiHealth in the 2001 evaluation consultancy report[1], support can be provided by a research consultancy service[4] in a way that builds the capacity of organizations to undertake appropriate evaluation themselves in the future. Areas in which the HPEU provides advice range from simple provision of expert advice on evaluation to the complete design and implementation of an evaluation. ThaiHealth appears to provide some evaluation advice to funded groups but on a more ad hoc basis, and sometimes merely refers projects to a list of evaluation experts that they can pay to provide evaluation assistance. In the Healthway model, some evaluation support is available to all grant recipients through the affiliated HPEU, and additional evaluation costs are factored into the grant budget from the outset. Many of the issues identified to ThaiHealth in 2001 relating to building health promotion capacity generally and in relation to evaluation remain relatively unaddressed, although this review noted that there have been some recent moves to progress these areas.

[4] like the Health Promotion Evaluation Unit (HPEU) in Western Australia

8.5 Incorporating evaluation into project planning

As stressed in key texts on evaluation in health promotion, evaluation should not be seen as an endpoint assessment, but needs to be considered from the outset. As identified in Figure 8-4, there are a number of planning stage steps that facilitate sound evaluation of a project:

Figure 8-4 Evaluation considerations in project planning

Planning stage steps that make the evaluation task easier	
⊙ Clearly defined aims, goals and objectives - helps determine what to evaluate and how to measure effectiveness	⊙ Identification of mediating and confounding factors – enables these to be factored into evaluation (and to strategies)
⊙ Clearly defined target group(s) – helps determine who to evaluate and what evaluation methods are appropriate	⊙ Collection of baseline data/information – helps to build evaluation component into project at early stage and facilitates analysis of project effectiveness
⊙ Evaluator input into project planning – helps to avoid "if only" scenarios at to evaluation stage.	⊙ Earmarking of evaluation in initial budget – essential to ensure that adequate funds are available to evaluate the project

If a project is to be evaluated by an independent external group, as frequently occurs in ThaiHealth, such evaluators should be provided with clear expectations and guidelines. They should become involved earlier in the planning process, ideally having input from an evaluation perspective to project development, setting of objectives, identification of strategies that can realistically address objectives etc. As noted by ThaiHealth's Evaluation Committee, good evaluation also relies on further developing the skills of managers (internally and of funded projects) to plan, implement and monitor effective and efficient projects and programmes (as discussed in Section 5, capacity building). Suggestions proffered during interviews included contracting an external group with evaluation expertise to provide input to project development, the writing of applications and the review of proposals submitted.

8.6 Evaluating to extract 'lessons learned'

ThaiHealth has now undertaken a vast number of innovative initiatives, and has, along with its partners and collaborative networks, learned and experienced a great deal about programme development and implementation. Accompanying this is a wealth of relatively untapped and undocumented knowledge and lessons learnt. The Knowledge Management Institute is working with ThaiHealth to capture and disseminate some of this 'tacit knowledge' but it also requires that the right questions be asked as part of standard evaluation processes. Evaluation that can usefully inform project improvement or offer 'lessons learnt' to other projects requires that the right questions be asked, such as:

- How does this programme work?
- Why has it worked or not worked? For whom and in what circumstances?
- Were there any stumbling blocks in the development and implementation stages?
- Were the strategies realistic in terms of time-frame?
- How have contextual factors impacted on the programme?
- Did staff receive sufficient training/ support to implement the programme effectively?
- What are the 'hard to measure' impacts that are still important to try and capture?

Interviews suggest that these types of questions need to be asked both internally, i.e. by section and project managers, as well as by the implementers of projects themselves. As discussed in section 7.2 (integration), the sharing of lessons learnt and learning from experience of other sections is also a challenge currently facing ThaiHealth.

8.7 Evaluating at the programme and systems level

There was a notable tension within ThaiHealth and its Boards regarding the extent to which evaluation should occur at the project rather than overall programme or even plan level. This dilemma is not unique to ThaiHealth. As noted in the literature, organizations often default to evaluating individual projects because this is 'easier' than evaluating complex systems change or comprehensive multi-faceted community initiatives [28]. Yet it is not really feasible to isolate the effects of a single intervention (e.g. a drink driving awareness promotion) if it is intended to form only one part of a multiple integrated programme (e.g. the alcohol series).

ThaiHealth is increasingly seeking to strategically fund programmes that might comprise a group of projects that have a shared goal (e.g. reduction of alcohol related harm) and that together "can bring about more policy or systemic change than would be possible in a single project or in a series of unrelated projects" [28, p17]. It has struggled, however, to evaluate its activity at this collective programme level. Other than this review, ThaiHealth itself has also not yet been evaluated extensively. Some stakeholders suggested a public forum to obtain input to future ThaiHealth activities and identify areas for improvement. Evaluating the impact of systems change and comprehensive multifaceted programmes requires a different way of thinking about evaluation. As noted in an evaluation handbook used in community evaluation in the US,

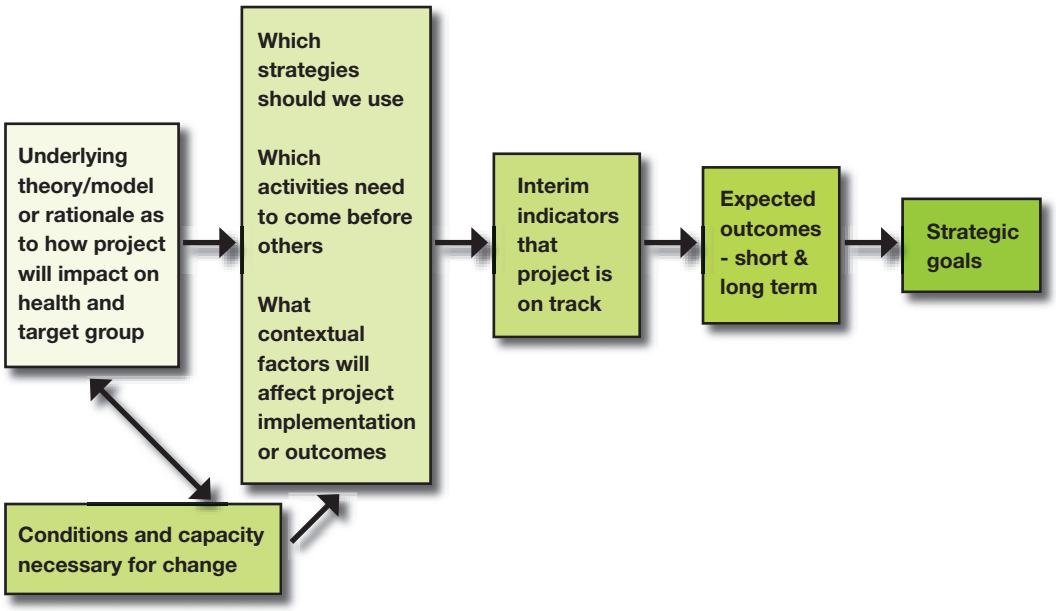
> "Implementation is difficult and long, and requires a collaborative, evolutionary, flexible approach. We may not see ultimate outcomes for many years, and many of the desired outcomes are difficult to measure using traditional quantitative methodologies. And yet, these initiatives hold great promise for really making a difference in our communities" [28, 35]

The notion of **clustering evaluation** represents a way of determining how well this collection or group of projects fulfills the overall goal of systemic change, and entails looking across projects to identify common threads and themes and combined progress towards the overall goal [28]. At an even more macro level, evaluation necessitates looking at the impact of the entire organization on

policy making and reviewing strategic and funding decisions. The community survey conducted by Healthway every four years is an example of a methodology designed to capture impacts above the level of individual sponsorships or projects (see Appendix 11).

Theory-based or programme logic models (see Figure 8-5) provide another method for charting progress towards long-term and interim outcomes that is gaining credence in health promotion [28, 29]. Such a model should already underpin the design of projects and programmes funded by ThaiHealth, but can be extrapolated as a framework for anticipating and monitoring project impacts. It is difficult, for example, to attribute changes in smoking prevalence to any single intervention, but we know that the elements of a comprehensive approach to tobacco control include restrictions on advertising, provision of cessation advice and support, awareness raising, education, smoke-free policies and engagement of health professionals in brief intervention [30]. Formally mapping ThaiHealth activity and interim outcomes in relation to these areas provides a picture of progress towards the overall strategic goal of reducing tobacco consumption. Within ThaiHealth and in funded organizations, there is a need to increase the capacity to clearly articulate underlying theoretical rationales and assumptions and map strategies and evaluation markers accordingly.

Figure 8-5 Theory-based or programme logic model of evaluation



8.8 Key Performance Indicators (KPIs)

While indicators are important for accountability, they are not an end unto themselves, and should not overshadow the primary focus of implementing projects and programmes effectively. By definition, performance indicators are indicative of effectiveness, but they are summary measures and do not necessarily reflect all of the evaluative work required to support and monitor a state-wide strategy. Performance indicators need to be complemented by other forms of evaluation and review.

One of the strengths of Healthway's evaluation programme is the fact that core KPIs have been in place for many years, enabling periodic tracking of impact and effectiveness. New performance indicators have of course been added by Healthway over time, and some dropped in response to changes in strategic and programme funding direction. As ThaiHealth's current KPIs (See Appendix 14) have only been in place for a short time, and the organization is still in the process of collecting data on them, the reviewers did not feel it was appropriate to make specific recommendations about changing or adding to these. As noted elsewhere, ThaiHealth needs to be wary of too frequently 'changing the goalposts'.

From our observations of international good practice and of ThaiHealth, we do however offer some suggestions for refinement of the current KPIs and future considerations for new KPIs:

- Some KPIs are worded in a measurable way (eg percentage of projects supported by ThaiHealth) and others are vague as to how change would be measured (i.e. how is reduction in injury and deaths from road accidents to be assessed – number of accidents, severity of injury, trend over time in accidents etc)

- Indicators currently relate to a mix of health outcomes (eg declining trend of smoking) and organisational process issues (eg percentage of projects reported that were completed according terms and conditions). Separation of KPIs into process, impact, and outcome categories would be a helpful approach and would highlight gaps in

the current goals and KPIs.

- Some of the indicators do not adequately capture what should occur in relation to the corresponding goals. In the area of capacity building, for example, neither the goals nor the indicators in current KPIs reflect many of the issues and needs relating to capacity building identified in this review. The current KPIs, for example, do not capture health promotion workforce capacity adequately.

- Assigning some sections and plans as responsible for particular KPIs is applicable to some extent but many of the current goals and KPIs transcend section areas and the review sensed some fragmentation within the organisation in terms of collective 'ownership' of the KPIs. There are also cost efficiencies if sections have a more shared responsibility for KPIs. For instance, Section 5 (Communications) has a part to play in relation to reducing key risk factors, but at present does not often include measures of behavioral change in surveys relating to social marketing campaigns.

8.9 Benchmarking

The INHPF has expressed interest in benchmarking for HPFs in areas such as evidence, evaluation and quality assurance issues. As well as benefiting individual HPFs, establishing some benchmarking measures and methodologies would enable the INHPF to evaluate its own mission and goals and would serve a capacity building role for HPFs in relation to increasing the skills and abilities of the foundations within the network to evaluate their own work. From an INHPF perspective, it is important for Foundations to be able to report globally on the impact of their funding programme e.g. if a Foundation allocates 800m baht over 3 years, for example, how can it best measure and report what has been achieved from those funds?

As highlighted by this review of ThaiHealth, there are many common issues and challenges encountered by different HPFs and there

are synergies and economies to be gained from learning more from each other and from progressing benchmarking as an INHPF initiative.

8.10 Resourcing of evaluation

A commonly used formula in health promotion allocates 10% of a project budget to evaluation[27]. Projects with established effectiveness may require less while for projects that are being piloted with a view to expansion or transfer of lessons learned, larger evaluation expenditure is often warranted.

The reviewers were unable to identify any requirement for a dedicated evaluation budget for either open or proactive grants. A number of stakeholders expressed concern about the relative lack of funding devoted to project and programme evaluation. Internally, however, there appear to be some concerns that the budget for evaluation proposed by external evaluators is sometimes disproportionate to the size of the original grant. Potential cost efficiencies could be gained by incorporating evaluation into grant applications, involving evaluators in the design and costing of an evaluation plan at the project development phase and outsourcing evaluation as an aggregate rather than project by project level. In addition, shifting the onus for some of the monitoring and evaluation to funded projects is potentially cost effective, as capacity to do this can be incorporated into the role of project staff (e.g. collection and collation of process measures, monitoring of impacts).

8.10.1 Other measures of effectiveness that ThaiHealth could consider

As with other HPFs, ThaiHealth needs to be able to demonstrate and defend its effectiveness and justify the investment of public money in its activities. While economic rationalism seems a less prevailing philosophy in Thailand relative to some other countries, there is merit in ThaiHealth commissioning a study of the cost effectiveness of either the organization overall, or some of its key programme areas. Studies of the return of investment in public

health campaigns or best buys in health promotion have been used effectively in other countries to demonstrate the economic savings that can accrue from health promotion investment [31]. ThaiHealth has done this in a minor scale e.g. in its 2005 annual report, the money not spent on alcohol as a result of an abstinence for lent campaign was calculated to be over 4500 million baht.

Given the relative scarcity of evaluation expertise in health promotion in Thailand at present, ThaiHealth is encouraged to learn from and adapt methods being used by other HPFs. To assist with this, copies of Healthway's organizational survey, community survey and funding application guidelines have been provided directly to the staff of the Evaluation Board. URL links to other Healthway and VicHealth guidelines and tools are found in Appendix 11.

Evaluation – summary considerations and recommendations

Evaluation and health promotion capacity

There is a dual need within ThaiHealth to strengthen internal skills in project planning, development and monitoring, while also developing these in funded organizations.

Good evaluation relies on sound project development and implementation. Grant proposals to ThaiHealth need to: require clearer objectives, demonstrate how strategies will address objectives, develop evaluation plans, with assistance and guidelines provided to projects to address this. In the experience of other HPFs, considerable staff time is saved when the rigor and quality of applications and project design improves.

Within ThaiHealth and in funded organizations, there is a need to increase the capacity to clearly articulate underlying theoretical rationale and assumptions and map strategies and evaluation markers accordingly.

There is scope to improve on the current model of outsourcing external evaluators on a project or programme basis.

Establishment of a semi-independent evaluation group to help build evaluation capacity in funded projects as well as undertake evaluation is suggested. Such a group could build a more partnership oriented relationship with funded projects and could also have input to project development, goal setting etc.

Evaluation culture

There is a need for a cultural shift within ThaiHealth of the way that evaluation and monitoring is viewed. Evaluation needs to be better recognized as a tool for informing and improving its strategic directions and health promotion activity, rather than as primarily an accountability or monitoring mechanism.

While the independence of some forms of evaluation is warranted, it would be beneficial for projects and for ThaiHealth if evaluation and monitoring operated in more of a partnership model, providing evaluation feedback and advice that can help with project development and improvements, as well as input to project planning.

