

THE PROJECT
ON
PUBLIC HEALTH SERVICES POLICY ANALYSIS
AND DEVELOPMENT OF DECENTRALIZATION OF ADMINISTRATION
TO PROVINCIAL AND LOCAL GOVERNMENTS IN THAILAND
BY
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(SUMMARY REPORT)



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Chapter 1

Introduction

Project rationale

The civil service system is an important mechanism for national development. The extent to which the policies are effectively implemented very much depends on the capacity of the civil service system. Under the prevailing changes in the globalization era, the organizations in the civil service system need to be increasingly responsive to the problems and needs of the people. The people now have a greater role in administering development and the government mechanisms are now more closely monitored and evaluated by the public. The civil service system therefore needs to adjust itself in order to at least maintain the status quo. Of particular concern is the downsizing of the civil service, decentralization including having the private sector take part in the administration.

The 8th National Economic and Social Development Plan (1997 - 2001) has the following strategies for development:

1. Development of human capacity
2. Development of the social environment
3. Promotion of regional and rural development to elevate the quality of life of the people
4. Improvement of economic potential to facilitate human development and quality of life
5. Management of natural resources and environment
6. Development of civil society by improving the capacity of the state and encouraging full public participation in the civil activities
7. Management of the implementation of the development plan

The 8th National Development Plan focuses on human resources development which is people-centred. The attempt is also to improve public administration especially the changing of the civil service system from control to supervision and to promote public and private sector participation. It also clearly specifies the attempt to downsize the civil service system, improvement of administration including decentralization.

At the same time, Health Development Plan during the period of the implementation of the 8th Plan also attempts to improve administration including decentralization of the civil service system as follows:

1. Improvement of effectiveness and access to health services
2. Improvement of health behaviours to control and prevent diseases and promotion of health
3. Improvement of consumers' protection relating to service and health products
4. Improvement of the production and development of health personnel
5. Promotion and modification of health behaviours
6. Conducting studies and research on health products and health technology
7. Reform of the health administration system

Objectives of the study

1. To compile laws, rules and regulations concerning decentralization of health administration
2. To analyze the models and patterns of decentralization of the type of work which could be decentralized or privatized
3. To determine the modalities, policies and approaches of administrative decentralization and deconcentration
4. To study the examples and models of decentralization and obtain feedback from major stakeholders and provide policy options as well as the pros and cons

Conditions for success in decentralization

1. Leadership - the determination in decentralization
2. Capability of those responsible for the added roles and responsibilities as a result of decentralization
3. Supporting measures
 - 3.1 political will
 - 3.2 resources (money, people, technology and equipment)
 - 3.3 performance evaluation system
4. Focus on the people
5. Incentives to ensure decentralization
6. Trust to be given to those responsible for the decentralized work

Public Health Administration

Study methodology

1. Document research
2. Questionnaires and interviews
 - 2.1 68 organizations under the central administration
 - 2.2 52 organizations in 2 provinces
 - 2.3 Under local administration:
 - 7 municipalities
 - 8 sanitary districts
 - 2 provincial administrative organizations
 - 2 sub-district administrative organizations
 - 6 district councils
 - Pattaya City
3. Workshop
4. Meeting among high level officials and concerned parties

Expected outputs

1. Clear policy on decentralization
2. The lessening of some roles of the Ministry of Public Health so as to allow improvements in other important roles
3. The Ministry becoming a lead agency in the policy and management of decentralization
4. Greater public participation
5. Clear relationship between the state and public/private sectors
6. Models of decentralization

Chapter 2

Conceptual Framework in the Thai Civil Service Improvements

Nature and importance of the civil service organizations

The civil service organizations are part and parcel of bureaucracy. They are unique and have the tendency to expand all the time. They are important as they own the state power and exercise such power. Problems can be self generating.

Historical background of the Thai civil service

During the Sukhothai era, the country was governed as a sovereign state. It was the same in the Ayudhya era but the administrative power was centralized under 4 areas - city, palace, finance and farm.

During the Rattanakosin period from 1868 - 1909, ministries, provinces, cities, districts, subdistricts and villages were set up. It was the first time that the country had a civil service system.

Presently, the civil service system is organized as follows:

The central administration consists of the Office of the Prime Minister, ministries , bureaus and departments

The provincial administration comprises provinces, districts, subdistricts and villages.

The local administration consists of municipalities, sanitary districts, provincial administrative organizations, sub-district administrative organizations, Bangkok Metropolitan Administration and Pattaya City.

