

Thai Health Promotion Foundation: Innovative Enabler for Health Promotion



Sakol Sopitarchasak, MPH, BSc
Academic Officer, Thai Health Promotion Foundation

Supreda Adulyanon, PhD, MPH, DDS
Deputy Chief Executive Officer, Thai Health Promotion Foundation
Bangkok, Thailand

Tananart Lorthong, MBA, MSc, BSc
Director, Partnership and International Relations Section,
Thai Health Promotion Foundation
Bangkok, Thailand



Correspondence may be directed to:
Sakol Sopitarchasak
Email: sakol@thaihealth.or.th



Abstract

Thai Health Promotion Foundation (ThaiHealth), founded in 2001, is the first organization of its kind in Asia and serves as an innovative enabler to enhance health promotion and a healthy society and environment for all people in Thailand. This paper describes ThaiHealth's structure, accomplishments and lessons learned to help inform other settings in their national health promotion efforts.

Established under the Health Promotion Act, ThaiHealth's budget is obtained from surcharge excise taxes on tobacco and alcohol, a financial mechanism that facilitates a sustainable funding source for ThaiHealth to continuously support health

promotion programs. The Foundation provides its partners financial and technical support and ongoing monitoring and evaluation. ThaiHealth aims to facilitate sustainability by promoting structural change. Its tri-power strategy, knowledge creation, social mobilization and policy advocacy, is central to ThaiHealth's working scheme.

Introduction

The concepts and principles of *health promotion*, initially discussed in 1984, have been developed throughout the years (World Health Organization 2009). The Ottawa Charter for Health Promotion (1986), one of the most significant milestones in health promotion, provided a paradigm shift in addressing public health issues by emphasizing the crucial role of non-health sectors and socio-ecological approach to public health (World Health Organization 2009). The significant impact of daily living conditions and the underlying structural drivers of health inequity are now well-recognized, and call for immediate actions (CSDH 2008). Addressing such social determinants of health could benefit from a multi-sectoral approach, a concept closely related to the Health in All Policies (HiAP) approach and the whole-of-government approach (Armstrong et al. 2006).

Health promotion is well-recognized for its high cost-effectiveness with contributions aimed at various health issues, including both communicable diseases and non-communicable diseases (NCDs), injuries and others (Bayarsaikhan and Muiser 2007). The cost of implementing "best buys" interventions to address the risk factors associated with NCDs in low- and middle-income countries (LMICs), which align with a health promotion approach, was estimated at only US\$170 billion, a miniscule amount compared with the estimated US\$7 trillion owing to economic loss from 2011 to 2025 if NCDs are left unattended (Bloom et al. 2011).

The current situation of health inequity in low-income countries further highlights the need for health promotion. These settings

have not made health prevention and promotion a priority or made the needed resource investments. In recent decades, however, efforts to establish sustainable systems for health promotion are evident in some countries (Vathesatogkit et al. 2013).

Health promotion also plays a crucial role in universal health coverage (UHC) policy. As UHC has become the top objective on the global health agenda (Averill 2013), it will continue to raise governments' expenditures on health services. Sustainable health promotion programs can help reduce government's financial burden of healthcare (Vathesatogkit et al. 2013), and allow for UHC to be financially feasible (Coe and de Beyer 2014).

Thai Health Promotion Foundation

Established by the Health Promotion Foundation Act (2001), Thai Health Promotion Foundation (ThaiHealth) is an autonomous government agency outside the bureaucratic system of the Ministry of Public Health (Health Promotion Foundation Act B.E. 2544 2001). It acts as an innovative enabler, whose mission is "to inspire, motivate, coordinate, and empower individuals and organizations in all sectors for the enhancement of health promotive capability as well as healthy society and environment" (Thai Health Promotion Foundation 2011).

