



SPECIAL COMMUNICATION

The Thai-Australian Health Alliance: Developing Health Management Capacity and Sustainability for Primary Health Care Services

DS Briggs¹, P Tejativaddhana², M Cruickshank³, J Fraser¹, S Campbell¹

¹University of New England, Armidale, New South Wales, Australia

²Naresuan University Thailand, Muang, Phitsanulok, Thailand

³School of Health Sciences, Charles Darwin University, Darwin, Northern Territory,
Australia

Published: November 2010

Briggs DS, Tejativaddhana P, Cruickshank M, Fraser J, Campbell S

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Care Services**

Education for Health, Volume 23, Issue 3, 2010

Available from: <http://www.educationforhealth.net/>

A B S T R A C T

Context: There have been recent calls for a renewed worldwide focus on primary health care. The Thai-Australian Health Alliance addresses this call by developing health care management capability in primary health care professionals in rural Thailand.

Objectives: This paper describes the history and current activities of the Thai-Australian Health Alliance and its approaches to developing health care management capacity for primary care services through international collaborations in research, education and training over a sustained time period.

Methods: The Alliance's approach is described herein as a distributed network of practices with access to shared knowledge through collaboration. Its research and education approaches involve action research, multi-methods projects, and evaluative studies in the context of workshops and field studies. WHO principles underpin this approach, with countries sharing practical experiences and outcomes, encouraging leadership and management resource networks, creating clearing houses/knowledge centres, and harmonising and aligning partners with their country's health systems.

Findings: Various evaluations of the Alliance's activities have demonstrated that a capacity building approach that aligns researchers, educators and health practitioners in comparative and reflective activities can be effective in transferring knowledge



and skills among a collaboration's partners. Project participants, including primary health care practitioners, health policy makers and academics embraced the need to acquire management skills to sustain primary care units. Participants believe that the approaches described herein were crucial to developing the management skills needed of health care professionals for rural and remote primary health care. The implementation of this initiative was challenged by pre-existing low opinions of the importance of the management role in health care, but with time the Alliance's activities highlighted for all the importance of health care management. Acceptance of its activities and goals are evidenced by the establishment of a Centre of Leadership Expertise in Health Management and the endorsement of the Phitsanulok Declaration by more than 470 primary health care practitioners, academics and policy makers.

Discussion and conclusion: Problems with the primary health care delivery system in rural Thailand continue, but the Alliance has successfully implemented a cross cultural strategic collaboration through a continuity of activities to augment practice management capacities in primary care practices.

Keywords: Primary health care, health management, health systems, collaboration, networks, developing countries, rural health, knowledge translation, cross cultural, leadership

This paper is an adaptation of a paper presented at a meeting of the Thai-Australian Health Alliance during the 1st International Conference of Health Service Delivery Management, Phitsanulok, Thailand 2009.

Context

Recent calls have been made for a renewed focus on primary health care^{1,2} in the midst of criticism of the overuse of "vertical programs" at the expense of "horizontal programs" of aid, research and training in health care in developing countries. Vertical programs refer to the delivery of health services through stand-alone, often disease-specific programs, in many cases managed by donor organisations and often apart from the recipient countries' health system. In contrast, horizontal programs are generally delivered within the existing health infrastructure of the recipient country and are particularly relevant to attempts at integrated care and primary health care approaches³. The relevance of horizontal programs is expressed by the '15by2015' call for quality health care for all, through primary health care⁴ and is more comprehensively described by De Maeseneer and colleagues⁵. These authors call for increased investment in horizontal care 'to build sustainable, cost effective primary health care systems'. This paper will describe one such investment, the Thai-Australian Health Alliance, which attempts to address this call by developing health management capability.

The Thai-Australian Health Alliance has now had five years of collaborative activity focussed on policy and practice reform. The Alliance has developed health management capacity and sustainability, particularly in health professionals in rural health services, through cross cultural collaboration and knowledge transfer. This collaboration developed out of an initial engagement between the University of New England (UNE), Australia and Naresuan University (NU), Thailand, and has since expanded⁶. The Alliance represents a way forward for primary health care and strengthening health systems that has application in both developed and developing countries, through a collaborative research and education approach that can be described as a distributed network of practice⁷ or as a virtual team 'to work collaboratively with access to shared knowledge at local, national and global levels'.