An overall evaluation and monitoring plan that includes strategies for building evaluation capacity would be beneficial. Such a plan should operate horizontally within the organization, with strategies applicable to each section.

Evaluation – summary considerations and recommendations continued

Levels of evaluation

Much of ThaiHealth's evaluation and monitoring to date is of an accountability, process or descriptive nature. There is a need for more impact and implementation level evaluation particularly, both at the project and programme level. ThaiHealth should revisit the recommendations of the 2001 evaluation consultancy [1].

The current KPIs should not be discarded, but need to be refined and added to, to better capture the core goals to which they relate.

Manageability of projects

The volume of grants funded by ThaiHealth makes it very difficult for the organization and project managers to be actively involved in programme monitoring and leaves little time for reflection and extraction of lessons learnt. It is suggested that ThaiHealth consider ways to reduce the number of projects overseen by its sections, such as outsourcing management of a group of related projects to a pertinent organization, prioritizing projects that warrant greater staff attention, requiring better evaluation planning from grant recipients.

Other possible evaluation methods

Benchmarking is an issue recently identified by the International HPF network and there is merit in TH being involved in this process.

Commissioning a study of the cost effectiveness of either the organization overall, or some of its key programme areas would be beneficial to ThaiHealth at a strategic planning and organizational justification level.

9 Challenges/issues that ThaiHealth May Face in Future

In addition to the issues covered in the preceding sections of the report, the reviewers identified a number of other emerging issues or areas that ThaiHealth may need to consider and confront in the future. These include issues of sustainability; being spread too thin; potentiality of diminishing gains in health; social determinants of health, political interference and engagement with local government.

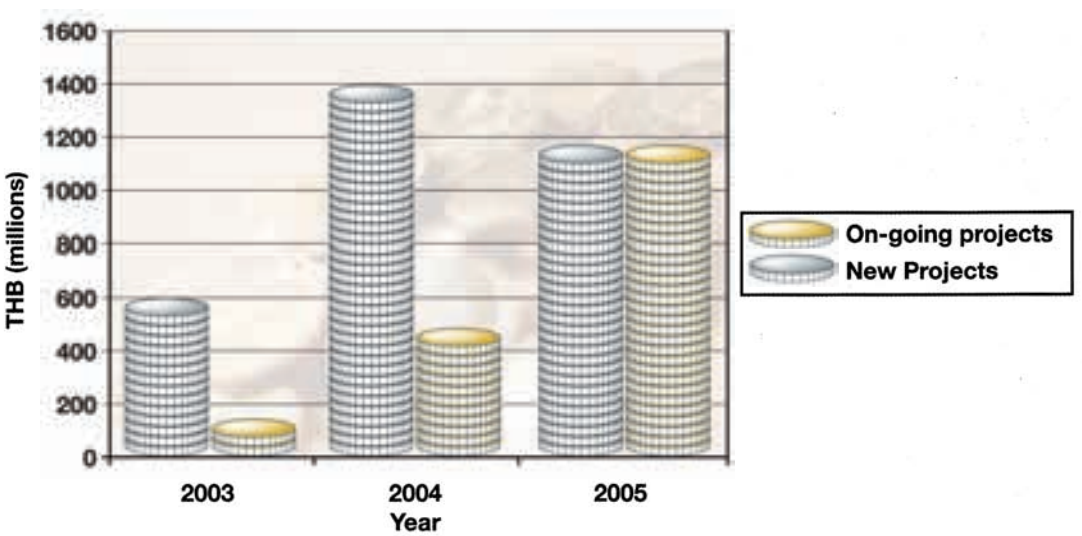
9.1 Sustainability of funding

For all HPFs, there is a dilemma between not abandoning good projects but still having funds for new and innovative initiatives and issues. In the ideal world, HPFs would fund innovative projects for an appropriate period of time, evaluate their impact, and those that

are successful would continue either as self supporting or through funding from other sources. Regrettably this does not always occur which is a concern for all of the HPFs, including ThaiHealth, particularly when good projects flounder or discontinue as a result.

The reality however is that if Health Promotion Foundations wish to continue to fund innovative and new projects, they must limit the time periods for which grants are allocated to ensure that funds are available for further new initiatives. This is highlighted by the proportional trend in funding for new versus existing ThaiHealth projects (see Figure 9-1).

Figure 9-1 Budget Allocations (millions of Baht)



ThaiHealth, like most other Foundations in the past, has a policy of funding projects for up to 3 years. While such policies are sound in theory, there is a need for some flexibility and discretion. Healthway, for example, may consider extended funding for a project if it addresses a high priority health issue or target group, fills a void where no other organization is directly involved, and demonstrates outstanding results. Repeat funding is however based on there being a new or innovative extension or dimension to the project. For example, the Smarter than Smoking project which is an anti

smoking programme for 12 – 15 year olds has been operating on rolling 3 year grants since 1995 and is on-going. VicHealth also funds projects for up to 5 years.

In the experience of other HPFs and health promotion generally, there is recognition that to promote sustainable community level change or organizational and personnel development, a 4-5 year time period, or even longer may be needed. This is particularly pertinent to projects that operate within a community development paradigm and that needs time to identify local issues, build relationships and trust, and bring people and organizations on board with change. As noted in section 8 on evaluation, longer time frames are often needed for change to be evident.

Both Health Promotion Switzerland and the Austrian HPF have policies whereby they do not provide the entire funding for a project. For example, in Austria where it is deemed essential to have co-funders to sustain a project, at least one third must be obtained from other sources. While this does not guarantee sustainability of the project, in some cases public authorities do continue their support of the project. VicHealth also takes the co-funding approach when funding the activities of government departments to ensure that they are not replacing core departmental business.

In its Open Grants Programme, ThaiHealth does encourage applicants to find local partners to co-fund projects and Thai Health's reviewers sometimes request that cost sharing be increased. However this requirement is not strictly adhered to in practice because it is the policy of ThaiHealth to encourage small groups, many of whom do not have access to further resources. There may, however, be scope for ThaiHealth to help broker and leverage funding from other sources on behalf of smaller organizations, or for the co-funding arrangement to be negotiated by ThaiHealth for a particular round of funding, as sometimes occurs with other HPFs.

The issue of sustainability is complex and ThaiHealth will have to develop its own strategies to align with the Master Plan and budget. Difficult decisions will need to be made but even if projects do not continue when funding ceases, it is important to note that a

'project legacy' in the form of capacity of organizations and people will remain, i.e. staff skills, organizational development , contacts, networks will have been enhanced through the implementation of the project. Identifying and documenting this legacy is one of the evaluation and monitoring challenges for projects and ThaiHealth.

Sustainability – summary considerations and recommendations

Co-funding

Co-funding for large projects under the open grant scheme could be required i.e. organisations would need to find external or internal resources to support the project. ThaiHealth could allocate an amount and the organisations could use that as leverage to attract funds from other sources.

Alternatively, co-funding could be a requirement only for the second or subsequent years of a project, allowing time to build support for a project, get 'buy in', attract other investors.

A sliding scale for funding could also be introduced (e.g. reduce the amount over time as an incentive to increase for support from other sources). .

Encouraging applicants to source 'in-kind' support (e.g. office space, administrative support) is one way of fostering shared ownership of projects and sustainability whilst not disadvantaging those groups unable to access monetary support.

Time-frame for funding

ThaiHealth could create a category of funding for up to five years, with clear criteria, for undertaking new major projects designed to bring about more complex community level change. Appropriate interim indicators need to form part of the project application.

When funding Government departments, it is recommended that ThaiHealth initiate co-funding arrangements and develop a policy in this regard. This will minimize the perception that ThaiHealth is undertaking the core business of government departments or taking over their roles.

9.2 Spreading itself too thinly

While there is much to commend ThaiHealth for the wide and varied range of activity and heath areas in which it is involved, there is some risk that ThaiHealth ends up spreading itself too thinly. As articulated below:

> "We cannot do everything and there is a sense of liberation in realizing that. This enables us to do something and to do it very well" [Archbishop Oscar Romero]

Moreover, there are some areas of ThaiHealth activity mentioned to the reviewers that appear to be more peripheral to health promotion (e.g. hospital accreditation) or that overlap with the role of other organizations or government departments (e.g. internet pornography protection, consumer protection and rights). Although stakeholders and ThaiHealth were often able to articulate a rationale for being involved in such areas (e.g. the role of consumer rights and literacy so as to be able to be discerning about unhealthy food, the mental health aspects of unsafe internet exposure for children), merely being an issue 'relevant to health' is not sufficient justification for funding, particularly when effectiveness can be compromised when an organization is spread too thinly. Other HPFs are increasingly recognizing the need to prioritize particular areas of funding within each strategic planning cycle and accepting that 'saying no' to many well intended projects is unfortunately necessary (see Box 9-1).

Box 9-1 Reducing spread of activity - Health Promotion Switzerland case study

Health Promotion Switzerland is about to embark on a 12 year Plan using a proactive approach which will limit its health Promotion priorities to 3 main areas: (i) strengthening health promotion and prevention; (ii) healthy weight (iii) mental health – stress. The rationale for this approach was firstly recognition that to really make a sustainable difference, a long term programme was required. Secondly the priority areas were selected on solid grounds:

- Epidemical evidence for change
- Gaps in the system that are not being addressed comprehensively by others
- Amenability to change
- political support from the Cantons and others for HPS to undertake this work

Criteria commonly used by health organizations in deciding where best to allocate time and resources pertinent to ThaiHealth include:

- Is this issue/type of project the role/mandate of another organization?
- Is there a gap/no-one else active in this area at present?
- To what extent does this issue/project align with our strategic goals and directions?

- Will this initiative help address health inequalities or a major priority issue?

The review noted that concerns about ThaiHealth straying into areas that are the remit of other government departments or organizations has been raised on a number of occasions by the Board, but there was no evidence of any mechanisms put in place by ThaiHealth to address this.

Being spread too thin – summary considerations and recommendations

ThaiHealth needs to explore ways to become more strategically discerning regarding what it will and will not fund or initiate within a strategic planning cycle. This applies to the proactive and open grants.

ThaiHealth should recognise and acknowledge that it already contributes to health and social wellbeing issues less directly, by encouraging and funding initiatives that build the capacity of the health sector and workforce to understand and deliver health promotion.

9.3 Diminishing health promotion gains

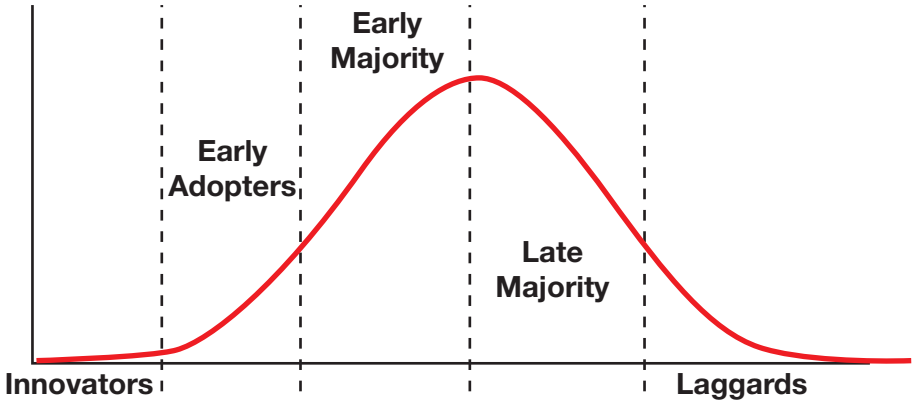
ThaiHealth has contributed to a rapid diffusion of health promotion messages, programmes and structural change in just five years. Such rapid 'successes', particularly in areas of policy and legislation (e.g. in alcohol, tobacco) are relatively unparalled, with public health movements in many countries battling for decades to achieve changes of this kind. Similarly, Thailand has been fortunate to have had recent governments that are particularly receptive to evidence-informed advocacy. This was drawn home to the reviewers in learning about the adoption by the Thai Education Ministry of a policy to increase physical activity in schools in response to ThaiHealth funded research, and the fact that there is no similar policy in Western Australia despite concerted public health lobbying and accumulating research over two decades.

As predicted by diffusion of innovation theory (see Figure 9-2)[32] and evidenced in the evolution of health promotion in many countries, early rapid gains in adoption of healthier behaviors often slow down

or plateau, with those still engaging in the unhealthy behavior often more resistant to change or hindered by circumstances that make behavior change more difficult.

It is important for ThaiHealth to anticipate that the dramatic increases in health issue awareness, attitude change etc witnessed in Thailand in the last five years may level off at some point, and to know that this is not necessarily a reflection on the effectiveness of its programmes or strategies. Similarly, public awareness in Thailand of ThaiHealth as a key health organization is already exceptionally high (i.e. around 95%) and it would be difficult to increase this much further.

Figure 9-2 Diffusion of innovation, new health messages or ideas



Potential for diminishing returns – summary considerations and recommendations

The challenge for ThaiHealth over the next five years will be to sustain the impact of its health promotion efforts, and shift the attitudes and behaviors of those who are currently not interested in healthier alternatives (be they individuals, organisations or governments).

This has implications for strategic and programme planning, funding decisions and expectations of project outcomes. In addition, it points to the need for refined monitoring and evaluation approaches that can anticipate and detect patterns of health promotion impact in Thailand.

9.4 Issues relating to social determinants of health

Enormous inequalities in physical, mental and social health exist in many countries, including Thailand. The most disadvantaged groups in society continue to have the poorest health and the highest exposure to health-damaging risk factors [33]. While social determinants of health often appear to lie outside the domain of health, there is growing evidence that it is these factors that underpin much of the burden of disease, explain many health inequalities and impede the effectiveness of health promotion interventions.

Health promotion has traditionally focused on behavioral risk factors but is increasingly compelled to consider the 'bigger picture' that includes social, environmental and physical environmental factors. It is harder for people who experience disadvantage (economic, social, racial or educational) to make the healthy choices the easy choices [34].

While many of ThaiHealth's programmes address these disadvantages, compared to other HPFs and many health organizations internationally, ThaiHealth does not appear to have developed a clear and formal position on social determinants of health, and is relatively silent on issues of health inequality and inequity. Within the WHO and globally, there is a growing impetus for health promotion to take issues of health inequality into account, and this is an area ThaiHealth needs to consider in its next strategic planning cycle.

Social determinants of health– summary considerations and recommendations

Given mounting international concerns and evidence about the social determinants of health, and the observed impact of such factors on health in Thailand, it is appropriate for ThaiHealth to more overtly articulate some goals and a position on this issue and the related issue of health inequalities and inequities.

Many of the projects funded by ThaiHealth are already addressing social determinants such as violence, community support, culture, access to healthy food choices, hence this area does not

require a new plan as such, and indeed is better addressed if embedded into the plans and strategies of all existing section areas.

As experienced in other countries, socially determined factors often impede the ability of more disadvantaged groups to access health promotion messages, and countries such as Australia have seen a widening in the gap in smoking prevalence between high and low socio economic status population groups. This highlights the need to specifically target more at-risk groups and tackle some of the barriers to their adoption of healthier behaviors. Project and campaign evaluations should also detect and report differential impacts on advantaged and less advantaged population groups.