ThaiHealth is administered by two governing bodies: the Board of Governance and the Evaluation Board. The Board of Governance oversees ThaiHealth's governance and operations, policy development, budget allocation and regulation enactment. It is chaired by the Prime Minister, with the Minister of Public Health and independent experts as the first and second vice-chairman,

respectively. The board's members consist of representatives from nine ministries, independent experts from eight different fields and seven consultative committees. The role of the Evaluation Board, which consists of seven independent experts appointed by the Cabinet according to recommendation from the Minister of Finance, is to evaluate the overall performance of ThaiHealth's policies, activities and operations, as well as to assess and resolve conflicts of interest identified by the Board of Governance.

Currently, there are 15 master plans that ThaiHealth has endorsed as its strategic plans for health promotion (Box 1). All ThaiHealth's plans are proactively and strategically executed through its partners, except for the *Health Promotion Innovation and Open Grant Plan*, which functions as a channel for engaging the public in health promotion.

ThaiHealth's annual revenue, currently about US\$120 million, is derived from the additional 2% of excise taxes on tobacco and alcohol products. This financial model, which could not have been established had ThaiHealth been set up within the bureaucratic system, provides a regular and sustainable budget for ThaiHealth. The surcharge excise taxes serve as powerful tools

for controlling tobacco and alcohol consumptions, two of the biggest risk factors for NCDs. Although the funding may appear to be large in some contexts, it is minuscule when compared with the financial expenses of other state agencies in Thailand's health system. For example, ThaiHealth's annual budget is approximately 5% of the Ministry of Public Health's annual expense (Bureau of the Budget 2015), and only 0.73% of the total national health expense (The International Health Policy Program [IHPP] 2012).

As ThaiHealth aims to promote social impact and improve the quality of life among the people in Thailand, the most effective way it can use its resources is in the role of an innovative enabler, or a catalyst, rather than an implementer. Given the large number of actors, ThaiHealth has potential to promote considerably more impact as a catalyst than in the role of an additional ubiquitous reagent.

The role of innovative enabler places ThaiHealth in a very unique position. Most importantly, ThaiHealth works as an overseer that aims to understand the entire scope of key public health issues. It seeks to identify what needs to be done by analyzing gaps and leverage points to be acted upon and coordinates various cross-sector stakeholders,

Box 1. ThaiHealth: 15-Item Master Plan

1. Tobacco control plan	
2. Alcohol and substance abuse control plan	
3. Road Safety and Disaster management plan	
4. Health risk control plan	Issue-based approach
5. Physical activity promotional plan	
6. Healthy food promotion plan	
7. Healthy media system and spiritual health pathway promotion plan	
8. Health promotion plan for vulnerable populations	
9. Health child, youth and family promotion plan	
10. Healthy community strengthening plan	Area/Settings-based approach
11. Health promotion in organizations plan	
12. Health promotion in health service system plan	
13. Health promotion innovation and open grant plan	
14. Health promotion mechanism development plan	System-based approach
15. Health literacy promotion plan	

working to break down barriers that would otherwise impede synergistic collaboration. It works with various partners, including government agencies, private organizations and civil society organizations. In addition, despite being perceived by many solely as a funding agency, ThaiHealth supports its partners, the actual implementers, by providing various resources, both financially and technically.

ThaiHealth's 10-Year Goals: Identifying Core Businesses

As changes in the public's health, especially those related to chronic diseases, typically take time to exhibit significant change, it is rational to establish long-term goals and evaluation mechanisms. Approved by the Board of Governance in 2011, ThaiHealth established 10-year goals (2012–2021) for long-term evaluation.

The long-term goals also serve to shape ThaiHealth's core businesses, and help to maximize the efficient use of its limited resources. Besides the general goals to increase the life expectancy of the population and good health, ThaiHealth has identified 10 specific strategic goals for its 10 core operation areas: tobacco consumption, alcohol consumption, sexual health, food and nutrition, physical activities, child obesity, road safety, mental health, family relationships and local community strength. These 10 goals guide ThaiHealth's three-year master plans and annual execution plans ensuring that ThaiHealth's operations and funding are strategically focused without becoming merely a collection of scattered good projects.