Problems of the civil service system at different levels of administration

Central administration

1. The goals set are not responsive to local needs.
2. Policies are not effectively implemented if implemented at all.
3. Little public participation in the administration
4. The workload is increasing yet the quality and effectiveness decreases.

Provincial administration

1. As it structurally is under the central administration, there is a duplication in terms of the responsible areas. There is a lack of administrative resources and coordination.
2. Administrative system and the operational system
3. Planning, budgeting and coordination
4. Rules and regulations
5. Quality of personnel
6. Finance
7. Public participation
8. Private investment
9. Influence of local people

Local administration

1. There is no uniformity in the organizational structure : politics and the civil service.
2. The responsibilities of the local administration can be grouped into 4 areas:
 - 2.1 Security services
 - 2.2 Communal services
 - 2.3 Social services
 - 2.4 Trading services
3. Finance and budgeting
4. Personnel
5. Administration/management

Improvement of the Thai civil service system

Constraints in administration and the need for reform

1. The administrators/managers
2. Civil service system
3. Centralized authority in assignment, approval and giving permission
4. No decentralization
5. Organizations growing too fast and too big.
6. Unclear and uncertain goals and policies
7. The centralization of power is at the high level
8. Reform is not taken seriously.

Areas to be improved

1. Structure
2. Internal administration
3. Information technology
4. Personnel administration
5. Rules and regulations
6. Finance and budgeting

Strategies and goals for decentralization***Decentralization of administration***

1. Delegation of authority
2. Deconcentration
3. Devolution
4. Privatization

The government's policy and decentralization

Decentralization has been the policy of the past governments up to that currently in power. In addition, the 8th National Economic and Social Development Plan also has decentralization as one of its measures to be adopted (as outlined in Chapter 1).

Chapter 3

Administration of Public Health Development in Thailand

Historical background

The first period during 1511 - 1927 from the reign of King Rama 2 to the early period of King Rama 3, there existed the traditional paramedics and European missionaries

The period 2 lasted from 1928 to 1941 and the third period started in and continues up to the present time.

Scope of Responsibilities of the Ministry of Public Health

The Ministry of Public Health "is responsible for matters relating to public health, promotion and development of health, control of food and drugs including toxic elements which may be detrimental to health, supervision and promotion of red cross activities.

...promotes, supports controls and coordinates all activities relating to physical and mental health including living conditions of the people so as to respond to the following 4 objectives:

1. Healthy and happy life
2. Without any diseases
3. Long life
4. Protection of the public from all the accidents

Administration

Central administration

1. Office of the Secretary to the Minister
2. Office of the Permanent Secretary, Health Policy and Plan Office and Phra Boromrajanok Institute
3. 6 departments
4. Office of the Food and Drug Commission
5. Pharmaceutical Organization
6. Health Systems Research Institute

Provincial Administration

1. Provincial Health Offices
2. District Health Offices
3. Health stations (Sub-district level)

Strengths of the Ministry of Public Health

1. Having the unity in supporting the provincial administration, having the plan as the instrument
2. All outputs from all organizations at all levels are regarded as those of the ministry's
3. The structure of the ministry is comprehensive at all levels - including treatment, health promotion, disease prevention and health rehabilitation.
4. There is a structural unity in the provincial administration i.e.. all the provincial offices are under the Office of the Permanent Secretary and all the departments provides technical support.

Weaknesses

1. Lack of mechanisms which controls and coordinates policies
2. The Office of the Permanent Secretary has a large structure, limited personnel, and large amount of work in both the central and provincial administrations
3. Technical support provided to the provincial administration has not been adequately effective
4. Provincial health offices have not yet had a unity in administration.
5. Plan execution process and ministerial level projects are not well linked.

Personnel administration

1. The strength lies in the narrow gap in qualifications of the staff, Job rotation can be made easily.
2. The weakness is related to the unsuitability of the plans for the localities due to lack of participation of the local officials in the planning process.

3. There is a lack of health personnel. Staff have not yet fully devoted their time. In many cases, they have job at private hospitals and do not resign from the civil service.

Budget administration

1. The Ministry has planning strength and generally receive full support in terms of budget.
2. The provincial health officers have been authorized to allocate the budget to the district and subdistrict levels according to the criteria set by the province.
3. The budget administration system at the provincial level is not yet flexible enough.

Health policies responsive to the decentralization

1. The periods during the implementation of the 5th and 6th National Development Plans, the approach was to solve problems on an ad hoc basis.
2. During the implementation period of the 7th plan, there was an initiative to solve problems in a more proactive way.
3. The 8th Plan has set the goal of administration reform so as to have an operational system for supporting the decentralization of health administration.