Effective management of health systems

The Thai-Australian Health Alliance recognises the importance of both public health and primary care perspectives, particularly in rural health services, and that globally most health services are organised and managed in large, health system-wide structures that are undergoing reform, integration and various levels of devolution of responsibility to provincial and district levels. The various research projects of the Alliance, described herein and conducted in rural Thailand, demonstrated that reform is systemising health care without providing the training required for effective management of health systems⁹. This suggests that the implementation of the reform itself is problematic because the management role, which in some health systems has traditionally been performed by health care professionals, often doctors, is either devalued or not duly recognised as vital to implementing an effective health system. Rather, management is seen by health professionals as an 'add on' to their existing high clinical workloads, and with typically only clinical training they often do not have adequate health management experience, qualifications or support. These health professionals also frequently exhibit a narrow, discipline-based perspective that is often not grounded in primary health care perspective or in health management capability¹⁰.

The WHO suggests that health systems require a sufficient number of managers who are properly deployed and equipped, and has indicated that existing approaches are not adequate. The WHO encourages countries to share practical experiences and their lessons, encourage leadership and management resource networks, create clearinghouses/knowledge centres, and harmonise and align partners with country health systems^{9,11}. The Thai-Australian Health Alliance has responded to this call with predominantly 'bottom up' approaches and has been supported by central policy makers serving as both participants and funders of the Alliance. This approach has led to the establishment of the Centre of Expertise on Leadership in Health Management at Naresuan University, Thailand, (CE-LHM) which is currently undergoing WHO Collaborating Centre (WHO CCE) designation. This initiative of the Alliance will give a 'generative space' for existing and new partners to work together outside the normal constraints of, and in a separate context to, their own organisations' usual requirements¹¹, while engaging with others.

The principal aim of the Alliance is to work to improve the knowledge base of effective approaches to building management capacity and to improve managers' access to knowledge, guidance and tools. The Alliance believes this can be best achieved collaboratively in cross cultural partnerships where participants together identify local needs and desired outcomes and develop local scholarly research and training capacity to begin establishing a cadre of professional health service managers^{9,10,12}. An enabling environment also requires greater attention to ensuring a proper balance between the interests of the government, health professionals, industry, communities, patients and clients. Sound management should also recognise and value the contributions and limitations that each health profession brings to the health management role¹².

Developing health management skills is often seen as merely teaching competencies, whereas contemporary research suggests that greater emphasis should be placed on teaching how to apply the principles of capacity building within health systems, which frequently operate in complex and changing environments where ability to adapt is key^{13,14}. The Thai-Australian Health Alliance believes that all health professionals should have some health management responsibilities in their professional roles. According to Fraser et al.¹⁵ the health professional role is multi-faceted and includes that of care provider, teacher, researcher, community engager and manager. To be effective, health managers need to work closely with health professionals at the service delivery level¹⁶. Further, managing significant resources within the context of complex and often competing organisational objectives is challenging and demands focused attention; it cannot be accomplished when seen as an add-on role to a clinician-manager's primary clinical role.



The Alliance believes that working collaboratively with a focus on health management capacity building, within health systems, is an appropriate response to meet the challenges of delivering effective primary health care to the rural poor in developing countries. This approach not only builds capacity, it also aligns researchers and research users¹⁷ in knowledge translation.

Research collaboration

The Alliance collaboration has involved a number of partners, some formally recognised through memorandums of understanding. Other, less formal partners have contributed as requested. The Alliance partners are listed in Table 1.

Table 1: Partners, stakeholders, participants and funders of the Thai-Australian Health Alliance

<p>Australia University of New England (UNE) University Partnerships (UNEP) Australasian College of Health Service Management (ACHSM) Royal Australian College of General Practice (RACGP) Australian College of Rural and Remote Medicine (ACRRM) Society of Health Administration Programs in Education (SHAPE) Hunter New England Area Health Service (HNEHS) Divisions of General Practice – NorthWest Slopes, New England, Barwon Australian Centre for Agricultural Health and Safety, University of Sydney. Aboriginal Medical Services, Armidale and Tamworth Tamworth Regional Council Coffs Harbour Hospital and Northern Rivers Health Service.</p> <p>Thailand Naresuan University National Health Security Office (NHSO) Ministry of Public Health (MOPH) Network of WHO Collaborating Centres and Centres of Expertise in Thailand (NEWCCET) The Cardiac Children Foundation of Thailand Faculty of Public Health, Mahidol University Nakhon Ratchasima (Korat) Provincial Health Office</p> <p>International South East Asian Regional Office, World Health Organisation (WHO SEARO) WHO Country Office for Thailand Australian Education International Thailand (AEI) Australian Government Overseas Aid Program (AusAID)</p>
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Source: Thai-Australian Health Alliance documentation