Shared Goals and Strategies: Creating Collective Impacts

In view of ThaiHealth's role as a catalyst, the standards for each goal are set upon the agreement among related strategic partners who are the actual implementers. As in the case of tobacco consumption control, the National Strategic Plan for Tobacco Control

(NSPTC) was developed by cross-sector strategic partners, including Ministry of Public Health, Tobacco Control Research and Knowledge Management Center, Southeast Asia Tobacco Control Alliance, National Health Security Office and the Action on Smoking and Health Foundation Thailand. The NSPTC was then approved by The National Committee for Control of Tobacco Use, and consequently approved by the Cabinet as the national strategic plan. The second and current NSPTC (2015–2019) identified six tobacco control strategies: (i) enhance Thailand's capacity on tobacco control, (ii) prevent new smokers, (iii) assist quitting, (iv) control and reveal ingredients in tobacco products, (v) facilitate smoke-free environment and (vi) levy tax to control tobacco consumption.

Despite the complex process of building area-specific collaborations, shared goals and strategies help facilitate the key mechanisms for working on issues of interest, create a platform for collaboration and encourage contribution from each partner.

Gap Analysis: Formulating ThaiHealth's Strategic Plan

To identify its program objectives, ThaiHealth analyzes the public health gaps, and assesses the current environment and situation. For tobacco consumption, despite the decrease in overall smoking prevalence, the age of smoking initiation has been decreasing (National Statistical Office 2012), and the smoking prevalence remains high in rural areas, especially in the south and southeastern regions (Pitayarangsarit et al. 2014). In response, ThaiHealth's Tobacco Control Plan identified strategies to address tobacco consumption among the rural population, and to prevent initiation of smoking, especially among adolescents. And, as the prevalence of secondhand smoke exposure has increased, especially in public spaces such as bus stops, markets and restaurants, ThaiHealth's tobacco control plan includes

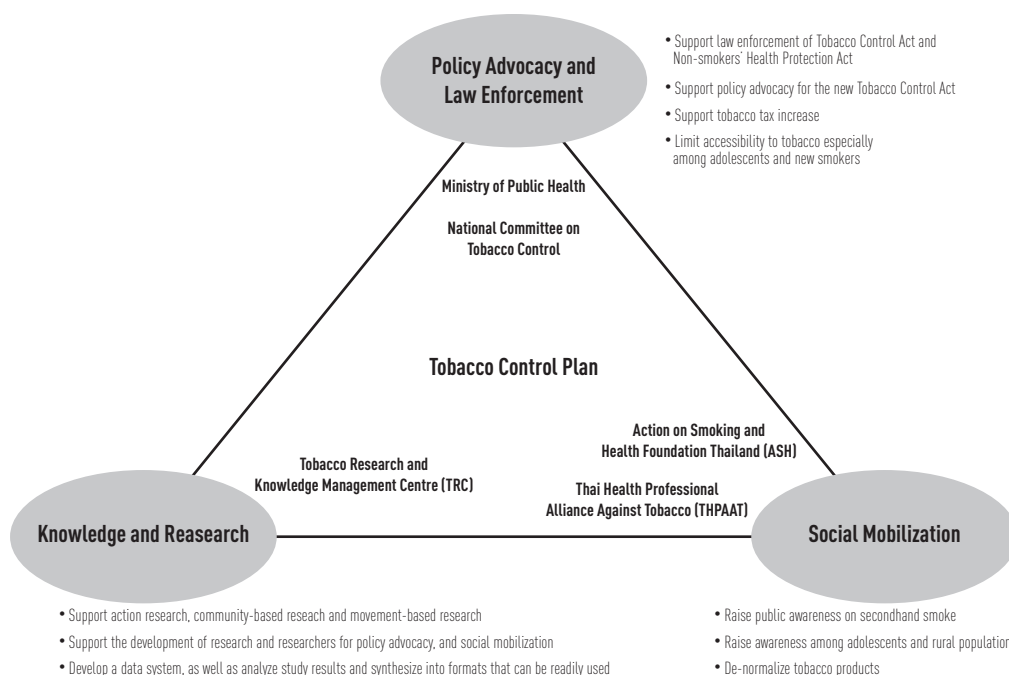
the support of campaigns and law enforcement according to the Non-smokers' Health Protection Act, B.E. 2535 (1992), to reduce population's exposure to secondhand smoke.

