

Strengthening the professionalism and management capacity of Thai District Health Service Managers to achieve the Universal Health Coverage Policy goal of achieving sustainability in access to quality health care

Prawit Taytiwat, MD, DHSM

Faculty of Public Health, Naresuan University

1 Oct. 2008

The Universal Health Coverage Policy in Thailand aims to encourage all citizens to have health insurance and access quality health care. These are basic rights for all Thai citizens and are instrumental in helping people achieve a better quality of life. Health within the context of this policy does not mean only an absence of diseases, but it means a state of well-being which includes living in society, being valued and treated with dignity while having equity and equality of access. This policy suggests that citizens are capable in leading the country to a state of development that is sustainable within the influences of social, political and economic factors that provides an appropriate environment.

One of the key success factors to achieve the goals mentioned above is through sustaining health services delivery. The effectiveness and continuity of care and self dependency will ensure sustainability. Self dependency of health services system cannot occur however by relying on external resources to deliver quality health care. The adoption of these three elements (effectiveness and continuity of care and self dependency) will ensure a country will have a strong health system which is flexible enough to meet the ever-changing needs of its citizens.

At present the Thai health system faces many challenges. First, there are communicable diseases such as Dengue Hemorrhagic Fever and Scrub Typhus. Second, the new challenges from non-communicable diseases, such as Diabetes Mellitus, Obesity, Hypertension, and Hyperlipidemia as well as Road Accidents from drink driving, add complexity to the health system. Third, the Thai health system is now facing diseases from globalization, such as HIV/AIDS, SARS, and Bird Flu and,

also include diseases from immigration patterns, such as Malaria and Elephantiasis. The challenges from global warming and climate change in the near future will have a severe impact on the health of Thai people through natural disasters such as smog, flooding, earthquake and landslide. These disasters will negatively impact on national economics and the health status of Thais including their physical, mental and social lives. Thailand may have a high risk in wasting resources through ineffective problem solving and will need to improve its health system to meet those challenges.

In order to strengthen capacity of its health system to meet those challenges, Thailand needs to improve its health professionals' knowledge and skills for effectively and efficiently delivering health care. It is crucial for health managers to build their management capacity because they are important persons who communicate up and down along the line of command from policy makers to the operating staff at ground level. The effectiveness of policy implementation depends on their ability to interpret the policy and transform it into programs and activities which are relevant to the health needs and problems of local people. Furthermore, effective health managers will ensure accessibility to quality health care for the needy which includes especially underprivileged groups and those who need special assistance from the governments who both live in urban and rural areas. Therefore, for health managers to become professional managers it is important that their knowledge base is expanded to focus on management skills and competencies.

The health managers who work in rural areas require special attention and support from the government as they have to manage their health services to be available effectively and efficiently for rural poor. These rural poor have lower social, economic and education status, and have less advantage than those who live in urban areas. Rural health managers are facing a shortage of health professionals and have little funding as well as less opportunity to gain knowledge improvement for themselves and their staff.

Health managers working in rural areas have dual roles as health service managers and practitioners. The advantage of having dual roles is that these health managers technically understand their services and outputs very well. However, the disadvantage is that we may lose skilled practitioners to become ineffective health

managers unless they can adjust their mindsets and ways of working from those of practitioners to those of managers.

Effective health managers require good vision, flexibility and an ability to encourage their staff and stakeholders who work both inside and outside their organizations to work as a team in providing quality health care to their community. The district health service managers are important in ensuring that unity of district health teams can be established. They need to be able to achieve this unity through the networking of health professionals and staff who work in community hospitals, district health offices, health centres and those who work in local government organizations and other related organizations such as those under management of the Ministry of Interior, the Ministry of Social Development and Human Security, and the Minister of Education. Even though these members work for different Ministries and have different purposes and agendas, the effective health manager must have an ability to facilitate team members to have the unity of vision and goals which provide humanised and better integrated care for families and community. Each team member may have different roles and responsibilities but their work needs to be well-coordinated and well-collaborated. This can be achieved by clarity of roles and responsibilities of each member. To do this, health managers require leadership and they need to have effective collaborative management skills. Strengthening these competencies for health managers effectively requires training for them, which is based on research evidence and best practice.

Team working is crucial not only for effective health care provision but also for strengthening the health services system. It supports coordination of care, for example, between primary and secondary care. The advantage of effective coordination is that we can reduce the waste in health services delivery from duplication of services. This will encourage the integration of care which leads to an effective and efficient use of resources, accessibility to care, and a trust in quality of health services provision. Health care can be delivered with continuity of care when practitioners and patients can trust each other and have a long-term relationship. Creating trust for patients means that complex health problems can be solved easily by changing the model of care from curing diseases to caring for patients. This will enable patients to cope better with diseases. This model of care can be developed in rural Thailand if there is

a continuing education and a supportive system for developing management skills and knowledge for rural health managers.

Effective district health service managers can facilitate intersectoral collaboration between different organizations. They must emphasise community participation so that the community can determine and initiate their own health services plan and they can learn and understand how to strengthen and sustain their health service systems to meet the health needs of their community.