Problem solving approaches in health administration

1. Environment problems
 - 1.1 External environment as related to economic, social, political and technological situations
 - 1.2 Internal problems relating to management of resources and behaviours.
2. Problems identified through research
 - 2.1 Despite adequate structure and operational system, the problems are related to coordination which stems from the followings:
 - lack of mechanism in coordinating policies and implementation

- Unclear health products
- Health maintenance system
- Incomplete consumers' protection system
- Shortage of ministerial and provincial level administrators

2.2 There is a problem relating to quality of staff at the lower levels.

2.3 Solving environmental problems is still too minimal.

2.4 poor implementation of policies

- Too many policies and projects
- Some policies are suitable for certain areas but not for others
- Certain policies lack continuous support.
- Quantitative evaluation is more focussed than qualitative one.

Future trends

The Office of the Permanent Secretary is the only organization which has both the central and provincial administrations under its jurisdiction. Its role relates to:

1. Planning and management
2. personnel administration
3. Supply, finance and budget administration

The trend in the future is the decentralization of certain functions to the provincial administration and establishment of new centers in the provinces to support financial and budget planning. However, there are constraints regarding rules and regulations.

Options for operational system improvements

- a. Reducing the constraints to decentralization through
 - Adopting the policy framework of the Rural Development Committee
 - Improvement of financial administration
 - Fixing the quota in budget allocation
 - Adjustment of budget items
 - Amendment of rules and regulations pertaining to personnel administration

- b. Changes in the directing and monitoring system
 - Integrating the responsibilities and unifying planning system to wards decentralization
 - Changing the planning coordination system between the central and provincial administration by adopting the regulations pertaining to rural development. There needs to be a clear process of policy formulation, objective setting and strategy formulations. The roles of the technical departments/centers in the provinces so as to better provide technical support.
 - Modification of monitoring system by strengthening the evaluation team which consists of experts/ specialists and improving the roles of the team.

Chapter 4

Analysis of the Study Results

Objectives of the Analysis

- To analyze the structure of the main and secondary tasks of the central, provincial and local administrations;
- To analyze the roles of each administration for the tasks;
- To study and analyze the relationship of the roles of each administration in each work category;
- To analyze and synthesize which projects or tasks should be delegated or decentralized to the local administration.

Study Methodology

Questionnaires were distributed to 46 officials from the central administration.

Interviews were conducted with the following:

- 18 provincial officials from 13 agencies
- 41 district officials from 26 agencies
- 43 persons from subdistricts
- 37 persons from the local administrations in 2 provinces

Results

The work under the responsibility of the Ministry of Public Health consists of the following:

- 18 categories of work
- 144 major tasks

Each administration level has different roles in performing the tasks. Details of the roles of the administrations for each category are as follows:

Category 1: Medical services

There are three main tasks to be jointly undertaken:

1. Improvement of the operational system
2. Improvement of medical services
3. Health services support

The central administration plays a significant role in every task while the provincial administration is partially involved. The local administration is involved only in specific localities and has its own action plan.

Category 2: Control and prevention of AIDS

The four main tasks to be jointly worked out include:

1. Health education and modification of health behaviours
2. Inspection and surveillance on entertainment places and risk groups
3. Rehabilitation
4. Training of health personnel , volunteers and the public

The central administration has clear roles in all while the provincial administration has the advisory and administrative roles as assigned. At the district and subdistrict levels, the role is related to budget administration. The local administration has a clear role in every task.

The trend is that the central and provincial administrations would decentralize all tasks to the local administration.

Category 3: Basic health

The 5 tasks include:

1. Human resources development in the rural areas
2. Development of basic infrastructure
3. Operational system improvement
4. Provision of services
5. Dissemination of knowledge to volunteers and the public

The central administration is responsible for providing policy options, formulation of a master plan, setting the standard on law enforcement and budget approval.

For the provincial administration, the provinces are responsible for controlling, monitoring, inspection and evaluation. The districts are responsible for coordinating between the provincial and local administrations. The subdistricts are the implementing agencies.

Category 4 Production and training of health personnel

This covers the following tasks:

1. Curriculum development
2. Production and training of specialized personnel
3. Network strengthening and training of personnel of different agencies
4. Organization of training, workshops, meetings and study tours for officials
5. Production of technical documents

The central administration has clear roles in all. The trend is for greater decentralization.