Central to how ThaiHealth works is the tri-power strategy model (Wasi 2000), also known as "Triangle that moves the mountain," that provides a crucial conceptual framework for developing strategies for each of ThaiHealth's plans. The model includes (i) creation of knowledge and evidence through research, (ii) social mobilization and (iii) policy advocacy. These three interconnected points need to be aligned to bring about social change. Valid and relevant *knowledge* created through research and studies helps inform policymakers and assists them to make more informed decisions. It also serves as a powerful tool to educate the public, leading to stronger *social mobilization* that also influences the policymakers' decisions. Finally, *policy advocacy*, strengthened by the two other parts of the triad, can lead to policy change when a window of opportunity

opens. Such structural change can help facilitate new social and physical environments to promote healthier lifestyles in sustainable fashion. ThaiHealth's strategies on tobacco control were formulated with this strategic model, with various cross-sector partners (Figure 1).

Considering the significant impact of social determinants of health on public health, ThaiHealth's multi-sectoral approach is at the core of its working scheme. It works with partners, both individuals and organizations, not only from the health sector, but also with other sectors, including government agencies, private organizations, civil society organizations, universities and local communities. Since its initiation in 2001, ThaiHealth has collaborated with more than 15,000 partners. Its multi-sectoral approach, which is also reflected in the backgrounds of various members of the Board of Governance, is consistent with the HiAP approach (Sihto et al. 2006), and has proven to be necessary highly effective (Dora and Racioppi 2003;

Figure 1. ThaiHealth's tobacco control plan



Jousilahti 2006; Martuzzi 2006) in dealing with most, if not all, public health issues, with increasing expectation of its application for public health issues (Elinder et al. 2006; Hämäläinen and Lindström 2006; Tigerstedt et al. 2006).

Monitoring and Evaluation

ThaiHealth's performance is monitored and evaluated at three levels: (i) plan and program, (ii) master plan and (iii) organizational. The monitoring and evaluation process is conducted by the Monitoring and Evaluation Unit. The results are mandated to be reported to the Evaluation Board. On the organizational level, the Evaluation Board conducts annual evaluations. The Evaluation Board prepares and submits a report to the Cabinet and both Houses of Representatives, as required by the Health Promotion Act.

Besides the evaluation of ThaiHealth's performance based on key performance indicators as described above, evaluations of other aspects, such as good governance and social return on investment, are also conducted to provide a holistic view.

Long-termed evaluation of ThaiHealth is performed by external agencies once every five years. Experts from both domestic and international agencies, including the World Bank Group, World Health Organization and Rockefeller Foundation, conducted the most recent 10-year evaluation in 2012.

Achievements: Outcomes and Social Impacts

In a decade plus, ThaiHealth has made numerous achievements in addressing public health issues in Thailand. However, considering ThaiHealth's role as a catalytic and innovative enabler, these achievements cannot be attributed solely to ThaiHealth, but are to be recognized as collective contributions by its partners and collaborating organizations (Adulyanon 2012).

Among the achievements of Thailand's health promotion is the decrease in smoking prevalence from 25.47% (2001) to 19.94% (2013), the first time that smoking prevalence fell below 20% (National Statistical Office 2013). One of the most significant interventions that contributed to the downtrend is the increase in tobacco excise tax from 75% in 2001 to 87% in 2012. Since 2013, pictorial warnings are also required to cover at least 85% of both sides of cigarette packets. Other measures on tobacco control include anti-smoking media campaigns, ban on point of sale display and expansion of smoke-free zones.