9.5 Freedom from political interference

HPFs can be easy targets for politicians and others wishing to access extra funds or favors to support their portfolios, electorates and spheres of interest. Despite having legislative parameters which provide for a degree of independence as well as political and administrative barriers to minimize interference in all aspects of the Foundations' work, including decisions about funding allocations, all of the foundations canvassed agreed that, at some time in their history, attempts had been made to inappropriately interfere or influence their activity.

The matter of political interference, or perceived political interference in the work of ThaiHealth was raised by a number of stakeholders during interviews. As noted by one stakeholder, *"Political interference is normal in developing countries"*, and ThaiHealth is by no means exempted from exposure to this. Some stakeholders felt that Management and Board had dealt appropriately with such approaches while others were not so complimentary. Some acknowledged that there may be some political merit in entertaining approaches from politicians, while most felt that this should not be condoned in any way.

Some of those interviewed questioned whether politicians really understood ThaiHealth and how it operates, suggesting that such

ignorance could lead to unwelcome approaches. It was suggested that regular briefings of politicians about the role, function and modus operandi of ThaiHealth could also help to depoliticize the organization. This is an approach which is taken by the other Foundations. For example VicHealth has regular updates with parliamentary back-benchers and Health Promotion Switzerland asks for an annual meeting with parliamentarians who are invited to ask critical questions and engage in discussion with Board and Management. Both organizations claim that these are very fruitful initiatives.

Some stakeholders felt that the best way to depoliticize the ThaiHealth Board would be to remove all political representation. The Board's high level of political representation compared with other HPFs has been discussed already.

One approach to political representation is the VicHealth model which has parliamentarians representing the three major political parties on the Board to avoid political bias and this is reported to work very well in that state. Healthway, on the other hand, includes no parliamentary representatives on its Board. Indeed its legislation goes to great lengths to remove Healthway from any possibility of political interference, or the perception of it, by excluding Members of Parliament from being associated with any payments made by the organization, or their photographs being included in any of the organization's publications. Furthermore, when writs for a federal or state election are called, Healthway is unable to make any decisions or announcements about funding until the elections is over to ensure that there is no 'buying of votes'.

On a positive note, there was a sense from the comparable foundations that maturity of the organizations coupled with education of politicians brought much less interference from political sources.

Freedom from political interference - summary considerations and recommendations

Clearly stated guidelines of what will and will not be funded should be promoted not only to potential applicants, but also politicians and their staff.

Regular briefings of politicians and their staff about the way ThaiHealth operates and how funding decisions are made would be beneficial.

It is important to ensure that the non political and bureaucratic representatives on the Board represent a broad range of interest groups and are of high integrity.

In relation to Board representation, ThaiHealth must consider what will work in its own political environment and lobby to achieve this.

9.6 Working more with local government

Each of the comparable Foundations recognized the importance of working with local governments and all are doing so to a greater or lesser degree. The main problem in all countries, including Thailand, is that the burden of responsibility being placed on local government is increasing. Of the Foundations canvassed, VicHealth and Health Promotion Switzerland are the most active in this area. Health Promotion Switzerland works mainly through the 26 Cantons which are the regional local government organizations and VicHealth allocates about 8% of its budget to local government organizations directly and more indirectly through programmes.

A common theme in discussions was that for Foundations to build up positive working relationships with local government they had to understand the core business of local government and enhance that business, not merely add to it. One strategy successfully used by Health Promotion Switzerland and VicHealth was to visit each of the cantons and local government offices respectively to discuss their priorities and directions. How local governments could work with the Foundations, as well as areas where foundations

could provide support and assistance to local governments were explored. For example, local government organizations in Victoria are required to develop a municipal health promotion plan and VicHealth developed survey data on mental health and community wellbeing so that the plans could be based on specific data collected for their jurisdictions. Once the local government personnel saw that VicHealth was prepared to give, not just take, they were much more receptive to working together (see Appendex 11).

Working with local government - Summary considerations and recommendations

Strategies for enhancing relationships with local governments are based on sound partnership principles and may include:

- The need to build trust. This may be done in a number of ways including introducing pilot or demonstration projects which produce early , positive results
- Making a commitment to be involved long - term rather that doing short term projects and moving on as it takes a number of years for a sound relationship to evolve
- Respecting the problems and issues of the local government organisations and exploring ways to assist in addressing them.

10

Overall Conclusion and Recommendations

As the substance of this review and report has been to appraise the achievements of ThaiHealth to date and inform its future directions, it is difficult to succinctly distil the feedback and implications in only a few recommendations. The conclusions and key recommendations described below reflect major themes and considerations that emerged from the review process and readers are encouraged to refer to the complete report for the context and rationale that underpins these recommendations. There are also other findings and considerations identified throughout the report that are not framed as formal recommendations, but are nonetheless relevant to future ThaiHealth activity and directions.

Overall, there was a clear sense that ThaiHealth has been very successful in its first five years, both in breadth, quantity, and quality of health promotion activity. ThaiHealth's level of activity has been prolific both in comparison to many other Thai organisations

and in relation to the breadth of activity generated by other HPFs. Moreover, as acknowledged throughout this review, ThaiHealth has faced a steep learning curve both as an organisation and in fostering a new paradigm for health promotion in Thailand. ThaiHealth's achievements within its first 5 years therefore need to be viewed in light of this enormous learning curve, which when considered further, magnifies the significance of ThaiHealth's accomplishments in its 5 years of operation.

In summary, the review highly commends the achievements of ThaiHealth to date and its own efforts to continually review and refine its operations, and supports further consolidating of the strategies and achievements of ThaiHealth, while exploring opportunities to strengthen or adjust focus in some areas.

Specific recommendations identified in each section are summarised below for consideration by ThaiHealth and its Evaluation Board.

Alignment with national strategic directions and priorities (Section 3)

- Overall, the establishment and evolution of ThaiHealth has been congruent with, and complementary to, developments in the direction of the country's health and economic systems.
- ThaiHealth has been able to play an active role in supporting and accelerating the commitment to health promotion espoused in national policies and frameworks such as the NDHP, Healthy Thailand and *Joining Forces for Health Promotion Policy*.
- ThaiHealth sometimes strays into areas that are the remit of other government departments or organizations and should consolidate its focus on priority issues, strategic directions and areas of unmet need within a given strategic planning cycle.

Effectiveness of health promotion efforts to date (Section 4)

Markers of effectiveness

- ThaiHealth exemplifies many elements of a comprehensive and best practice approach to health promotion as articulated in the literature and the Ottawa, Jakarta and Bangkok Charters on health promotion. Particular strengths to be sustained and further built upon include its emphasis on partnerships and networks, the involvement of civil society and the combination of environmental (policy, structural and legislation), behavioral and social marketing strategies.
- There is much that other organizations and countries (not just within Asia) can learn from ThaiHealth's underpinning health promotion philosophy and the associated mix of strategies and programmes. The WHO and INHPF are encouraged to explore ways to draw upon some of the approaches and lessons learnt from ThaiHealth as articulated in this report.
- Assessing effectiveness in health promotion requires within ThaiHealth a more tiered approach with appropriate expectations and evaluation measures differing at the project, programme, strategic and overall organizational level, whilst recognizing that all of these tiers work synergistically to impact on health outcomes. These issues and related recommendations are presented in Section 9 of this report.
- ThaiHealth has actively targeted priority health issues and settings as channels for health promotion. It has however been less proactive than some other HPFs in prioritizing more at-risk or disadvantaged population groups and targeting health inequalities, and this needs to be considered in future strategic planning and included in KPIs.
- ThaiHealth has identified the need to increasingly work at a local or regional level and this will require a re-orientation of directions and programmes and the devising of appropriate measures of effectiveness.
- While already very active in fostering policy and structural change across a range of health issue areas and settings, ThaiHealth could also consider further leveraging healthy policies within funded organizations as a requirement of funding e.g. policies relating to healthy food, alcohol, smoking, injury prevention for funded organizations, for sponsored events/venues, and as a negotiating point in Proactive and Open Grants.

Social marketing

- Social marketing is a highly prominent arm of ThaiHealth activity that has been able to demonstrate tangible impacts on a range of targeted health related attitudes and beliefs, while less tangibly but still significantly contributing to shifts in community norms and attitudes that ripen the political and social environment for change.
- More impact evaluation of campaigns, including pre and post surveys would help to delineate areas of greatest impact and inform future social marketing strategies.
- Further developing social marketing skills and experience within ThaiHealth and in partner organizations would be beneficial, along with continuing to progress the operation of social marketing as a horizontal and integrating programme area in ThaiHealth.
- The temptation to be always innovative and new in campaign materials and messages needs to be weighted against the merits of fewer and more sustained campaign messages and themes in some issue areas (e.g. alcohol).

Health promotion leadership and capacity building (Section 5)

Capacity of organisations to apply for funds and deliver effective projects

- Survey existing capacity of funded organizations and capacity needs as has been undertaken by some other HPFs.
- Develop clearer guidelines for grants, skills training and evaluation support to improve quality of grant applications.
- Work towards reducing input of expert steering committees in the proactive grant programme thus empowering partners.

Health Promotion Capacity Building

- Work with one or two universities to establish health promotion courses (could be at certificate level) that can be undertaken by those working in another area of health.
- Introduce a Health Promotion leadership course for those working in funded organizations, perhaps similar to that undertaken by Healthway (Appendix 12).
- Offer work experience opportunities internationally to people employed in major NGOs or other partner organizations e.g.

identify 3-4 people a year for work placement in a health promotion organization (Foundation or NGO) say in UK, Australia, Canada for up to 6 months.

- Offer scholarships for postgraduate (e.g. masters, PhD) students to undertake research in health promotion as does Healthway, VicHealth and the Austrian HPF .
- sponsor a health promotion conference or seminar series on relevant health promotion topics (e.g. role of social marketing in health promotion advocacy, project management skills, evaluating health promotion)
- instigate a ThaiHealth awards initiative that gives recognition to projects that have demonstrated significant health promotion results or are exemplars of capacity building (the biennial award presentations by Healthway and VicHealth are pertinent models to consider)

Internal capacity building

- In house training for staff with a comprehensive curriculum covering areas such as health promotion competencies, project management, evaluation.
- Support employees to obtain further health promotion qualifications e.g. offer some work release time to encourage relevant studies to be undertaken.
- Twin with another similar Health Promotion Foundation - identify specific areas for learning and people to 'match up'. While this would have a mentoring element it should be seen as a two way process as ThaiHealth has much to share with others.
- Experiment with the proactive grant development process. Use trials to determine if there are more efficient structures e.g. using a University based consultancy group rather than the Expert Steering Committee approach.

Facilitation of networks and collaborations (Section 6)

- ThaiHealth should continue its focus on partnerships and networks as a key operational approach.
- Its partnership approach can be further strengthened by:
    - Focusing on forging those partnerships and alliances that are most strategic, thus enabling ThaiHealth to progress its objectives and priority areas.

- Fostering partnerships with sectors and organisations that enable ThaiHealth to increase its impact on health inequalities, social determinants of health and more at-risk or disadvantaged population groups.
- Responding to partner concerns relating to rigidity and demands of reporting requirements.
- Re-orienting evaluation of partnered projects/ programmes to be of a more collaborative and learning nature.
- Affirming and acknowledging effective partnerships e.g. recognition awards.

⊙ The coalition model is an alternative partnership approach used by some HPFs that ThaiHealth could trial – this reduces 'frictions' and fragmentation associated with working with only some potential partners on an issue.

⊙ A periodic survey of partnered organizations as used by VicHealth and Healthway would be useful as a means of benchmarking current partner expectations of ThaiHealth, capacity to undertake health promotion and identify areas in partnership effectiveness which can be improved.

Operational and structural systems (Section 7)

Organizational structure

⊙ ThaiHealth's current operational and organizational structure is confusing to those 'outside' and even those internally sometimes struggle to clearly elucidate the various roles and the relationship between them. This is a barrier to partner organizations understanding how it operates and who within the organization they should liaise with.

⊙ The number of committees is large and ThaiHealth runs the risk of becoming 'bureaucratic' in this regard. Coordinating and maintaining committees is demanding on resources and there is a danger that committees become reporting mechanisms rather than a vehicle for collaborative planning and action.

⊙ As an alternative model to increasing the number of formalized committees, roles could be added to the agenda of existing committees.

- Exploring the use of a coalition model of funding has merit; devolving responsibility for collaboration more to partner organisations.
- Given the breadth of ThaiHealth activity and the active involvement of the CEO in policy and structural change initiatives, it may be timely for ThaiHealth to consider a management role positioned just below that of the Chief Executive Officer and his Deputy to oversee some of the integration, capacity building and evaluation issues that underlie all aspects of ThaiHealth's operation.
- ThaiHealth itself has recognized and started to address the need for greater interaction between its vertical (e.g. risk factors) and horizontal (e.g. communications) programme areas. Recommendations in other sections of this report address progressing this further.
- Notwithstanding the above, retention of the current structure until the end of this Master plan period 2006 – 2008 is important for continuity and stabilization within ThaiHealth. Also for its relationship with stakeholders which can become fractured if positions/roles and systems change too frequently. Similarly, ThaiHealth could step back from the current practice of revising the Master Plan each year, and instead invoke a more tri-ennial comprehensive strategic planning process and consultation.
- As part of the next strategic planning cycle (i.e. 2008 and beyond), it will be timely to review the organizational structure as a whole and identify the most appropriate structure to move ThaiHealth forward strategically. External advice on this would be beneficial.
- Even within the existing structure, there is scope to improve some of the mechanisms for communication, cross-sectional collaboration and information sharing and integration. ThaiHealth has done better at establishing integration mechanisms at the strategic and planning level but needs to explore ways to more proactively achieve this at all staff and programme levels and to perhaps soften some of the current demarcations between sectional responsibilities.

Grant funding processes

- ThaiHealth should more aggressively target those areas where health inequalities exist to ensure that access is provided to those who are in greatest need. e.g. those living in poverty or for whom greatest health disparities exist, e.g. Thai people living in the Southern region

- In relation to Open Grants, consider:
    - Repositioning the Open Grants Plan so that it is a horizontal strand that supports the other relevant plan areas rather than standing alone.
    - Reducing the number of supervisions and using self reporting formats to focus on the supervision of those of high value.
    - Altering the supervision and reporting schedules so that final payments are released before the completion of the project, particularly for those of low value.

- In relation to proactive grants, explore ways in which specific organizations can be encouraged to proactively propose their own projects within the relevant programme umbrella. ThaiHealth could still identify issues or project/programme ideas but allow the partner organizations to assume a greater role in developing a proposal for consideration.

Transparency and accountability

- The Board should publicise its policy on conflict of interest to all stakeholders and the broader community to educate and provide reassurance of its integrity.