The provincial administration can provide recommendations and is involved in budget administration as related to transfer and appointments.

Category 5 Health education and modification of health behaviours

This includes:

1. Production of media for health education
2. Health promotion and modification of health behaviours

The central administration has clear distinct roles and will retain those roles. The provincial administration also plays every role and the trend is for decentralization to the local administration. The local administration has clear roles.

Category 6 Consumers' Protection

Public health

1. Control of health products
2. Inspection, monitoring and surveillance
3. Information dissemination to consumers
4. Development of appropriate technology
5. Development of information system
6. Promotion of consumers' participation

Medical aspect

1. Control and inspection of hospitals
2. Improvement of hospital's standard
3. Development of medical information
4. Dissemination of information for the protection of consumers

The central and provincial administrations jointly work together on items 2, 3 and 6 under public health.

Category 7 Dental health

1. Provision of dental health services according to target groups:
 - 1.1 In health clinics/hospitals
 - 1.2 In schools
 - 1.3 Surveillance of dental health in schools
2. Health consumers' protection
3. Technical development in health promotion
4. Operational improvement of dental health
5. Training of personnel concerning dental health

The central administration is responsible for administration and technical management. In the provincial administration, the roles are clear at district level. There is a tendency for decentralization to the local administration. The local administration currently provides policy options, action planning and budget administration.

Category 8 Drug prevention and rehabilitation

1. Prevention of drug addiction
2. Treatment and rehabilitation of drug addicts

The central administration has placed greater importance on rehabilitation than prevention. It performs both roles and may delegate the operational aspect. The provincial administration has the role at the district level and will retain such roles. The local administration is involved in providing policy options, action planning and budget administration.

Category 9 Non-communicable disease control

1. Information center
2. Treatment services
3. Prevention and control
4. Research for development of appropriate technology
5. Training of personnel and the public
6. Health education and public relations

The central administration will retain most of the tasks. The provincial administration has the main responsibility in control and prevention and such will be retained. The districts perform all three roles. The local administration has clear responsibilities within specific areas.

Category 10 Communicable disease control

1. Setting the treatment standards
2. Surveillance and search for patients
3. Disease control services
4. Research and development of technology
5. Information dissemination and public relations
6. Social welfare
7. Personnel development

The roles are clear for the central administration. In the provincial administration, decentralization of certain personnel tasks is required. Decentralization is likely to be made to the local administration. The local administration is the operating agency.

Category 11 Environmental health

1. Setting the pattern and standard
2. Surveillance of the quality of the environmental sanitation
3. Environmental health operation
4. Public relations
5. Promotion of community participation

The central administration has full responsibility, however, there is a tendency for decentralization particularly to the local administration. The local administration has clear mandate relating to policy , operation and budgeting.

Category 12 Nutrition

1. Control and prevention of malnutrition
2. Research and development of nutritional technology
3. Development of information on nutrition

The central administration retains its roles but has the tendency for decentralization. The provincial administration performs every role. Some decentralization is expected. The district and subdistrict levels have the roles in prevention and control. Decentralization to local administration is likely. The local administration does not have clear roles. Only in some localities that the roles on policy formulation and budgeting are clear.

Category 13 Research in medical science and public health

1. Analysis of quality of food, drugs, chemicals and biological substances

2. Provision of diagnostic services
3. Development of appropriate scientific and medical technology
4. Training for transfer of technology
5. Research in medical science
6. Development of information system

All tasks are under full responsibility of the central administration. There is a tendency for decentralization to the provincial administration.

Category 14 Mental health

1. Operation system development
2. Provision of integrated mental health services
3. Health education and public relations
4. Research

The central administration performs all roles. In the provincial administration, the provinces have special roles. Districts have clear roles in policy formulation and plan, budget administration and personnel administration. There is a tendency for decentralization. The local administration plays every role.

Category 15 Family health

1. Expansion of maternal and child health services and family planning
2. Production and training of personnel
3. Research in technology development
4. Technical support
5. Health education and public relations

The central administration is responsible for all tasks. There is a tendency for decentralization. The provincial administration performs all activities with a tendency for decentralization. The local administration is responsible for policy formulation, action planning and reporting.

Category 16 Occupational health

1. Operational system improvements
2. Surveillance
3. Public relations and campaigns

The central administration performs every activity. There is a tendency for decentralization. In the provincial administration, the districts have clear roles.

Category 17 Production and distribution of health products

1. Production of medicine and health products
2. Production of vaccines
3. Sales of products

The central administration performs every activity . Decentralization is expected.