The average pure alcohol consumption among adults decreased by 13% between 2006 and 2011 (Thamarangsi et al. 2013). The decrease in consumption is largely attributed to the enactment of the Alcoholic Beverage Control Act in 2008, the first comprehensive alcohol control law in Thailand. Another example of alcohol control measures is the *Alcohol-free Buddhist Lent Period Program* (a period between July and October), during which the number of road accidents caused by drunk driving also decreased by 20.7% from an average of 554 cases per month in 2002 to 440 cases per month from 2003 to 2008 (Thamarangsi 2010). The program, now well-received by the public, is an innovative health promotion program initiated by ThaiHealth and its partners, the Ministry of Interior, Ministry of Public Health, National Office of Buddhism, StopDrink Network and Chulabhorn Research Institute.

A 2012 study on the social return on ThaiHealth's investment conducted by experts from Chulalongkorn University and Thailand Development Research Institute reports that ThaiHealth's investment on health promotion provides high return to the public (Hanvoravongchai et al. 2014). Among the seven areas of ThaiHealth's investment evaluated in the study, the investment on road safety was shown to yield highest return at 130.2 baht for each baht invested.

International Landscape: Networks of Health Promotion Foundations

Increased globalization has generated complex public health challenges that call for stronger international networks and collaborations to promote health. Working beyond its borders, ThaiHealth supports the development of health promotion mechanisms in other countries. It is sharing its experiences internationally and in support of the development of health promotion mechanisms in other countries. It provides technical support to countries that are interested in initiating a Health Promotion Foundation (HPF), or equivalent organizations. So far, ThaiHealth supported the establishment of HPFs in Malaysia, South Korea, Mongolia and Tonga, and Tobacco Control Funds in Vietnam and Lao PDR. ThaiHealth has also joined the International Network of Health Promotion Foundations (INHPF). Established in 1999, the INHPF serves as platform for collaboration for existing HPFs to further reinforce their performance in health promotion, and to aid formation and development of new HPFs. Currently, the INHPF consists of eight HPFs from seven countries: Australia, Austria, Malaysia, South Korea, Taiwan, Thailand and Tonga.

Lessons Learned

ThaiHealth's role as an innovative enabler and not just a mere granting agency has been key to its success to date. Early in its work, ThaiHealth initiated a number of good projects, but they were rather scattered. As an example, before the Healthy Media System and Spiritual Health Pathway Promotion Plan was formed, ThaiHealth supported numerous children's media production projects. However, these projects were disorganized and separate from one another. In addition, most productions from the projects could not find an appropriate broadcast channel to disseminate their productions. In response, ThaiHealth began the practice of bringing together stakeholders to formulate a

strategic plan. From these efforts, the Healthy Media System and Spiritual Health Pathway Promotion Plan was produced and a number of media re-organizations were spawned, including the establishment of the Thai Public Broadcasting Service (Thai PBS), which is Thailand's first public broadcasting service. Efforts also helped foster the enactment of the Safe and Creative Media Development Fund Act, B.E. 2558 (2015).

Looking back on 14 years of ThaiHealth's operation, four main features of ThaiHealth have contributed to its achievements: (i) sustainable financial mechanism, (ii) strategic multi-sectoral approach, (iii) cutting-edge innovations and (iv) proficiency in policy advocacy and social marketing.