- ThaiHealth should consider holding public forums to which stakeholders (including the media) can contribute as part of strategic planning processes.

- There is merit in more regular reporting of how funds are disbursed, the purposes to which they are allocated, and to what organizations. This would give stakeholders and the public a clear picture about the extent of the funding and the range of organizations which receive grants.

- Seeking applications from interested qualified organizations to implement projects has the potential to add to the sense of fairness and transparency which is critical when allocating grants.

- When committee positions or particular roles need to be filled by someone external, it would be more transparent and equitable to call for expressions of interest from the experts registered with ThaiHealth (or others not registered) so that interested people have the opportunity to be considered.

Decentralization

There are a number of decentralization options that could be trialed, including:

- Placing an employee of ThaiHealth in selected provinces, located in the office of the MoH, NGO or University. Tasks would include generating new projects, monitoring those already funded, providing training and advice and raising the profile of ThaiHealth.

- Selecting a region in which to establish a ThaiHealth subsidiary office, a type of regional coordinating body. Policy and direction would still be set by the ThaiHealth Board and decisions about funding made by central management, committees and Board. The role of the decentralized office would be to liaise, monitor, encourage applications, build capacity to apply for and develop grants, network relevant actors etc. This approach could be trialled in 2 regions, perhaps north and south.

- Establishing a 'mini ThaiHealth' in a region with its own regional board, committee structure and administration including budget. It would have all the responsibilities of ThaiHealth, with the Board devolving all decision making responsibilities to the regional board within the parameters of the Act. The regional board would have to follow the policy and fiscal directions set by the ThaiHealth Board and the legislation.

- Whatever approach is taken, ThaiHealth must consider what would be the most appropriate host institution to work through or in the case of the mini ThaiHealth, it may be a 'stand alone' organization. An example can be drawn from the Health Systems Research Institute (HSRI) – an autonomous research agency under the MoH. It has four regional offices, all of which are located in universities, and run by university lecturers. This may be an efficient way to decentralize ThaiHealth. Clearly appropriate mechanisms to avoid conflict of interest and to ensure accountability and conformity to ThaiHealth central would need to be put in place.

Monitoring and Evaluation (Section 8)

Evaluation culture

- There is a need for a cultural shift within ThaiHealth of the way that evaluation and monitoring is viewed. Evaluation needs to be better recognized as a tool for informing and improving its strategic directions and health promotion activity, rather than as primarily accountability or monitoring mechanism.
- While the independence of some forms of evaluation is warranted, it would beneficial for projects and for ThaiHealth if evaluation and monitoring operated in more of a partnership model, providing evaluation feedback and advice that can help with project development and improvements, as well as input to project planning.
- An overall evaluation and monitoring plan that includes strategies for building evaluation capacity would be beneficial. Such a plan should operate horizontally within the organization, with strategies applicable to each section.

Evaluation and health promotion capacity

- There is a dual need within ThaiHealth to strengthen internal skills in project planning, development and monitoring, while also developing these in funded organizations.
- Good evaluation relies on sound project development and implementation. Grant proposals to ThaiHealth need to require clearer objectives, demonstrate how strategies will address objectives, and develop evaluation plans, with assistance and guidelines provided to projects to address this. In the experience of other HPFs, considerable staff time is saved when the rigor and quality of applications and project design improves.
- Within ThaiHealth and in funded organizations, there is a need to increase the capacity to clearly articulate underlying theoretical rationales and assumptions for projects and programmes and map strategies and evaluation markers accordingly.
- There is scope to improve on the current model of outsourcing external evaluators on a project or programme basis. Establishment of a semi-independent evaluation group to help build evaluation capacity in funded projects as well as undertake evaluation is suggested. Such a group could build a more partnership oriented relationship with funded projects and could also have input to project development, goal setting etc.

Levels of evaluation

- Much of ThaiHealth's evaluation and monitoring to date is of an accountability, process or descriptive nature. There is a need for more impact and implementation level evaluation both at the project and programme level. ThaiHealth should revisit the recommendations of the 2001 evaluation consultancy [1].
- The current KPIs should not be discarded, but need to be refined and added to, to better capture the core goals to which they relate.

Manageability of projects

- The volume of grants funded by ThaiHealth makes it very difficult for the organization and project managers to be actively involved in programme monitoring and leaves little time for reflection and extraction of lessons learnt.
- It is suggested that ThaiHealth consider ways to reduce the number of projects overseen by its sections, such as outsourcing management of a group of related projects to a pertinent organization, prioritizing projects that warrant greater staff attention and requiring better evaluation planning from grant recipients.

Other possible evaluation methods

- Benchmarking is an issue recently identified by the International HPF network and there is merit in ThaiHealth being involved in this process.
- Commissioning a study of the cost effectiveness of either the organization overall, or some of its key programme areas would be beneficial to ThaiHealth at a strategic planning and organizational justification level.

Challenges/issues that ThaiHealth may face in future (Section 9)

Sustainability

- Co-funding for large projects under the Open Grant Scheme could be required i.e. organizations would need to find external or internal resources to support the project. ThaiHealth could allocate an amount and the organizations could use that as leverage to attract funds from other sources.
- Alternatively, co-funding could be a requirement only for the second or subsequent years of a project, allowing time to build support for a project, get 'buy in', attract other investors.

- A sliding scale for funding could also be introduced (e.g. reduce the amount over time as an incentive for organizations to access support from other sources).

- Encouraging applicants to source 'in-kind' support (e.g. office space, administrative support) is one way of fostering shared ownership of projects and sustainability whilst not disadvantaging those groups unable to access monetary support.

Time-frames for funding

- ThaiHealth could create a category of funding for up to five years, with clear criteria, for undertaking new major projects designed to bring about more complex community level change. Appropriate interim indicators need to form part of the project application.

- When funding government departments, it is recommended that ThaiHealth initiate co-funding arrangements and develop a policy in this regard. This will minimize the perception that ThaiHealth is undertaking the core business of government departments or taking over their roles.

Being spread too thinly

- ThaiHealth needs to explore ways to become more strategically discerning regarding what it will and will not fund or initiate within a given strategic planning cycle. This applies to the proactive as well as open grant areas.

- ThaiHealth should recognize and acknowledge that it already contributes to health and social wellbeing issues less directly by encouraging and funding initiatives that build the capacity of the health sector and workforce to understand and deliver health promotion.

Potential for diminishing health promotion returns

- The challenge for ThaiHealth over the next five years will be to sustain the impact of its health promotion efforts, and shift the attitudes and behaviors of those who are currently not interested in healthier alternatives (be they individuals, organizations or governments).

- This has implications for strategic and programme planning, funding decisions and expectations of project outcomes.

In addition, it points to the need for refined monitoring and evaluation approaches that can anticipate and detect patterns of health promotion impact in Thailand.

Social determinants of health and health inequalities

- Given mounting international concerns and evidence about the social determinants of health, and the observed impact of such factors on health in Thailand, it is appropriate for ThaiHealth to more overtly articulate some goals and a position on this issue and the related issue of health inequalities and inequities.

- Many of the project funded by ThaiHealth are already addressing social determinants such as violence, community support, culture, access to healthy food choices, hence this area does not require a new plan as such, and indeed is better addressed if embedded into the plans and strategies of all existing section areas.

- As experienced in other countries, socially determined factors often impede the ability of more disadvantaged groups to access health promotion messages and countries such as Australia have seen a widening in the gap in smoking prevalence between high and low socio economic status population groups. This highlights the need to specifically target more at-risk groups and tackle some of the barriers to their adoption of healthier behaviors. Project and campaign evaluations should also detect and report differential impacts on advantaged and less advantaged population groups.

Freedom from political interference

- Clearly stated guidelines of what will and will not be funded should be promoted not only to potential applicants, but also politicians and their staff.

- Regular briefings of politicians and their staff about the way ThaiHealth operates and how funding decisions are made would be beneficial.

- It is important to ensure that the non political and bureaucratic representatives on the Board represent a broad range of interest groups and are of high integrity.

- In relation to Board representation, ThaiHealth must consider

what will work in its own political environment and lobby to achieve this.

Working with local government

- Strategies for enhancing relationships with local governments are based on sound partnership principles and may include:
  - The need to build trust. This may be done in a number of ways including introducing pilot or demonstration projects which produce early, positive results.
  - Making a commitment to be involved long - term rather that doing short-term projects and moving on as it takes a number of years for a sound relationship to evolve.
  - Respecting the problems and issues of the local government organizations and exploring ways to assist in addressing them.

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APPENDICES

APPENDIX ONE: DOCUMENTS USED IN THE REVIEW

Internal Documents	
Evaluation/assessment	Evaluation Framework based on Four Dimensional Model April 2006
	Extract from second meeting of the committee for results evaluation and funding of health promotion, year 2006
	ThaiHealth's Funding Committee results evaluation framework
	Assessment of health promotion funding committee 2005
	Indicators and ThaiHealth Evaluation system
	Management assessment process
	Management assessment project 2004
	Summary of achievements 2006
	ThaiHealth indicators
Conflict of interest	Conflict of Interest/ practical guidelines for secretariat departments and forms for declaring interest
	Regulations of the Health Promotion Foundation Governing the Understanding of Duties of the Committee in the Case of Conflict of Interest in the Foundation
	Duties of the Committee in the case of conflict of interest
	Regulations re conflict of interest
Operational and structural systems	Foundation plan structure
	List of Board members and consultants
	ThaiHealth's operational structure
	Internal audit sub committee report and summary of work 2005 -2006
Section/ plans/ projects	List of plan names and responsible staff
	List of 7 teams or sections, committee members and role of committees
	Nature of Projects eligible for sponsorship
	Social Marketing Plan 2005 -2006
	Plans for public communications for society , power point
	Support of health promotion through the health service system plan
	A plan for supporting general and Innovative projects. Innovative volunteer camp
	Plan indicating the link between strategies and target of ThaiHealth
	Project to reduce alcoholic drink at parties
	Report on special projects : Tobacco
	Summary of Sweet Enough Campaign
	Work place Programme
	Implementation of the spiritual health promotion programme
	Health promotion in the Thai military
	Vision of Thai Health next 10 years
	Summary of achievements 2006
	ThaiHealth Master Plan PowerPoint
	ThaiHealth SWOT presentation
	Health Service System Plan

Grants processes	Proactive Grants process
	Criteria for fund allocation/ definitions of plans, programmes and projects
	Open grant operating handbook
	Application Forms for small projects; under 50,000 Baht
	Health Promotion project proposal form for over 50,000
	Open Grant announcement 2007
	Conditions for granting support to open grant proposals
	Characteristics of projects which will get support January 2006
	Samples of Minutes of board meetings
	Capacity building plan for networks, and expert committees/ scholars
ThaiHealth Published Reports	
	ThaiHealth Master Plan 2006- 2008
	ThaiHealth Master Plan 2007 edited version
	Annual Reports,2003,2004,2005
	10 x 10 Health Issues
	Origins of ThaiHealth
	The Triangle that Moves the Mountain
	Health System Reform in Thailand
	Happy communities
	Health Promotion Foundation Act, B.E. 2544 (2001)
Published Reports (international)	
	Three Year Programme of the Austrian Health Promotion Foundation 2003 - 2005
	VicHealth Strategic Priorities 2006 -2009
	VicHealth Annual Reports 2005, 2006
	Healthway Strategic Plan 2004 -2007
	Healthway Annual Reports 2005, 2006
	Health Promotion Switzerland Executive Summary of Annual Reports 2004,2005

APPENDIX TWO: DISCUSSION GUIDE FOR STAKEHOLDER INTERVIEWS

ThaiHealth Review – outline of discussion themes for stakeholder interviews

Issues to be covered in stakeholder consultations

Given the breadth of stakeholders participating in the review consultations and the diversity of their experiences and relationships to ThaiHealth, there is no single interview template. As a general guide however, the following issues will be explored, with some variation and adaptation depending on the particular stakeholder and their areas of interest and activity. In addition, all stakeholders will have the opportunity to raise other issues or comments.

National context

- How does the role and activities of ThaiHealth fit within broader efforts to improve health in Thailand? In what way does ThaiHealth 'add value' to the existing health sector?
- What are some of the key achievements of ThaiHealth to date?
- Are there current or emerging issues in Thailand that have implications for ThaiHealth over the next five years?

Health Promotion leadership and capacity building

- Mobilising and assisting community groups and existing organisations to address health issues, and building networks and collaboration between such groups is a high priority for ThaiHealth – how effective has ThaiHealth been in this regard?
- In what way has ThaiHealth had an impact on organisations that it directly funds or works with as partners?
- How do partners perceive their working relationship with ThaiHealth? What can ThaiHealth do to improve the way it builds partnerships?

- How can new partners be encouraged to work with (or apply to) ThaiHealth? Are there barriers that deter them from doing so at present (eg not aware of opportunities, lack of capacity, application processes, and complexity of funding guidelines)?

Programme effectiveness

- Effective health promotion seeks to influence both individual attitudes and behaviors and the broader social and environmental factors that impact on health. Do the activities of ThaiHealth reflect this balance?
- Are there particular programmes, health issues or objectives in which ThaiHealth has been more effective than others? Conversely, what areas have proven more difficult?
- Thai Health's strategic intent is to work through a range of settings (e workplaces, schools) and to target more at-risk groups (eg disadvantaged, youth) – are there gaps or a need to do more in relation to some settings or target groups?

Operational and structural systems

- ThaiHealth is now quite a large organisation with a range of plans (12) and committees underpinning the operationalization of its master plan (2006-2008). How well does the current structure and processes work?
- Do you have any comments about the evaluation systems and measures and how effective these are?
- How has ThaiHealth helped other organisations to build evaluation capacity and skills?
- In relation to Thai Health's internal culture and way of working with other organisations, how effective is it in a) Responding to new concerns b) Sharing health promotion knowledge c) Working across a range of sectors?

Future Strategic Directions

- From your own experience and knowledge of ThaiHealth, can you identify any strategic and operational considerations to strengthen Thai Health's effectiveness for its next five years of operation

Note to stakeholders

As an external review, interviews are being conducted 'at arm's length' from ThaiHealth, and only general, unidentifiable observations will be reported. As such, stakeholders are encouraged to be honest in their reflections and comments to the reviewers.