Rural health managers can be focal points for each organization in districts, which currently do not have effective team work. At present, they work together by having a loose connection through the district health coordinating committee, which is renamed as the contracting unit for primary care board (CUP Board) in some districts. If the Chair of the CUP Board has a good vision and understands its health service system and modern management, there is a trend for him/her to have a mindset of promoting community participation that empowers the community in taking part in decision making for their own health. This will encourage the local governments, community and people to be responsible for self care in the long run. There is a need for the Thai health system to develop professional managers who will be change agents in encouraging democratization and devolution as well as decentralization of health services to rural community and who can bring equity in accessing care for the needy. WHO SEARO (2008) also urges member states to strengthen management capacity for health managers at the district level to support Primary Health Care and in order to achieve the Millennium Development Goals by the year 2015. In summary, this paper recommends that the government needs to support the management capacity development for rural health managers.

Acknowledgement: The author would like to thank Mr. David Briggs and Associate Professor Mary Cruickshank, School of Health, University of New England, Australia for their kind suggestions and proofreading.

Bibliographies

- Allen, D. 1995, 'Doctors in management or the revenge of the conquered: the role of management development for doctors', *Journal of Management in Medicine*, vol. 9, no. 4, pp. 44-50.
- Atkinson, S., Fernandes, L., Caprara, A. & Gideon, J. 2005, 'Prevention and promotion in decentralized rural health systems: a comparative study from northeast Brazil', *Health Policy and Planning*, vol. 20, no. 2, pp. 69-79.
- Atun, R. 2004, 'What are the advantages and disadvantages of restructuring a health care system to be more focused on primary care services?' Copenhagen: WHO Regional Office for Europe's Health Evidence Network (HEN).
- Boucher, C. 2001, 'Making the transition from clinician to manager: describing the first six months', in *Emerging Forms of Representing Qualitative Data*, C. Boucher & R. Holian (eds), RMIT University Press, Melbourne, pp. 3-48.
- Bruce, A. & Hill, S. 1994, 'Relationships between doctors and managers: the Scottish experience', *Journal of Management in Medicine*, vol. 8, no. 5, pp. 49-57.
- Buchanan, D., Jordan, S., Preston, D. & Smith, A. 1997, 'Doctor in the process: the engagement of clinical directors in hospital management', *Journal of Management in Medicine*, vol. 11, no. 3, pp. 132-156.
- Cardona, P. 2000, 'Transcendental leadership', *The Leadership & Organization Development Journal*, vol. 21, no. 4, pp. 201-206.
- Cohen, P.T. 1989, 'The politics of primary health care in Thailand, with special reference to non-government organizations', in *The Political Economy of Primary Health Care in Southeast Asia*, P. Cohen & J. Purcal (eds), ASEAN Training Centre for Primary Health Care Development, Canberra, pp. 159-176.
- Hoodless, M. & Evans, F. 2001, 'The multipurpose service program: the best health service option for rural Australia', *Australian Journal of Primary Health*, vol. 7, no. 1, pp. 90-96.
- Huxham, C. & Vangen, S. 1996, 'Working together: Key themes in the management of relationships between public and non-profit organizations', *International Journal of Public Sector Management*, vol. 9, no. 7, pp. 5-17.
- Keleher, H. 2001, 'Why primary health care offers a more comprehensive approach to tackling health inequities than primary care', *Australian Journal of Primary Health*, vol. 7, no. 2, pp. 57-61.
- LaFond, A. 1995, *Sustaining Primary Health Care*, Earthscan, London.
- Leggat, S.G., Harris, M.G. & Legge, D. 2006, 'The changing role of the health service manager', in *Managing Health Services: Concepts and Practice*, 2nd edn, M.G. Harris (ed), Elsevier Australia, Marrickville, pp. 25-50.

- Lerberghe, W.V. & Lafort, Y. 1990, *The Role of the Hospital in the District: Delivering or Supporting Primary Health Care?* Geneva: Division of Strengthening of Health Services, World Health Organization, SHS Paper number 2.
- Lewis, J. & Boldy, D. 2006, 'Decision-making and the health service manager', in *Managing Health Services: Concepts and Practice*, 2nd edn, M.G. Harris (ed), Elsevier Australia, Marrickville, pp. 181-205.
- Nair, B.R. & Finucane, P.M. 2003, 'Reforming medical education to enhance the management of chronic disease', *Australian Medical Journal*, vol. 179, pp. 257-259.
- Politzer, R.M., Schempf, A.H., Starfield, B. & Shi, L. 2003, 'The future role of health centres in improving national health', *Journal of Public Health Policy*, vol. 24, no. 3/4, pp. 296-306.
- Shaughnessy, H. (ed) 1994, *Collaboration Management: New Project and Partnering Techniques*, John Wiley & Sons, Chichester.
- Smith, J. & Goodwin, N. 2006, *Towards Managed Primary Care: The Role and Experience of Primary Care Organizations*, Ashgate, Aldershot.
- Starfield, B. 1998, *Primary Care: Balancing Health Needs, Services, and Technology*, Oxford University Press, New York.
- Sutherland, K. & Dawson, S. 1998, 'Power and quality improvement in the new NHS: the roles of doctors and managers', *Quality in Health Care*, vol. 7(Suppl), pp. S16-S23.
- WHO SEARO 2008, *The Work of WHO in the South-East Asia Region: Report of the Regional Director 1 July 2007 - 30 June 2008*, World Health Organization, New Delhi.
- Willcocks, S. 1994, 'The clinical director in the NHS: utilizing a role-theory perspective', *Journal of Management in Medicine*, vol. 8, no. 5, pp. 68-76.
- Wright, J., Franks, A., Ayres, P., Jones, K., Roberts, T. & Whitty, P. 2002, 'Public health in hospitals: the missing link in health improvement', *Journal of Public Health Medicine*, vol. 24, no. 3, pp. 152-155.