ThaiHealth's secure financial mechanism is fundamental to its achievements. Conventionally, health promotion is given a low priority with insufficient and irregular budget, which is also prone to be diverted for other proposes, especially in LMICs (Vathesatogkit et al. 2013). ThaiHealth's financial model, 2% surcharge excise taxes on tobacco and alcohol products, establishes financial sustainability for the foundation. It not only secures and protects funding from diversion for health promotion, but also serves as a health-promoting tool itself. The model is rooted in the polluters pay principle, which demands responsibility from the tobacco and alcohol industries for population health damages (Atapattu n.d.). And as the revenue is derived from *surcharge* excise tax, it is assured that no amount will be deducted from the Ministry of Finance's excise tax revenue, which helps reduce political conflicts during the time of its initiation.

ThaiHealth works strategically with a multi-sectoral approach that allows it to optimize resource allocation, regarding both issues (what needs to be done) and potential partners (who should do it), to address health promotion needs. This was made possible because of its autonomous status, which frees it from the rigid and complex structures of a

bureaucratic system and allows it to work seamlessly with various cross-sector partners. However, it is crucial to emphasize that ThaiHealth does not merely work with different partners, but rather strategically identifies gaps and potential partners, as described throughout this paper. Bringing different stakeholders together to agree on a common goal is a tough task. It is important to conduct stakeholder analyses thoroughly and identify mutual benefits for all stakeholders to attract them to participate. It is also important to carefully identify roles for each stakeholder, considering both what they should be doing and what they are keen to do. Essentially, the tri-power model serves as a critical tool for ThaiHealth when crafting its strategies to bring about structural change, often a key to sustainability.

Based on evidence and new knowledge along with thorough monitoring and evaluation, ThaiHealth consistently seeks innovative new ways to promote health. One of its most prominent health promotion innovations is the *Alcohol-free Buddhist Lent Period Program* described above. The program creates an opportunity to reduce or stop drinking while enhancing awareness on inverse effects of alcohol at the same time. Despite specific cultural context, the religious logic used for the program is considered socially preferable by the public and minimized resistance from the alcohol industry (Thamarangsi 2008).

ThaiHealth is well-known for its proficiency in policy advocacy and influential social marketing campaigns. It not only conduct directs advocacy, but also utilizes its networks of partners as channels for advocating health promotion policies. Furthermore, social marketing campaigns are proactively used for this purpose. ThaiHealth's marketing campaigns are primary tools for policy advocacy raising awareness and behaviour change. The Foundation realizes that awareness, in the absence of a conducive environment, may not promote behaviour change (Galbally et al. 2012).

Limitations

The limitation of this case study of ThaiHealth is the specific context of Thailand as its inherent social, cultural, economic and political structures, which limit generalizability. Despite the contextual specificity, we believe that the experiences of ThaiHealth can be beneficial to other countries that are embarking on health promotion initiatives by drawing from ThaiHealth's experiences and lessons learned and incorporating them to their country context.

Despite 14 years of experience, ThaiHealth considers itself still on a learning curve. Public health phenomena are dynamic with new issues constantly emerging, and ThaiHealth needs to be poised to adapt its strategies to new challenges.

Finally, as the authors are part of ThaiHealth, a certain degree of bias is inherent. However, the lessons presented could not be presented as such by external researchers who have limited understanding of the complexity of ThaiHealth's work.

The Way Forward

Despite the accomplishments ThaiHealth and its partners have achieved over the past 14 years, rapidly and ever-changing lifestyles and environments challenge us to continue to work together to improve the health and well-being of the public. For the next phase, to achieve the 10-year goals, the Board of Governance identified five key directions that ThaiHealth shall pursue:

1. Integrate health promotion programs across different ThaiHealth's master plans to promote health equity, with effective monitoring and evaluation.
2. Involve more beneficiaries by engaging new partners, and promoting health awareness and literacy among the general population.
3. Establish sustainability by facilitating mechanisms, promoting health culture, building capacity of partners

and networks and expanding ThaiHealth's work in the international landscape.

4. Encourage innovations among all health promotion programs to cope with emerging trends and situations and establish more systematic processes for innovation development.
5. Strengthen individuals' capacity as well as prepare the social environment and systems for an aging society.

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