APPENDIX THREE: LIST OF STAKEHOLDER INTERVIEWS

Interview date: Monday October 2nd 2006	
Management and staff of ThaiHealth	
Dr. Supakorn Buasai	Chief Executive Officer, Office of the Manager
Dr. Manit Prapansilp	ThaiHealth's Consultant
Ms. Nuananan Tantigate	Director, Office of the Manager
Mrs. Benjamaporn Jhantarapat	Director, Social Capital and Knowledge Management (Section VII)
Mr. Nattaphong Juaruwannaphong	Director, Community-based Health Promotion, (Section III)
Dr. Sirikiat Liangkobkit	Director, Health Promotion and Secondary Risk Factor Reduction (Section II)
Asst. Prof. Dr. Supreda Adulyanon	Director, Health Promotion and Primary Risk Factor Reduction (Section I)
Asst. Prof. Dr. Wilasinee Pipitkul	Director, Social Marketing (Section V)
Mrs. Ngamjit Chantrasatit	Director, Open Grants (Section VI)
Dr. Krissada Ruengareerat	Chief Operation Officer
Mrs. Ur-aree Meuninkul	Consultant on Public Relations
Mrs. Supavadee Thirapanish	Internal Compliance and auditor
Social Marketing and Physical Exercise	
Asst. Prof. Dr. Wilasinee Phipitkul,	Director, Social Marketing
Dr. Kasem Nakornkhet	
Dr. Suchart Taweepronpatomkul	
Open grants and Innovation	
Mr. Werapong Kringsinyos	Thai Health Foundation, Member of Plan Administering Committee of Section 6
Assoc. Prof. Dr. Kamjorn Tatiyakawee	Faculty of Medicine, Chulalongkorn University
Interview Date: Tuesday October 3rd 2006	
Health Issues , Traffic Injury Prevention	
Mr. Prommintr Kantiya	Manager, Accident Prevention Network
Dr. Taejing Siripanich	Secretary General, Don't Drive Drunk Foundation
Alcohol Issues	
Dr. Bundit Sornpaisal	Director, Centre for Alcohol Studies
Mr. Songkran Pakchokedee	Director, Stopdrink Network Office
Mr. Teera Watcharapranee	Manager, Stopdrink Network Office
Mrs. Areekul Puangsuwan	Asia Pacific Alcohol Policy Alliance (APAPA) and International Network for Health Promotion Foundations (INHPF)
Ms. Chanansara Oranop na Ayuthaya	Head Of No Nicotine and Alcohol Youth Club - NO NA Club

Tobacco Issues	
Asst. Prof. Dr. Lakkhana Termsirikulchai	Director of Tobacco Control Research and Knowledge Management Center
Prof. Dr. Somkiat Wattanasirichaikul	Consortium of Medical (Thailand)
Assoc. Prof. Dr. Pongsri Srimorakot	Health Professionals against Tobacco Network
Risk Factors Food	
Dr. Chantana Ungchoosak	Manager, Thai Children against Sweetened Food Programme
Asst. Prof. Dr. Wittaya Kulsomboon	Manager, Health Consumer Protection Programme
Support System	
Assoc. Prof Dr. Chunruthai Kanjanajitra	Director, ThaiHealth Global Link Initiative Programme-TGLIP
Dr. Pinij Faramnuayphol	Head, Health Information System Development Programme
Dr. Weerapan Supanchaimart	Director, Mahasarakram Hospital
Mr. Sunit Chetha	Head of Thai Rural Net Initiative Project
Chairs of Plan Administering Committees (Section 1-7)	
Prof. Dr. Udomsil Srisangnam	*(Section 1)*
Dr. Paiboon Wattanasirithum	*(Section 3)*
Dr. Jingjai Harnjenlak	*(Section 5)*
Dr. Suwit Wibulpolprasert	*(Section 7)*
Interview date: Wednesday October 4th 2006	
Health Promotion in Organizations	
Dr. Charnwit Wasantanarat	Healthy Workplace Group, Chonburi Hospital
Assoc. Prof. Dr. Suthee Prasansetr	*Advisor, Healthy Community Programme*
Mr. Naret Songkrohsuk,	Network Co-ordinator, Northern Provinces
Mass Media & Press	
Mr. Pattara Khumpitak	Chair of Press Association
Ms. Sirinat Sirisuntorn	Editor in chief of Bangkok Biz newspaper
Mrs. Ur-aree Meuninkul	Consultant on Public Relations
Health Promotion for Thai Muslim	
Dr. Isara Santisart	Programme Manager Health Promotion for Thai Muslim Community
Youth and education	
Dr. Amornwit Nakorntap	Programme Manager Youth and Education, Ramachiti Institute
Other	
Dr. Saman Futrakool	Director, Tobacco and alcohol control Office, Department of Disease Control, Ministry of Public Health (on behalf of the Director General)
Dr. Prakit Wateesatogkit	Emeritus Consultant to ThaiHealth, Executive Secretary to Action on Smoking and Health Thailand

Evaluation Committee	
Prof. Dr. Pratya Waysarach	Rector of Sukothai Thammathirat Open University, Head of Evaluation Committee
Prof. Dr. Somchai Rechupan	Evaluation Committe
Prof. Dr. Direk Patmasiriwat	Evaluation Committee
Prof. Dr. Chitr Sitthi-amorn	Dean, College of Public Health, Chulalongkorn University Evaluation Committee Head of International Compliance and audit sub-committee
Interview Date: Thursday 5th October 2006	
Dr. Prapon Pasookyueod	Director, Knowledge Management Institute, Thailand Research Fund
Health Promotion in Communities	
Mr. Nutthphong Jaruwannapong	Director, Community-based Health Promotion (Section III)
Dr. Poldet Pinprateep,	Head, Local Communities Development Institute
Traffic Injury Prevention	
Dr. Wittaya Chartbanchachai,	Head, Traffic Injury Prevention Programme, Khonkaen Hospital
Internal Compliance and Audit sub committee	
Prof. Dr. Chitr Sitthi-amorn	Dean, College of Public Health, Chulalongkorn University
Dr. Pisit Leeathum	Former Deputy Finance Minister
Chairs of Plan Administering Committees (Section 1-7)	
Prof. Dr. Udomsil Srisangnam	Chair of Plan Administering Committees, Section I
Interview Date: Friday October 6th 2006	
Dr. Apinan Aramrat	Medical Institution, Health Personnel Programme
Dr. Jarueyporn Toranin	Permanent Secretary to Ministry of Education, Member of Board Committee
Tobacco Control	
Dr. Hatai Chitanon	Director of Thai Health Promotion Institute
Nutrition food and Health	
Dr. Suriyadeo Tripatie	Deputy Director and spokesperson for Thai Children against Sweetened Food Programme
Verification of information, closing session	
Dr. Supakorn Buasai	Chief Executive Officer, Office of the Manager

Interview Date: Wednesday November 1st 2006	
Dr Somchai Leethong-in	Director, Physical Exercise for Health, Department of Health, Ministry of Public Health
Dr Narong Sahamethapat	Deputy Director General, Department of Disease Control, Ministry of Public Health
Interview Date: Thursday November 2nd 2006	
Dr Boworn Ngamsiri-udom	Deputy Director General, Department of Health, Ministry of Public Health
Health Promotion Foundations - International	
*Dr Jo Clarkson ,	Director Health Promotion, Healthway
Ms Barbara Mouy	Director Research, Strategy and Policy, VicHealth
*Dr Bertino Somaini, Director	Health Promotion Switzerland
Questionnaire, no interview	
Ms Ursel Broesskamp	INHPF liaison for Health Promotion Switzerland
Dr Rainer Christ	INHPF liaison for the Austrian Health Promotion Foundation

Appendix Four: Members of the International Network of Health Promotion

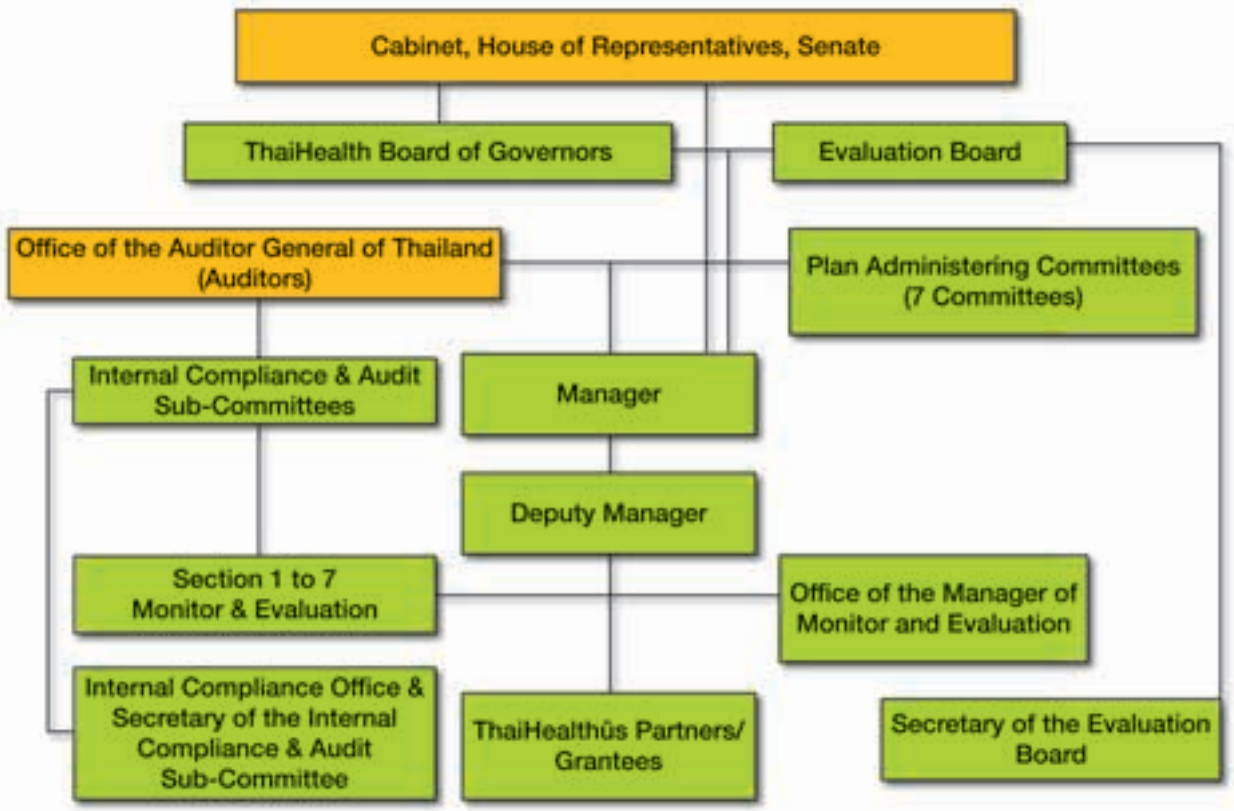
Foundation	Population	Areas sq km	Method (s) of Financing	Governance	Funding Priorities
Victorian HPF (VicHealth, Aust.) - Tobacco Act of 1987	4.9 million	227,600	* See note below	Independent, 14-member Board of Governance; 3 are politicians appointed by parliament – significant delegation to CEO. Supported by standing committees and Board-appointed advisory panels for various action areas.	a) Programme focus: tobacco control, mental health and wellbeing, physical activity. b) Strategic development/ advocacy focus: healthy eating, health inequalities. c) Other: strengthening collaborations, research and evaluation capacity, supporting innovation.
* From its inception in 1987 until June 1992 VicHealth was funded by a hypothecated percentage of Victorian ad valorem tobacco franchise fees. Since 1992, the annual amount allocated to the Foundation from tobacco franchise fees has been determined by the Treasurer. In August 1997 the High Court of Australia invalidated State and Territory business franchise and licence fees, including tobacco fees. In order to maintain the Foundation's funding the Victorian Treasurer arranged for funds to be transferred from the Consolidated Fund, for the reminder of the 1997-98 year. Since 1 July 1998, annual funding for the Foundation has been decided by the Treasurer, appropriated as part of Victoria's annual budget within the appropriation for the Department of Human Services. Funds transferred electronically in equal monthly installments to the Foundation. The health promotion grant is recognized as revenue upon receipt. In 2002/03 the grant was $AUD 27 million.					
Western Australian HPF (Healthway, Aust.) – Section 15 of the Tobacco Control Act of 1991	1.8 million	2,526,786	An appropriation from Treasury as with VicHealth – $16-17 AD/ year.	Independent Board- no political representation. Board makes final decisions. Advisory committees.	Promotes health through a wide range of settings and organizations including health, sports, arts, racing, recreation, community, education and workplaces. Has a comprehensive evaluation programme that covers health promotion programmes, research and sponsorship.
Austrian HPF (FGO) - Health Promotion Act of 1998	8 million	83,858	Import tax on tobacco products – Euro 7.25 million/year appropriated from Treasury from fiscal adjustments. A fixed amount that is reviewed every 4 years.	Three governing bodies: a) 13-member appointed Board meets 4 times/year; rules on grants > Euro 72,000, sets priorities and determines direction of the FGO. b) 7-member Project Advisory Committee meets 4 times a year; gives advice on the issues which are then decided by the Board. c) The Administrative Office.	A three year programme (2003-2005) with 3 subject priorities and 3 target group priorities in settings. ⊙ Exercise ⊙ Nutrition ⊙ Mental and emotional health ⊙ Children and adolescents in non-school settings ⊙ Employees at small and medium-sized enterprises ⊙ Older people in rural and urban settings

Foundation	Population	Areas sq km	Method (s) of Financing	Governance	Funding Priorities
Thai HPF (ThaiHealth, Thailand) – 2001 Health Promotion Foundation Act	61 million	511,771	2% surcharge tax on tobacco and alcohol taxes - $35 million USD	Two Boards appointed by the Executive Cabinet: a) Board of 21 members, Prime Minister is chair, Minister of Health is 1st VP b) Evaluation Board of 7 members	⊙ Tobacco and alcohol control (priority) ⊙ Empowerment of civic movements that lead to an improvement of wellbeing ⊙ Healthy public policies ⊙ Issue-based programmes ⊙ Holistic settings approaches ⊙ Catalytic funding for projects that change public values, people's lifestyles and social environments.
ThaiHealth has divided their priorities into three areas: a) Systems change – (20% of the budget). What can ThaiHealth do to have the greatest impact? b) Healthy communities – (60 % of the budget). Demonstrate to society that health promotion can happen. c) Social capital – (20 % of the budget). Supports the other two areas of focus and includes information systems, leadership and education, e.g., medical schools, public health training.					
HP Switzerland - 1996, Article 19 of the Law on Sickness Insurance	7.5 million	41,285	Mandatory financing via health insurance levy of 2.4 Swiss Francs per person - $12 million USD	Financial supervision by government; content and programme decisions are made by a 17-member appointed Council of the foundation; 9 member advisory committee.	Physical activity, nutrition, and relaxation; health and work; adolescents and young adults. Also international affairs, policy recommendations, education/ training, quality of life in communities, communication and information, public campaigns and evaluation.
Health Promotion Switzerland has three overarching goals: a) Empowerment – People put their own wellbeing into their own hands. Everybody knows his/her own health resources and promotes them. Also, actors in the environment nurture the principle of empowerment. b) Coordination and cooperation – Various organizations and institutions coordinate their health promotion activities and implement joint actions. Engagement – The development of the health system is undertaken in the spirit of health promotion and the politicians and decision-makers actively support related issues.					
INHPF Associate Members					
Korean HP Fund – 1995 - Established under the National Health Promotion Act	45 million	unknown	Tobacco excise taxes are transferred to the National Health Promotion Fund - $640 million USD/year - 97% for national health insurance - 3% or $19.2 million allocated to HP programmes	Financial supervision by the Korean Institute for Health and Social Affairs (KIHASA). 150 of the 250 Public Health Centres receive funding to strengthen HP efforts.	Anti-smoking projects, training and accreditation of health education; healthy living and working conditions; public education; research; HP in local health centres.