There has been a number of Alliance studies reported elsewhere^{6,10,16,18,19}, summarised in Table 2. These have included evaluations of the benefits to both Thai and Australian administrators of an international study tour of Thai community hospital directors and the use of Thai expertise to develop health management competencies and health management curriculum. This later evaluation assessed expertise contributed by the Thai Ministry of Health and the Thai National Health Security Office policy makers, senior provincial health officials from Nakhon Ratchasima (Korat) province, health professionals from primary health care and district health offices, and local government officials and village health volunteers. The findings of that study led to a curriculum plan which has now been incorporated into a new Masters of Public Health program with a health system focus at the Faculty of Public Health, Naresuan University. The University of New England has also introduced a new Masters course in International Health Management that reflects the importance of primary health care and public health in a health systems management perspective.



Current research being undertaken by the Alliance involves supporting Thai public health doctoral students and academics to adopt a health systems management perspective to their research projects which focus on the maternal and child health Millennium Development Goals. Again, the approach is collaborative, action-oriented; it uses face-to-face research workshops, site visits and video conferencing. Ilse et al.²⁰ believes that for a given country these approaches suggest a continuous process of interpreting knowledge and experience and reconstituting to 'create management knowledge deeply embedded in the unique social, political, cultural and economic context'²¹. This approach, proposed by Lavis and colleagues, is described as aligning researchers with research users. It has the dual benefit of developing the capacity of researchers, students and practising health professionals and translating knowledge into operational use¹⁷. It also has the added advantages of establishing local networks between local health service providers plus establishing the potential for a wider, international network. These connections are seldom available to health professionals and academics in rural locations in developing countries^{7,8}.

Table 2: Thai-Australian Alliance studies and evaluations

2005:	Evaluation of an intensive experiential and theoretical study tour to Australia to experience rural health services and rural medical education by Thai community hospital directors
2006:	Research workshops to develop and deliver curricula for PHC professionals in health management in rural Thailand A case study of inter-organisational collaboration Descriptive study in collaboration in rural medical education between Thailand and Australia
2007:	Understanding the role of community hospital directors in implementing Universal Health Coverage policy in relation to primary health care
2008:	Evaluation 12 month post outcomes of rural health services management and medical education tours
2008-2010:	Improvement in the delivery of Thai rural maternal and child health services (MDG) Addressing existing structural and professional impediments to the delivery of those services Action research project with Thai doctoral students and academics
2009:	Developing the Phitsanulok Declaration in support of greater focus on research in developing health management capacity in developing countries
2007-2010:	Managing Pre-hospital emergency medical services of road accident traffic accidents in Khon Kaen Province Thailand
2010:	The role of PHC managers in implementing health reform in newly devolved organisational models
2010:	The role of community pharmacy in delivering PHC in Thailand.
2010:	Scoping of skills and competency required for a training program to develop the professional competence of rural Thai general practitioners

Source: Thai-Australian Health Alliance documentation

To be effective in managing health systems and health networks, health service managers need to be trained so they can take multiple, connected approaches in their work. They need to learn how to engage in external networks that provide continuing professional development such as that provided by the Australasian College of Health Service Management, an Alliance partner and other providers and stakeholders, and have broad knowledge of local situations obtained through experience. The content and process of their education need to be aligned with the local context and to what actually occurs in the workplace and with organisational strategy around reform²². Ideally, managers will undertake formal education and gain experience that equips them with economic, technical, socio-cultural and political perspectives. Health managers need to understand and experience service delivery approaches that provide primary health care, public health, health promotion, curative and rehabilitation perspectives. To be effective, health managers also need to know how to operate as part of multi-disciplinary teams, which value and ensure the contributions of a range of health professions. An example of a successful multi-disciplinary team approach can be found in the curriculum development study undertaken in Korat province in 2006¹⁹.