Category 18 Epidemiology

1. Training and personnel development
2. Surveillance and diagnosis
3. Research and development of technology
4. Development of information system

The central administration is responsible for all activities. There is a tendency for decentralization. Local administration has clear roles in specific areas.

Role analysis

Policy and plan

1. The roles of the central administration are clear in all groups.
2. The roles of the provincial administration are clear in certain groups. In certain groups, however, it is partially involved in. Active roles are seen in epidemiology, consumers' protection, drugs and production and distribution of medicines and medical products.
3. The local administration has the role in providing policy options, and formulating plans related to health environment, family health, nutrition and drug prevention and rehabilitation. It has no roles in consumers' protection, medical science and health research and production and distribution of medicine and medical products

There is a tendency for the central administration to decentralize certain roles to the provincial and local administrations particularly in providing policy recommendations for specific areas and formulation of action plans. The provincial administration has the tendency to decentralize certain tasks to the local administration.

Budget administration

The central administration is responsible for all steps- request, allocation and expenditure control. The provincial administration is partially responsible while the

local administration is responsible for administration of local budget and supplementary budget.

There is a tendency for decentralization to the provincial and local administrations in certain groups.

Personnel administration

All administrations are involved. There is a tendency for decentralization to provincial and local administrations in certain groups. For some, the decentralization will be made to the provincial administration and these include consumers' protection, scientific research, production and distribution of medicine and medical products.

Supervision, monitoring and evaluation

It depends on the nature of the work. Decentralization will be made on law enforcement, reporting, provision of consultation and technical advices.

The needs and readiness in decentralization

The needs can be prioritized as follows:

1. Basic health
2. Environmental health
3. Consumers' protection
4. Nutrition
5. Communicable disease control
6. AIDS control and prevention

The work which should be decentralized include the following:

1. Basic health
2. Environmental health
3. Medical and health services
4. Nutrition
5. AIDS control and prevention
6. Health consumers' protection
7. Communicable disease control
8. Family health

Analysis on the readiness of the local administration

1. The administration is ready for decentralization of work related to basic health.
2. Environmental health may not be ready for decentralization due to lack of pattern and standards.
3. The local administration is not ready in all aspects of health and medical services provision.
4. It is not clear as far as the nutrition work is concerned.
5. AIDS control and prevention work very much depends on the localities. Some are ready while some are not.
6. Health consumers' protection work may be decentralized to a certain extent.
7. There is some constraint regarding decentralization of the communicable disease control work.
8. Family health is not ready to be decentralized as support is lacking in all aspects.



Chapter 5

From Policy to Action

Action is the responsible of the government agencies and depends on the following:

1. Economic, social, political and administrative changes
2. The needs of the people
3. Responsibility of the state
 - 3.1 Expansion
 - 3.2 Centralized power
 - 3.3 Little public participation
 - 3.4 Control and inspection

Politicians and the government officials have to be aware of the need for reform as it is unavoidable and is an urgent matter.

Analysis is required for policy formulation and guidelines and there is a need for formulation of strategies for reform which is decentralization

Research methodology

1. Qualitative and narrative research and survey : 1 year
 - 1.1 Documentary research
 - 1.2 Surveys on central, provincial and local administrations
2. Framework of the study
 - 2.1 Unit of analysis : work category and tasks
 - 2.2 Framework of analysis

Analysis is made in three phases on the category and tasks according to public policy process.

- 2.2.1 Roles in formulation of policy and plan
 - a. Policy recommendations : overall, sectoral, area-specific
 - b. Planning, master plan, specific and action plans

2.2.2 Roles in control and monitoring , supervision and evaluation

- Law enactment
- Performance standard setting
- Provision of technical support and consultancy
- Reporting and evaluation
- Approval of analysis results

Health administration and decentralization : Past to present

1973 - 1975 was the period of important structural reform. The Committee of the Civil Service Reform cited it as an example on two aspects:

1. Decentralization to the provinces
2. Unity of command in the provinces

The 8th National Economic and Social Development Plan (Health aspect) has specified strategies in decentralization as follows:

1. Improvement of efficiency of and access to health services
2. Development of appropriate health behaviours
3. Consumers' protection
4. Production and training of personnel
5. Promotion and modification of appropriate behaviours
6. Study, research and development of health products and health technology.
7. Reform of health management
 - 7.1 Decentralization of administration
 - 7.2 Financial reform
 - 7.3 Streamlining of work and regulations
 - 7.4 Network promotion

Strengths and weaknesses in decentralization

1. Structural reform and delegation of authority had already taken place. Authority was delegated to the governor and the provincial health officer was responsible.
2. The Ministry of Public Health has had the experience in formulating plans and projects particularly plans at the provincial, district and subdistrict levels.
3. Local organizations still lack vision, skills and experiences in management.