Foundation	Population	Areas sq km	Method (s) of Financing	Governance	Funding Priorities
Malaysian HPF Initiative – decision to establish a HPF made by Cabinet in 2002	20 million		HP to be funded by dedicated taxes on tobacco and alcohol. Initiated by Cabinet (2002) on the advice of the Min. of Health to address smoking among youth.	Process is proceeding under a Project Manager, Legal Advisor and Health Promoter.	HPF will strengthen tobacco control and promote health; replace tobacco sponsorship of sport, focus on cultural and HP activities.
Health 21 Foundation – Hungary - 1999	10.1 million		Tax deductible donations. Programme financing from national and international agencies.	A non-government public service corporation registered by the Court of the City of Budapest in 1999	Specific focus is on tobacco issues – policy development, scientific research, postgraduate training for tobacco control advocates. Education and public information – with special focus on media advocacy; equity for disadvantaged populations – programme financing.
South African HPF	44.4 million		Discussions for possible funding of A Health Promotion Foundation are currently underway.	The National HP Forum Board is the lead agency in the movement to establish a HPF. This is a civil society organization supported by National Dept. of Health and the WHO.	Main issues are: poverty that exposes people to social and infectious illness, e.g., TB, HIV and AIDS, cholera. Alcohol and substance abuse, high levels of intentional and unintentional injuries, chronic and non-communicable diseases.
Polish HPF	38.6 million		Non-profit organization donated and funded from grant applications	Civil society organization registered by the Warsaw Court in 1991 and governed by the HPF Board and President. On-going tasks led by Director General and Research Director.	Improve public health in Poland through reducing premature mortality of Polish population. Areas of focus: ⊙ smoking prevention/ cessation (i.e. the Great Polish Smoke-out campaign, school and community based smoking and ETS prevention programmes for adults and children, treatment of tobacco dependence) ⊙ healthy eating (population-based programmes on 5 a day fruit and vegetables and fat education) ⊙ health education and promotion, lobbying for comprehensive public health legislative measures, research on above topics.

Foundation	Population	Areas sq km	Method (s) of Financing	Governance	Funding Priorities
BC Coalition for Health Promotion (British Columbia, Canada)	4.1 million		Project funding and grants provided by the Vancouver Island Health Authority (VIHA), Canadian Rural Partnership - Agriculture and Agri-Food Canada and Health Canada.	A voluntary, non-profit society 6 - member Board of Directors and a Core Team of 15 people.	a) Establish a Health Promotion Foundation that funds health promotion initiatives from a grassroots leadership perspective. b) Increase the profile of health promotion through conferences, workshops, community development, research, presentations, networking and website communications. c) Encourage an approach to current funding practices that communities find to be more fair, equitable and responsive to their strengths and priorities. d) Support community infrastructure across British Columbia by providing information, educational opportunities, peer support and mentorship.

APPENDIX FIVE: OVERALL GOVERNANCE STRUCTURE OF THAIHEALTH



APPENDIX SIX: Disease burden in Thailand, 1999

Male					Female		
Rank	**Disease category**	**DALYs***	**%**		**Disease category**	**DALYs***	**%**
1	HIV/AIDS	960,087	17%		HIV/AIDS	372,947	9%
2	Traffic accidents	510,907	9%		Stroke	280,673	7%
3	Stroke	267,567	5%		Diabetes	267,158	7%
4	Liver cancer	248,083	4%		Depression	145,336	4%
5	Diabetes	168,372	3%		Liver cancer	118,384	3%
6	Ischemic heart disease	164,094	3%		Osteoarthritis	117,994	3%
7	COPD (emphysema)	156,861	3%		Traffic accidents	114,963	3%
8	Homicide and violence	156,371	3%		Anemia	112,990	3%
9	Suicides	147,988	3%		Ischemic heart disease	109,592	3%
10	Drug dependence/harmful use	137,703	2%		Cataracts	96,091	2%
11	Alcohol dependence/harmful use	130,654	2%		COPD (emphysema)	93,387	2%
12	Cirrhosis	117,527	2%		Deafness	87,612	2%
13	Lung cancer	106,120	2%		Lower respiratory tract infections	84,819	2%
14	Drowning	98,464	2%		Low birth weight	83,879	2%
15	Depression	95,530	2%		Dementia	70,191	2%
16	Osteoarthritis	93,749	2%		Anxiety disorders	66,835	2%
17	Tuberculosis	93,695	2%		Schizophrenia	60,800	2%
18	Deafness	93,497	2%		Tuberculosis	60,643	2%
19	Low birth weight	91,934	2%		Birth trauma & asphyxia	57,488	1%
20	Anemia	87,610	2%		Nephritis & nephrosis	55,258	1%

***DALYs: Disability adjusted life years**

APPENDIX SEVEN: The 2002-2006 NHDP 7 Health Promotion Strategies

1. to develop national policy framework and measures to ensure the safety of food, health products, environment and occupation;
2. to facilitate the improvement of disease control system to accommodate rapid changes in the profiles of communicable and non-communicable diseases;
3. to ensure systematic health promotion through the development of desirable public policies, healthy environment, and health promotion activities in communities and through health delivery system;
4. to strengthen the capacity of societal organizations of all levels, which include families, communities, academic institutes, religious organizations, the media and workplaces, to encourage health-related learning process in order to foster desirable health behaviors;
5. to develop efficient, accessible, holistic health delivery system which covers ranges of health promotion interventions, medical services and referral activities.
6. to enhance the development of health security and financing mechanisms that promote equitable access to essential health services among Thai people; and
7. encourage civic involvement in the decentralization in the health sector, and ensure the participation of civil society organizations (CSOs) in the development and administration of health systems at community and local levels.

APPENDIX EIGHT: Effectiveness of activity in relation to key risk factors

Objective1: To raise awareness of the dangers of alcohol consumption and its effect on behavior

Year	Programmes/strategies	Funds (baht)	Effectiveness measures	Summary of effectiveness
2004	'No Alcohol During the Lent in 2004'	109,508,800[5]	Survey study	80% of respondents were aware of the campaigns 50% agreed that abstinence from drinking is important 70% assisted in spreading the campaign message to other people 47% of those who drank regularly abstained from alcohol beverages during lent [39]
	Alcohol Control Project: Reduce Violence on Women and Children			Over 100 men from campaign's target group pledged to quit drinking alcohol [39]
2005	Abstain from alcohol during Buddhist Lent Alcohol-free Freshman Ceremonies Abstain from alcohol while giving temple offerings	138,000,000[6]		The continual 'Abstinence from Alcohol during Lent' campaigns have seen as a clear reduction in the number of drinkers. In 2003, 21.1% of the population, or 2.2 million people, abstained as a result of the campaign. In 2005, 1.25 million people, or 65% of those who did so in 2003, gave a written pledge to abstain during Lent while 20% decided to give up drinking for the rest of their lives. Also, the campaign to have alcohol-free Freshman Ceremonies has created a wide social trend. [35:5]
	ThaiHealth supported the Centre for Promoting Road Safety in implementing measures and campaigns against accidents during Thai New Year and International New Year periods			The result was a significant decrease in the number of casualties among Thai people in those periods

[5] Total funds allocated to Alcohol Control Plan. ThaiHealth might have sponsored alcohol consumption reduction activities through other Plans such as the Healthy Workplace; Open Grant; and Social Marketing.

[6] Total funds allocated to Alcohol Control Plan. ThaiHealth might have sponsored alcohol consumption reduction activities through other Plans such as the Healthy Workplace; Open Grant; and Social Marketing.

Objective2: to create awareness of hazardous behavior from the consumption of tobacco

Year	Programmes/strategies	Funds (baht)	Effectiveness measures	Summary of effectiveness
2002	ThaiHealth supported the development of public policies to reduce smoking through the following activities: ⊙Organising a public forum to discuss the implications of the Tobacco Monopoly[3] privatisation ⊙Devising legal and social measures for anti-smoking in workplaces and other public areas ⊙Granting research studies on tobacco consumption control policy	108,349,000[8]		While tobacco consumption tended to decrease in the past 3 to 4 years, ThaiHealth has entered and taken up an important role in the fight in response to the upcoming challenge[9] [36:24]
2005	ThaiHealth took part in a campaign to increase excise tax for alcohol in 2005[10]	184,000,000[11]	A survey conducted by the National Office of Statistics	Increases in the revenue rates from tobacco decreased by 6,7% in 2005; as compared to 11.1% in 2004, 16.1% in 2003 and 38.6% in 2002[12] [35:4]
	ThaiHealth sponsored campaigns run by the Network for Non-smoking Society: ⊙Flowers of Encouragement for Ex-Smokers (May 25, 2005) ⊙Campaign on World No-smoking Day (May 31, 2005) ⊙Trendy Women Don't Smoke (August 19, 2005) ⊙Let's Create Smoke-free Mobile for Smoke-free-House ((December 3, 2005)		A survey 'Recognition and Opinion on No-smoking Campaigns: Case Study in People from 15-60 Years Old in Bangkok' conducted by ABAC Poll, Assumption University[13]	Fifty-nine percent of respondents recognized the World No-smoking Day activity. Meanwhile, the other three campaigns were acknowledged by approximately 25% of survey samples. Only 27% were not aware of the message about these projects. [37]

[7] Tobacco Monopoly was a state enterprise under the Ministry of Finance

[8] Total funds allocated to all smoking-reduction projects, not only those to create people's awareness

[9] The rate of smoking among children and youth was increasing, which indicates addiction to cigarettes developed at earlier ages (Annual Report 2005:24).

[10] It can be argued that it is not the sole taxation measure that contributed to the reduction in alcohol consumption

[11] Total funds allocated to Tobacco Control Plan. ThaiHealth might have sponsored smoking-reduction activities through other Plans such as the Healthy Workplace; Open Grant; and Social Marketing.

[12] There had been a decreasing trend prior to the introduction of 'increasing tax' measure

[13] No information about when this survey was organised – it would affect the respondents' memory.

Appendix Nine: Policy and System Change impacted by ThaiHealth

Year	ThaiHealth's effort to introduce policy changes	'Evidence' of success: policy and system innovations
ALCOHOL CONSUMPTION CONTROL		
2003	ThaiHealth lobbied for the Cabinet Resolution on July 29, 2003, to set up Alcohol Consumption Control Committee, and to restrict alcohol beverage advertising	The establishment of Alcohol Consumption Control Committee under the MOPH's Disease Control Department [38:7] The Cabinet Resolution to prohibit advertising of alcohol beverages in various media sources[39:25]
	ThaiHealth sponsored several projects on alcohol consumption reduction; including campaigns, law enforcement and knowledge generation	Details are not available
2004	ThaiHealth continued its support to existing projects to reduce alcohol consumption, e.g. campaign on 'No Drinking during the Lent Period'.	The increase in number of organisations participating in the campaign, from 50 in 2003 to 140 in 2004. These network members jointly declared 'National No Alcohol Day' on June 25, 2004. Declaration on 'No Alcohol During the Lent' on August 1, 2004 (the ceremony was chaired by the Prime Minister) [39:21]
	Findings of the study 'The Impact of Alcohol as a Violence Co-factor in Families', which was sponsored by ThaiHealth, was publicized and implemented into health promotion campaigns	The launch of a hotline for reporting any violence against women and children Volunteers who participated in the campaigns increased 100%. [39:22]
	ThaiHealth and the Health System Research Institute established the Centre for Alcohol Studies (CAS)	The instigation of CAS in September 2004 [40]
	ThaiHealth, in collaboration with the Disease Control Department, campaigned for prohibiting the sales of alcohol beverages to children under 18 years old.	The campaign was extended nationwide on December 1, 2004 [39:23]
2005	ThaiHealth supported the creation of public policies to curb alcohol consumption: restricting time for alcohol advertising on TV; limiting places and times for the sale of alcohol; increasing tax; ensuring the enforcement of alcohol regulations; policies for alcohol-free temples, villages and Freshman hazing events; campaigning for abstinence during Buddhist Lent; and lobbying for an Act to Control Alcohol Products and Consumption.	The alcohol restriction policies have been established. The Act to Control Alcohol Products and Consumption will be enacted in the near future. [36:22]

Year	ThaiHealth's effort to introduce policy changes	'Evidence' of success: policy and system innovations
SUPPORT OF PROTECTION FROM ROAD ACCIDENTS AND OTHER DANGERS		
2002	ThaiHealth supported programmes to reduce car accidents by sponsoring advertising campaigns and activities of civil society organisations	Government agenda has been amended to focus on the causes of road accidents and local government has implemented policies. Awareness of road accidents, particularly alcohol as the primary cause, has increased amongst key stakeholders [41]
	ThaiHealth hosted a conference for ASEAN countries and the WHO on policy development	ASEAN policy to control alcoholic beverage consumption [41]
2003	ThaiHealth proposed 15 short-term measures to reduce road accidents to the Cabinet	Cabinet resolved to restrict advertisements of alcoholic drinks on radio, television, billboards[38:7]
	ThaiHealth in collaboration with Ramathibodi Foundation established the Thai Road Safety Management Unit – a research institute responsible for the development of policies, social activities, knowledge and publicity campaigns	Pilot projects were launched in 19 provinces [38:7]
2004	ThaiHealth encouraged the enforcement of traffic accident prevention measures	Enforcement of the mandatory use of safety helmets has reduced brain injuries associated with road accidents from 20% to 67% [39:27]
		ThaiHealth, with its public agency partners such as the Government's Road Safety Centre, Office of Transportation and Traffic Policies and Planning, Department of Disease Control, National Police Bureau, Department of Highways, and Department of Provincial Highways, pursued the improvement in policy strategies, management systems, and policy implementation
	ThaiHealth, with its public agency partners such as the Government's Road Safety Centre, Office of Transportation and Traffic Policies and Planning, Department of Disease Control, National Police Bureau, Department of Highways, and Department of Provincial Highways, pursued the improvement in policy strategies, management systems, and policy implementation	The Cabinet resolution on the integrated budget allocation for all government activities to control traffic accidents in fiscal year 2005 The formulation of National Implementation Plan on Road Safety The Health Ministry decided to unify its information system on reporting injuries and deaths associated with traffic accidents Other government organisations have also strengthened their monitoring and reporting of accident-prone spots on roads [39:28,30]
	Education and training programmes were supported by ThaiHealth, in collaboration with Court of Justice in Bangkok, the Department of Probation, and the Land Transportation Department. These initiatives' targets included drunk drivers under court's probation orders, as well as youth leaders from education institutes	[39:27]