Increasingly, health managers work locally, regionally and globally, and this presents opportunities for them to learn from one another and from the experiences of other health systems. Again, this approach was central to Alliance activities in education and training through experiential and theoretical-focussed study tours. Evaluative studies of the Alliance approach indicate that regular comparative analysis, reflection and feedback are central to training managers. Managers returning from training also need to have authority and responsibility to disseminate what they have learned and affect change in the workplace^{15,18}. Since the time of the initial Australian study tour mentioned earlier, there have been regular, ongoing study tour visits to Australia. For example, in 2010 three groups of some thirty senior Thai health officials visited three different state-based Australian health systems.

The challenges of engaging health professionals, providers and communities

Making progress in developing a cadre of capable, professional health managers requires commitment from government, health providers, health professionals and health management researchers and educators. The Alliance first committed to this six years ago with the enrolment of one Thai scholar in the Doctor of Health Service Management program at the University of New England, Australia. The vision and passion of this one Thai scholar was sufficient to create and help sustain the Alliance. The engagement extended to local government in Thailand and to village health volunteers in the research workshops, who learned alongside policy makers and health professionals.

The Alliance has also had to recognise clear differences between the respective health systems of the two partner countries and the importance of both national and cultural differences between collaborators²³⁻²⁴. Highlighting the indigenous and contemporary cultures of both Thailand and Australia through music and dance has added substantially to social interaction and increased the capacity for learning through the social network that has been established²⁵. The Alliance is committed to establishing 'a strategic alliance of organised interaction of considerable duration'^{26,27} evidenced by a range of collaborative projects over five years. The Alliance is also mindful that successful international alliances require consensus building, advocacy, cross learning and transfer of knowledge, and the production and sharing of international goods²⁸.

The Alliance for Health Systems Research in its 2004 Report on Strengthening Health Systems recognises that developing countries use a number of successful approaches to strengthen their health care systems. Nevertheless, this group continues to recommend that 'the health systems research community should challenge itself to explore problem-oriented alliances with other disciplinary and topic-based groups who share the same concerns of strengthening health systems'²⁹. The Working Group on Challenges in Global Health³⁰ as reported in a recent Health Systems Trust Report suggests that 'in addition to looking for additional resources to meet challenges, there is also a critical need to use existing resources more efficiently and more effectively with creative thinking on ways to achieve better health outcomes with the resources we already have, and encourage stakeholders ... to drive their own planning and implementation processes'³¹.

Proposing a way forward

The Thai-Australian Health Alliance has responded to these recommendations for change and new approaches by holding the 1st International Conference on Health Service Delivery Management in Thailand in October 2009. The main theme of this conference was the strengthening of primary health care and district health services. The focus was on health management and health systems development, management research, supporting and resourcing health professionals, innovation in health management leadership, and quality and leadership. This conference attracted 470 delegates from 17 countries. As an outcome, the delegates developed and



endorsed the Phitsanulok Declaration, which calls for more resources and new policies to promote leadership, good management and governance as a way to strengthen health systems. The Alliance is now undertaking a self-evaluation to learn stakeholders' opinions of the approaches it has taken since its inception six years ago, including perceptions of the Alliance's strengths and weaknesses. Findings will help guide the Alliance's way forward for its next five years. The Alliance is interested in extending the network to include other like-minded partners, both within the two existing partner countries and with colleagues in other countries. The interests of the Alliance will continue to focus on collaborative capacity building in health management situated within a context of distributed networks of practice, and in exploring appropriate approaches to knowledge translation in cross-cultural settings.

Acknowledgements

This paper draws on the content of unpublished papers of the authors presented at the 1st International Conference of Health Service Delivery Management, Phitsanulok, Thailand 2009.

The Thai-Australian Health Alliance acknowledges the support and participation of Naresuan University, the University of New England, the Ministry of Health Thailand, the National Health Security Office Thailand, WHO South Eastern Regional Office, and the Australasian College of Health Service Management amongst the groups that have made the work of the Alliance possible.

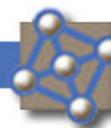
The recent change in name from Prawit Taytiwat represents an honour bestowed by the King of Thailand, His Majesty King Bhumipol. This concerns the second author, whose name has been changed to Phudit Tejativaddhana (originally called Prawit Taytiwat).

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