The government has to invest in human resources development both for the government officials and the public, as well as procuring equipments. Some government officials are not quite receptive.

4. Sub-district organizations have already had village volunteers who are already knowledgeable and experienced.

5. Local leaders have placed more importance on physical infrastructure more than social aspects.

In the past, the government used the basic minimum needs as the tools for analyzing the condition and the problems including the needs of the people in the villages so as to have the guidelines for formulating the strategies for development.

The 4th Health Plan opened up the opportunities for the public to participate in the development of health work by training the village volunteers to look after themselves, their families and neighbours. They were involved in planning, implementation, monitoring and evaluation. Such attitude has been well ingrained in the Ministry of Public Health for so many years. This has laid a strong foundation for decentralization of health administration. One of the strengths lies in the non profit/ non government organizations which receive annual budget from the government in the amount of 49 million baht.

Results

1. The category of work under the responsibility of the Ministry of Public Health total 18 in number.

2. There are altogether 144 tasks.

3. The roles of the administrations differ.

3.1 Policy and planning

The central administration formulates policies and plans for every category.

The provincial administration mainly has the advisory role except 4 work categories.

The local administration plays some part in providing some recommendations and carrying out some planning for certain categories.

The tendency is for decentralization to the provincial and local administrations.

3.2 Policy implementation

3.2.1 Budget administration

The central administration is totally responsible for budget administration.

The provincial administration is responsible for certain categories. Districts and subdistricts do not play any role. The local administration has responsibility in every stage.

3.2.2 Personnel administration

All administrations have responsibilities except a few. There is a tendency for decentralization to the provincial and local administrations.

3.3 Control, monitor, supervision and evaluation

4. Research results

There is an indication that decentralization of health administration is possible at the central and provincial administrations. The local administration however, is not fully ready. The areas that decentralization to the local administration is possible include:

1. Basic health
2. Environmental health
3. Provision of health and medical services
4. Nutrition
5. AIDS control and prevention
6. Health consumers' protection
7. Communicable disease control
8. Family health

5. Issues for consideration

It is necessary to consider the potential and readiness of the local administration. The factors to be taken into consideration include the structure, manpower, budget, technology and policy and plan.

When such factors have been considered, the local administrations are ready for taking over the following two categories:

1. Basic health
2. Environmental health

As for other categories, if they are to be centralized, it is necessary to find strategies in lessening the constraints that exist.

Suggestions and application

1. Decentralization framework

1.1 Decentralization is an important tool for the civil service reform. It is the condition and a necessity for greater public participation in local administration. The 8th plan has placed emphasis on decentralization by specifying the strategies and methods. However, the constraints remain with the translation into concrete plans and projects.

1.2 It requires bottom-up planning by using the basic minimum needs guidelines as a tool.

1.3 The local administration still lacks the capacity and readiness. Strengthening their vision, skills and experiences in planning and formulating projects is urgently required.

2. Improvement of administrative system /management for decentralization

Strategies and measures

2.1 Strengthening the local organizations by encouraging greater public participation in political development and administration.

2.2 Strengthening the government officials and local leaders to be ethical, devoted, knowledgeable and to have conceptual, technical and human skills. The government officials need to be made aware and understand the principle and rationale of decentralization policy and the roles of the public. The human resource system at the local level needs to be strengthened.

2.3 Improvement of financial and budget systems

2.4 Improvement of technology and information system

2.5 Legal measures and enforcement

A study and research need to be conducted on the development of health administration and different types of decentralization:

1. Delegation of Authority
2. Deconcentration
3. Devolution
4. Privatization

Recommendations

1. Devolution

This is related to greater public participation in administration and politics. This may involve provision of health and medical services under different types of local administrations i.e. municipality, sanitary district, and subdistrict administrative organizations.

2. Privatization

This reduces the roles of the state and makes the private sector responsible for the administration / management.

- Free market economy has to be the rule of the game.
- The services are provided in an integrated manner between the public and the private sectors.
- The private sector responds to the needs of the more well-to-do particularly in the Bangkok, urban areas and cities. The focus is on treatment while the government controls the standard and prices.
- The state provides whatever is missing e.g.; prevention and promotion of good health.