Year	ThaiHealth's effort to introduce policy changes	'Evidence' of success: policy and system innovations
	Working with the Road Safety Centre and partnered organisations, ThaiHealth sponsored the development of pilot projects in 16 provinces and the introduction of 66 initiatives in 50 provinces, which addressed four aspects to reduce road accidents: law enforcement; public communication; traffic engineering; and monitoring and evaluation	Sixteen provinces were declared as free-from-drunk-driving models [39:28]
	ThaiHealth, with its public agency partners such as the Government's Road Safety Centre, Office of Transportation and Traffic Policies and Planning, Department of Disease Control, National Police Bureau, Department of Highways, and Department of Provincial Highways, pursued the improvement in policy strategies, management systems, and policy implementation	The Cabinet resolution on the integrated budget allocation for all government activities to control traffic accidents in fiscal year 2005 The formulation of National Implementation Plan on Road Safety The Health Ministry decided to unify its information system on reporting injuries and deaths associated with traffic accidents Other government organisations also strengthened their monitoring and reporting of accident-prone spots on roads[39:28,30]
2005	ThaiHealth lobbied the Cabinet for the establishment of the Centre for Promoting Road Safety, and supported the formulation of provincial plans for road accident prevention	The establishment of the Centre for Promoting Road Safety and the promulgation of provincial plans to prevent road accidents[36:30]
	ThaiHealth supported the formation of a network to decrease accidents and partnerships for various awareness campaigns.	Over 500,000 people nationwide joined the network [36:31]
PROMOTION OF PHYSICAL EXERCISE AND SPORTS FOR GOOD HEALTH		
2002	ThaiHealth supported the activities of senior citizen exercise groups through 'Lanna's Three Mega Activities for Health' project	Sixty-two exercise sites were founded in the northern region [41]
2003	ThaiHealth launched integrated campaigns against cigarette smoking, alcohol drinking and narcotics as part of sports and exercise activities. It also allocated 25 million baht to sponsor activities of sport associations.	Fifteen organisations responsible for sports and exercise promotion included health promotion campaigns in their regular activities [38:7]
	Findings of a study 'Efficiency of increasing exercise towards the rate of Bone mass accumulation' were put into government policy	The Ministry of Education adopted a policy to increase the number of hours of physical education in school's curriculum from one hour to two hours per week [36:28]
HEALTH RISK FACTORS CONTROL		
2003	ThaiHealth supported the introduction of three measures to counter drug addiction	The establishment of a programme at local level under the '2002 Policy on Rehabilitation of Narcotic Addicts' Preparing communities to accept rehabilitated drug addicts [38:8]

Year	ThaiHealth's effort to introduce policy changes	'Evidence' of success: policy and system innovations
LEARNING FOR HEALTH		
2003	ThaiHealth advocated public measures on time allocation to radio and TV programmes to encourage learning for children	Cabinet resolution on public media programming for children, youth and family [38:7]
2004	As suggested by a research carried out by Chulalongkorn University's Faculty of Communication Arts, ThaiHealth encouraged and sponsored more TV programmes suitable for children and family	The Cabinet resolution to expand TV programmes for children and families during prime time (4 pm to 10 pm). This policy was translated into the Regulations of the Office of the Prime Minister More TV programmes for children and family were produced [39:30-31]
2003	ThaiHealth advocated a public measures on time allocation to radio and TV programmes to encourage learning for children	Cabinet resolution on public media programming for children, youth and family [38:7]
HEALTH PROMOTION IN ORGANISATIONS		
2002	ThaiHealth had a supporting role in the development of a health promotion[14] master plan for military personnel and their families	Health promotion projects targeting military officers to be implemented during 2003-2005[41]
	A ThaiHealth-supported pilot initiative encouraged health promotion at workplaces through a standard certification scheme, learning process, and knowledge generation for good quality of life among workforce	The programme was implemented during 2003 to 2005 [41]
2003	The master plan on health promotion for the Royal Thai Army was introduced in 2003	Sixty-nine activities were carried out on arm force personnel and their families [38:8]
	Health promotion strategies to ensure quality of life of industrial workers and workforce in the informal sector were developed and implemented by ThaiHealth, Social Security Office, Industry Council and other partnered organisations.	An agreement to improve various aspects of the work environment; including the eradication of health risk factors; was jointly signed by Industry Council and other partnered organisations. Health promotion interventions were included in the Social Security Scheme's benefit package in 5 pilot provinces. [38:37]
	ThaiHealth took part in the education system reforms, by introducing health promotion elements to primary and secondary school curriculum. This included the improvement of schools' environment to be conducive for conducting health promotion activities.	This campaign encouraged human resource development, including 2,500 Education Ministry's personnel, 2,900 student leaders and 500 community leaders (members of Education Boards). [38:36]
2004	The master plan on health promotion for the Royal Thai Army was implemented.	A total of 427 projects were participated by over 163,000 personnel (41% of the armed force officials) from 131,000 families [39:31]

[14] Health promotion activities according to this plan included physical exercise; refraining from smoking, alcohol drinking and narcotics; communicable and non-communicable disease prevention; preventing accidents; nutrition; mental health, etc.)

Year	ThaiHealth's effort to introduce policy changes	'Evidence' of success: policy and system innovations
HEALTH PROMOTION IN COMMUNITIES		
2002	ThaiHealth and partners developed a project – the 'Happy Community Development' – to ensure sustainable, quality learning which led to wellbeing of people in Southern and North-eastern regions.	The programme outcomes were expected between 2003 and 2013, which included the participation of 1,500 villages by 2005, and 7,500 villages[15] by 2013 [41]
	ThaiHealth provided support to an initiative to decrease garbage in Samut Songkram province.	By the end of 2002, separation of garbage at home had increased.[41]
2003	ThaiHealth sponsored the expansion of health promotion activities through city and village communities under the Healthy City, the Happy Community, and the Public Life-Healthy Community projects.	[38:8]
HEALTH PROMOTION IN THE HEALTH CARE DELIVERY SETTING		
2003	In field of emergency medicine, ThaiHealth supported the following activities: the development of system models for emergency illness management in Bangkok Metropolitan area, responsible by Thailand's Emergency Medicine Association; seeking collaboration between Royal Medical Colleges and schools of medicine to strengthen capacity of health professionals; establishing 'Emergency Hotline' networks; and working in partnership with the Education Ministry to revise guidelines and syllabuses on first aids provision.	The preparation phase of this project would take 2 years from the beginning.[38:40-41]
	ThaiHealth and Health System Research Institute supported the integration of health promotion dimension into Hospital Accreditation (HA) requirements.	This strategy was introduced in 100 hospitals in mid-2004 [38:40]
	ThaiHealth granted Chulalongkorn University's School of Medicine to conduct studies on health promotion under the Universal Health Coverage Plan.	The research findings were presented to policy makers and the public in early 2004. [38:40]
SOCIAL MARKETING PLAN		
2002	In collaboration with its partners, ThaiHealth established a network against excessive sugar consumption (Sweet-enough Networks) on December 19, 2002.	The Health Ministry's campaign against excessive sugar consumption in Thai children in November 2003 [37:2]
2004	The Network of Thai Children against Excessive Consumption of Sugar proposed Thailand's Food and Drug Administration (Thai FDA) to amend the regulations on food products for infants.	An amendment was made to the Health Ministry Regulation, prohibiting the use of sugar, honey and other sweetening agents in infant formula and other food products for infants. [39:32]

[15] 10% of the total number of villages

Year	ThaiHealth's effort to introduce policy changes	'Evidence' of success: policy and system innovations
	TOBACCO	
	Following the ThaiHealth 2005 Annual Report, there was support to create main management units such as the Tobacco Consumption Control Committee (TCCC).	TCCC lobbied for concrete policies to prevent Thai youth from becoming smokers [36:3]
	ThaiHealth supported the development of public policies to reduce smoking through the following activities: organising a public forum to discuss the implications of the Thailand Tobacco Monopoly (TTM)[16] privatisation; devising legal and social measures for anti-smoking in workplaces and granting research studies on tobacco control.	The privatisation of TTM was postponed. Legal and social measures were promulgated.[41]
2003	ThaiHealth continued its effort to delay the government's plan to privatise the TTM.	The privatisation of TTM was postponed [38:7]
	ThaiHealth provided support to the Disease Control Department on Tobacco law enforcement and campaigns to reduce smoking.	Stricter enforcement of existing laws. [38:7]
2004	ThaiHealth sought collaboration with Mahidol University to set up a research institute to be the" think tank" on tobacco control.	The establishment of Tobacco Control Research and Knowledge Management Centre in Mahidol University [39:23]
	ThaiHealth, in collaboration with the Disease Control Department, continued its role: to strengthen the enforcement of tobacco control laws on health protection of non-smokers; and to campaign for prohibiting the sales of cigarettes to children under 18 years of age.	Stricter enforcement of existing laws. The campaign was extended nationwide on December 1, 2004.[39:23]
	ThaiHealth supported the government's ratification of WHO's Framework Convention on Tobacco Control.	On November 8, 2004 Thailand became the 36th country to rectify the Convention. [39:23]
	ThaiHealth sponsored activities to generate evidence and knowledge to inform tobacco control policy. These included studies conducted by No Smoking Campaign Foundation Information Centre; surveys on important information for monitoring tobacco consumption; collaborations with international organisations to build up the capacity of researchers through training programmes, conferences and study visits.	[39:24]
	Campaigns to reduce smoking were carried out with support from ThaiHealth. For example the 'Children and their smoking parents' project was launched in collaboration with kindergarten schools. A campaign on smoke-free artist network to counteract activities sponsored by trans-national tobacco companies was also implemented. A condition was set for ThaiHealth fund recipients not to accept financial support with a link to tobacco businesses.	[39:24]

[16] Thailand Tobacco Monopoly (TTM) was a state enterprise under the Ministry of Finance

Year	ThaiHealth's effort to introduce policy changes	'Evidence' of success: policy and system innovations
	ThaiHealth sponsored a symposium concerning cigarettes and national health, in which 13 organisations in the Tobacco Control Network participated.	Declaration of a code of conduct regarding tobacco control for public health workers. The establishment of the network of Health Professionals for Tobacco Control.[36:26]
	ThaiHealth encouraged the expansion of smoke-free areas	Smoke-free areas were extended to include 127 restaurants, 513 hospitals, 113 offices, and 9,500 temples, as well as pilot smoke-free locations in 8 ministries and 300 hotels. Smoke-free initiatives were set up in a number of schools and communities. [36:26]
2005	ThaiHealth reinforced the regulations of key management agencies such as the Office of the Secretariat of the National Tobacco Consumption Control Committee (TCCC) and the Centre for Tobacco Law Enforcement, by: Conducting studies to inform policy to prohibit cigarette advertisements at the points of sale Assessing law enforcement and its outcomes, e.g. the impact of picture warnings on the perceptions of new smokers; Conducting research on different issues, e.g. the treatment of tobacco dependence; Supporting campaigns and pilot programmes to strengthen law enforcement, for example those aimed to protect non-smokers' health and the prohibition of the sale of tobacco to persons under 18 years old; Working with nine public agencies to support the implementation of smoke-free government workplaces Investigating the strategies employed by cigarette companies.	The MOPH announced prohibition of advertisements and promotions at the points of sale (February 24, 2005) The regulation to replace text warnings with picture warnings on cigarette packages was effective on March 25, 2005 Stricter enforcement of existing laws.[36:24-25]
ALCOHOL		
2005	ThaiHealth supported the creation of public policies to curb alcohol consumption by: restricting time for alcohol advertising on TV; limiting places and times for the sale of alcohol; increasing tax; ensuring the enforcement of alcohol regulations; policies for alcohol-free temples, villages and Freshman hazing events; campaigning for abstinence during Buddhist Lent; a lobbying for an Act to Control Alcohol Products and Consumption.	These initiatives have been carried out The Act to Control Alcohol Products and Consumption will be enacted in the near future.[36:22]

Year	ThaiHealth's effort to introduce policy changes	'Evidence' of success: policy and system innovations
ROAD ACCIDENT PREVENTION		
2004	ThaiHealth, with its public agency partners; such as the Government's Road Safety Centre, Office of Transportation and Traffic Policies and Planning, Department of Disease Control, National Police Bureau, Department of Highways, and Department of Provincial Highways; pursued the improvement in policy strategies, management systems, and policy implementation.	Cabinet resolution on control of traffic accidents in fiscal year 2005. The formulation of National Implementation Plan on Road Safety. The Health Ministry decided to unify its information system on reporting injuries and deaths associated with traffic accidents. Other government organisations have also strengthened their monitoring and reporting of accident-prone spots on roads[39:28,30]
SETTINGS Schools, hospitals, policy change		
2003	ThaiHealth and Health System Research Institute supported the integration of health promotion dimension into Hospital Accreditation (HA) requirements.	This strategy has been introduced in 100 hospitals in mid-2004. [38:40]
AREA HEALTH		
	Working with the Road Safety Centre and partnered organisations, ThaiHealth sponsored the development of pilot projects in 16 provinces and the introduction of 66 initiatives in 50 provinces, which addressed four aspects to reduce road accidents: law enforcement; public communication; traffic engineering; and monitoring and evaluation.	Sixteen provinces were declared as free-from-drunk-driving models [39:28]
TARGET GROUPS		
2003	ThaiHealth advocated public measures on time allocation to radio and TV programmes to encourage learning for children.	Cabinet resolution on public media programming for children, youth and family[38:7]
2004	Suggested by a research project carried out by Chulalongkorn University's Faculty of Communication Arts, ThaiHealth encouraged and sponsored more TV programmes suitable for children and family.	The Cabinet resolution to expand TV programmes for children and families during prime time (4 pm to 10 pm). This policy was translated into the Regulations of the Office of the Prime Minister There has been an increase in the number of TV programmes for children and family produced. [39:30-31]
PHYSICAL ACTIVITY		
Year	ThaiHealth's effort to introduce changes in policies and system	'Evidence' of success: policy and system innovations
	Findings of a study 'Efficiency of increasing exercise towards the rate of Bone mass accumulation' were put into government policy	The Ministry of Education adopted a policy to increase physical education in school's curriculum from one to two hours/ week [36:28]

Year	ThaiHealth's effort to introduce policy changes	'Evidence' of success: policy and system innovations
WORKFORCE		
2003	Health promotion strategies to ensure quality of life of industrial workers and workforce in the informal sector were developed and implemented by ThaiHealth, Social Security Office, Industry Council and other partnered organisations.	An agreement to improve various aspects of the work environment, including the eradication of health risk factors, was jointly signed by Industry Council and other partnered organisations. Health promotion interventions were included in the Social Security Scheme's benefit package in 5 pilot provinces. [38:37]

Appendix Ten: Examples of undergraduate and postgraduate programmes with Health Promotion subjects

Institute	Faculty	Degree	Subject
Chiangmai University	Nursing	B.N.S. (Nursing Science)	Health Promotion and Disease Prevention (3 credits) Health Development Project (1 credit)
	Nursing	M.P.H.	Health Promotion and Community Development (3 credits)
Chiangmai University	Medicine	M.D.	Community Health (2 credits)*
Mahasarakham University	Public Health	B.Sc. (Public Health)	subjects listed under the heading 'Group of Health Promotion and Health Behavior Subjects': - Personality and Mental Health (2 credits) Family Health 2 (2 credits) Community Nutrition (2 credits) Introduction to Health Behavior Research and Development (2 credits) Health Behavior Modification (2 credits) Counseling in Public Health (2 credits) Health Education for Community (2 credits) Health Education for Mass (2 credits) Public Health Media Production (2 credits) Sex Education (2 credits) Parenthood Preparation (2 credits) Dental Health Education and Behavior (2 credits)
	Public Health	M.P.H	Seminar in Behavioral Sciences and Health Promotion (3 credits)
	Public Health	Dr.P.H.	Advance Health Promotion (2 credits)
Burapha University	Nursing	B.N.S. (Nursing Science)	Health Promotion and Development in Children (2 credits)
	Nursing	M.N.S. (Community Nursing)	Advanced Community Nursing (3 credits)* School Health Nursing Practice (3 credits)* Advanced Family Nursing (3 credits)* Community Nursing in Primary Care Units (3 credits)* Caregiver empowerment (2 credits)* Health Promotion Strategies (3 credits)
	Nursing	M.N.S. (Family Nursing)	Family Health Promotion
Sukhothai Thammathiraj Open University	Nursing	B.N.S. (Nursing Science)	Mental Health Promotion and Psychiatric Nursing Community Nursing and Primary Medical Care Nursing Care of Child and Adolescent Adult and Elderly Nursing Nursing Care of the Family and Midwifery

Appendix Eleven: URL addresses for other HPF guidelines and documents

Guideline/document	URL
HEALTHWAY	
Aboriginal Health Grants up to $10,000	http://www.healthway.wa.gov.au/contentversion/208286364/docs/Aboriginal_Health_-_Up_to_$10000.doc
Health Grants Over $5000	http://www.healthway.wa.gov.au/contentversion/262942946/docs/Health_Promotion_Over_-_$5000.doc
Health Grants Less than $5000	http://www.healthway.wa.gov.au/contentversion/-641847755/docs/Health_Promotion_$5000_or_less.doc
Smart Schools	http://www.healthway.wa.gov.au/upload/-1532084958/docs/SMART_Schools_combined.doc
Healthy Clubs	http://www.healthway.wa.gov.au/internal.aspx?MenuID=510
Arts over $5000	http://www.healthway.wa.gov.au/contentversion/-947441029/docs/Arts_Sponsorship_Over_-_$5,000.doc
Arts less than $5000	http://www.healthway.wa.gov.au/contentversion/-1045099143/docs/Arts_$5000_or_less_(2005).doc
Racing - $5000 or less	http://www.healthway.wa.gov.au/contentversion/496139456/docs/Racing_$5000_or_less_(2005).doc
Racing over $5000	http://www.healthway.wa.gov.au/contentversion/1307677792/docs/Racing_Sponsorship_Over_-_$5000.doc
Health – Capacity Building Scheme	http://www.healthway.wa.gov.au/contentversion/1540601363/docs/Capacity_Building_Support_Scheme_Guidelines.pdf
Leadership in Health Promotion	http://www.healthway.wa.gov.au/contentversion/-30450290/docs/Prospectus_Health_131205.pdf
Expanding Physical Activity for people with physical disabilities - Grants	http://www.patf.dpc.wa.gov.au/documents/GrantGuidelines10-06.pdf
Innovation Grants up to $20,000	http://www.healthway.wa.gov.au/contentversion/-1290080638/docs/Health_Promotion_Innovation_up_to_$20,000.doc
Social Determinants of Health Grants Guide	http://www.healthway.wa.gov.au/internal.aspx?MenuID=633
Sports Grants over $5000	http://www.healthway.wa.gov.au/contentversion/-781170768/docs/Sport_Sponsorship_Over_-_$5000.doc
Sports Grants less than $5000	http://www.healthway.wa.gov.au/contentversion/453112474/docs/Sport_$5000_or_less_(2005).doc
Healthway Community Survey	http://www.publichealth.uwa.edu.au/__data/page/33256/Survey_on_Rec_&_Health_Exec_Summ_2002_(63).pdf
VICHEALTH	
Victorian Indicators Project	http://www.communityindicators.net.au
GPI Atlantic Community Progress Indicators, Nova Scotia (Canada	http://www.gpiatlantic.org/pdf/communitygpi/community.shtml
Walking School Bus	http://www.vichealth.vic.gov.au/Content.aspx?topicID=213
Victorian Indicators Project	http://www.communityindicators.net.au

Appendix Twelve: Healthway's Capacity Building programme

Organisation development

Example One:
The Health Promotion Evaluation Unit (HPEU) is an independent evaluation unit at the University of Western Australia, funded by Healthway and which is now in its 13th year of operation. HPEU not only provides programme planning and evaluation advice to organisations considering applying to Healthway, or who are in receipt of a Healthway health promotion grant, it also provides organisational development advice to Healthway itself. It does this by implementing external evaluation of Healthway's many funding programmes, the results of which assist in shaping Healthway's future strategic directions and organisational and management structures.

Example Two:
Healthway funds the Sponsorship Advisory Service operated by the Sports Federation. This service offers workshops and support to the many sport and arts organisations applying to Healthway for sponsorship to enable them to build health promotion into their applications as well as develop healthy policy in their organisations and operations.

Workforce Development

Healthway encourages professional development of those involved in health promotion in a number of ways:

- Australian Health Promotion Association/Healthway Traineeships for new health promotion graduates to gain valuable experience in the field by working for up to 6 months within a health promotion team in a government or non government organisation.
- Research scholarships and fellowships are offered to enable individuals to develop further skills in health promotion research
- Visiting Fellow programme which is designed to bring international expertise to Western Australia to enable research and practice teams to develop specific skills in health promotion practice and research. Fellows are nominated annually by academic institutions.
- Professional development through research grants to date resulted in 64 Master degrees, 76 PhD's and more than 400 journal article beings produced. 71 research starter grants have also been awarded since 1995 to new researchers or those developing new research ideas. In all more than 300 research grants have been awarded (including starter grants, research project grants, scholarships, fellowships & visiting fellows) and an estimated 1,300 conference and seminar presentations have occurred.
- Funding of programmes with "train the trainer" components. Healthway encourages the inclusion of training components in programmes. By offering peer leader and instructor training some programmes ensure the multiplier effect is maximised by increasing the number of trained health promotion leaders in the community.

Leadership

Capacity Building Scholarships have been offered to enable project co-ordinators and health sponsorship officers to present their work at conferences and seminars, or attend workshops which will provide them with valuable new skills to assist in their work.

A health promotion leadership programme aims to provide a range of opportunities for health promotion practitioners from health and other agencies to expand their knowledge, skills and management experience to create beneficial change. The programme which caters for around 15 participants is 18 months in length. Participants learn about leadership and acquire leadership skills, work with a mentor and experience a leadership challenge.

In addition, Healthway recognises and acknowledges excellence in health promotion through biannual Awards for Excellence in Health Promotion. These awards recognise those health, sport, arts and racing organisations and individuals which have shown outstanding initiative and commitment to health promotion while implementing their Healthway grant or sponsorship

URL: http://www.healthway.wa.gov.au/internal.aspx?MenuID=520

Appendix Thirteen: Reasons for rejection of Open-Grant proposals, 2005 and 2006

Reason	Examples
Not to do with health promotion	⊙ Physical health examination, for example measurement of blood pressure and blood sugar; lipids and uric acids; blood group identification; and kidney and liver function tests. ⊙ Organisational analysis; survey of employees' perceptions towards company; organising training courses for executive officials on planning; and strengthening staff's skills on management. ⊙ Strengthening of anti-corruption networks ⊙ Recycling agricultural waste ⊙ Training programme on computers, website development, information technology, and English language for youth and the marginalized ⊙ Seminars and exhibitions on bird watch ⊙ Herbal shampoo production in community ⊙ Development of VCDs to support Science education in secondary schools ⊙ Improving forestation ⊙ Occupation training programmes ⊙ Demonstration programmes on farming ⊙ Art and culture conservation programmes
Poorly developed proposal	⊙ Ambiguous objectives ⊙ Unreliable methods (doubtful whether objectives could be achieved) ⊙ Inadequate information on problems, methods, activities, partner organisations, target groups, budget justification, and evaluation component
Did not meet ThaiHealth funding guidelines	⊙ The amount requested exceeded the budget ceiling set by ThaiHealth ⊙ Investment in large infrastructure, facilities and equipment: playground, public parks, personal computers, incinerators, autoclave, establishment of radio broadcasting stations, musical instruments, television sets and video players, exercise equipment, fertilizer mixers, condom vending machines, wheelchairs, sewing machines ⊙ Material costs: tooth brushes, tooth paste, denture materials, physical training suits, medical devices, occupation training materials ⊙ Monthly payment to health volunteers ⊙ Activities: study visits to existing successful projects, parties, training of schools' marching bands (this should be normal activities of schools) ⊙ Cash or vouchers was awarded to the winners of contests/competitions (Following ThaiHealth policy, only certificates and small, useful gifts were agreeable) ⊙ Conference registration fees, scholarships ⊙ Lack of continuity and sustainability ⊙ Duplicate other ThaiHealth projects introduced in the same area

Note: Some projects received ThaiHealth's sponsorship for three times. The managers of these projects were asked to summarize lessons learned from the past.

Appendix Fourteen: KPIs

Goals	Indicators	Applicable Sections
Goal # 1 **Reducing Key Risk Factors**	1.1 Declining trend of smoking among the population. 1.2 Declining trend of alcohol consumption among the population. 1.3 Reduction of injuries and death from road accidents during New Year and Songkran Holidays. 1.4 Percentage of increase in exercising for good health effects through the projects / plans supported by Thai Health.	1
Goal # 2 **Developing the necessary mechanism to reduce minor risk factors**	2.1 Declining trend of health risk behavior/factors (e.g. divorce, suicide, violence, unwanted pregnancy, abortion among teenage girls, improvement of diet, sugar, fat, etc). 2.2 Greater percentage of plans based on analysis of overall problems among the relevant parties and the focus on supporting the missing and necessary parts of a national level mechanism.	2
Goal # 3 **Procedure for creating holistic wellbeing**	3.1 Increasing the number of sets of knowledge on holistic wellbeing and wide spread use of the sets. 3.2 Increasing the number of quality models appropriate to management and expansion of health promotion.	3
Goal # 4 **Increasing innovation and opportunities for creating innovations**	4.1 A full percentage of plans necessary for the strategic parties. 4.2 A percentage of projects supported by ThaiHealth that were completed according to the terms and conditions with a satisfactory quality and within the schedule.	4
Goal # 5 **Raising the value level of sustainable wellbeing**	5.1 The number of people who were informed or who became aware of and participated in the health promotion process, especially in the major campaigns and on major issues.	5
Goal # 6 **Capacity building of the health and service system**	6.1 Increasing the number of sets of knowledge on enhancing wellbeing and the widespread application of the sets, e.g. the policy formulation process, planning of the host organization, budget allocation and professional practice. 6.2 Increasing number of quality models appropriate to the management and expansion of the enhancement of wellbeing.	7

ADVOCACY AND MASS PARTICIPATION		
Issue	**Indicator**	**Applicable Section**
1. Accepted Policy	1.1 The number of health policies that are required at the national level (government, ministry, department or other national organizations).	**3,4**
	1.2 The number of health policies that are required at the local level (Or-Por-Tor, Tambon, community and other organizations and units).	**1,3**
2. Socially accepted or responded to	2.1 The amount of media support and budget supporting other wellbeing enhancement factors.	**4,5**
	2.2 The increasing number of recreational places, environment and safety places.	**3**
	2.3 The number of media produced by outside units corresponding to the issues promoted by Thai Health.	**5**
3. People's participation	3.1 The number of participants at the national and local levels of projects/activities/campaigns/social trends.	**3,5**
	3.2 The level of the quality of the participants in the activities. (To view the activities = passive; to participate in the activities = active).	**3,5**
CAPACITY BUILDING		
Issues	**Indicator**	**Applicable Section Number**
4.Efficient driving agents	4.1 Percentage of Thai Health support – projects that are completed and achieve the quality according to the terms of the conditions or contract.	**All**
5. Expansion of associated parties	5.1 The Percentage of the plans that need a number of necessary partners or associated parties have been fulfilled.	**All**
6. Information accessible to the media and media support	6.1 The number of presentations of health promotion issues by various kinds of media.	**5**
	6.2 The number of people who are informed/made aware/ agree with the health promotion media supported by Thai Health and the relevant parties.	**5**
	6.3 The amount of media support by free services or discounts granted.	**5**
PROACTIVE ACTIONS		
Issues	**Indicators**	**Applicable Section**
7. Policy integration	7.1 The number of national and local policies in which the chairman or a member of the Board (Committee as the personnel of Thai Health are the key participants) in policy formulation.	**All**
8. Proactive plan	See Achievement evaluation at Plan level (Sect 4)	

9. Surveillance of the situation	9.1 Information available for at least four areas, e.g. liquor, cigarettes, accidents, children and young people's wellbeing, in order to make improvements, monitor and follow-up on or make an assessment of the situation. 9.2 Having a quality annual strategic plan in coordination with the associated parties in the formulation.	**All**
10. People – parties – public relations	10.1 The level of satisfaction expressed by the people, parties and the media. 10.2 The number of proposals accepted at some international health promotional events.	**1,7** **3,7**
Secured Funds and Learning Platform		
Issue	**Indicator**	**Applicable Section Number**
11. Secured funds	11.1 The management of the Foundation meets the objectives and financial policy presented by the Board.	**0**
12. Highly capable personnel	12.1 The average scores for performance capability of the personnel	**All Section support, section 0 is the owner**
13. Information services	13.1 The percentage of customers who use the database for development/plan adjustment/monitoring the projects who could have adequate access to it.	**0,7**
14. Good governance support system	14.1 The level of satisfaction and needs of the personnel 14.2 The amount of evidence of a lack of good governance and or the number of conflicts of interest.	**0** **0**

Appendix Fifteen: Evaluation measures used by Healthway

Evaluation measures used by Healthway			
Evaluation method	**Purpose**	**Sample size**	**Frequency**
Review of Healthway health priorities	Contribution to Healthway strategic plan: overview of current HP trends	n/a - Literature review	Triennial
Organisational survey	Feedback on Healthway's influence on funded organisations	700 funded organisations	Every 4 years
Community survey	Assesses community participation in sports, arts and recreational activities and health behaviors	3000 members general public	Every 4 years
Sponsorship monitor	Evaluates effectiveness of Healthway's sponsorship programme and the promoted health messages and strategies	1500 people	35 events/ biennial
Grants Management database	Standard proformas, known as statistical evaluation forms require grant recipients to complete a self-administered annually - collects key output measures including project activity, publicity, participation	n/a	Annual report required of funded projects and sponsorships
Special field studies	Assist in the development of field studies that will assist in assessing the effectiveness of sponsorship and other health promotion strategies undertaken by Healthway	various	2/year