CHAPTER II

REVIEW OF THE LITERATURE

CONCEPTUAL FRAMEWORK OF THE PUBLIC SECTOR AND ITS POLICY

1. Mission and Scope of Public Administration

Public administration is designed to produce goods and services to serve the need of consumers. As such, it deals with a broad range of subjects as in economics and physics. Like business management, which it resembles in many respects, public administration deals in a systematic and dynamic manner with the substance of goods and services that are its concern and with the method or process, by which they are made or provided.

As a subject of study, public administration is a branch of Political Sciences. Political Sciences is the study of government's origin and form; its organization and functions; how constitutions and law are made, interpreted and enforced; and how the policies and decisions of government are put into effect (White, L.D., 1955). Public administration deals with this last phase: the execution of government's plan, policy and decision. Government as an organization is one of the major

elements of public administration. Government is the principal institution in the social system that is intended to act on behalf of the people, while voluntary social institutions and business have specific clienteles and services. Presumably, if business, social institutions, and individuals fulfilled all human needs, there would be little requirement for government. Thus, government comes into being to settle conflicts and to fill in gaps that are caused by inability of business, social institution, and individuals to meet human needs. The growing sizes of government is a measure of the widening gap between human needs and the capability of existing institutions to fill them. The widening gap is an indicator of the mismatch between institutional activities and human needs, or the growing failure of the social system. Consequently, the government seeks to remedy failures in the social process by three main means: providing the missing services itself, redistributing income, or reallocating authority in the social process. For example, the medical care services for the total population have been felt to be inadequate, especially for the poor; and government has increasingly been subsidizing medical care or providing medical services. The same situation has occurred in housing, food, transportation, urban development, agriculture, environment, education, and other social services. When

the government provides social services on a stop - gap basis, such as welfare and health care, the government behaves in much the same manner as a voluntary social institution, performing similar functions in the production of the services and using similar management approaches. The main difference is that the government, in performing a social service, usually provide one standardized, minimum option services, rather than a variety. The result is that the individual has little choice, other than to take welfare services as they are or not at all. In this sense, government is an in voluntary social institution providing missing services on a minimal basis.

In an autocratic government, public policy are made by the ruler or dictator. In a democratic state, public policy are made by elected representatives of people. Democratic public administration may be defined as the performances of public service which the people, through their elected representatives, have asked for. The people are always asking their government for new public services: welfare or service state (Kingsbury, J.B.,1979). However, it is not possible for the government to provide unlimited public services. So, The government's role in a democratic society, for example the principal of delivering health services, is to confine its power to the extent necessary to keep the

people living in comfort so that they can exercise their freedom to earn a living and to seek happiness to the greatest degree while losing the smallest amount of their freedom. Thus, in initiating any public services, the government has to take into account whether such a service will promote or obstruct the people's freedom, including the freedom of the private sector in provision of similar services.

2. Public Policy

The term public policy has been defined as a purposive course of action followed by an actor or set of actors in dealing with a problem or matter of concern (Anderson, James E.,1979). Public policy in a modern system of government are not things that just happen; on the contrary, they are goal oriented. A public policy is based on legal norms, and is authorities, and it effect a large area of our lives. Its effects are profound. Because we participate, however indirectly, in the process of public policy making; and because we are ourselves responsible for putting a political party in power, which initiates many policies decision, we consider ourselves partly, responsible for its action. Furthermore, the government is supposed to represent us, in this sense, it represent our values and our way of life. Thus, any governmental action or a governmental policy reflect, directly or indirectly, our moral

concerns. And since all governmental actions are " purposive" course of action, we tend to criticize such actions by those who are in charge of performing such actions (elected politicians and public servants) as if they were our agents. If these people are supposed to work as our "loyal agents", then they have a moral obligation to conduct public policy with the single minded purpose of optimizing our interests, and not yielding to their own or anyone else's interests. Thus, their roles in the functions of government becomes legally as well as morally important (Downie, R.S., 1964). Besides the above definition, ES. Redford (1969) has identified three implications about public policy:

1) Public policy is generally segmental because although persons are the units of values, policy seldom deals with persons as individuals, particularly in their development process.

2) Public policy, usually, does not relate to psychic or spiritual realization but only to men's actions and to external environment. A policy cannot control the though process and personal likes and dislikes of individual.

3) Public policy orients itself to share needs of the individuals, but not necessarily to the share aspirations and demands of the few. Thus, the goods of public policy must be oriented towards many.

In summary, there are three goals of public policy: 1) maintenance of the public goods, 2) participation of the governed in the governing process, and 3) encouragement of the pursuits of ideas of the good life (Downie, R.S.,1969).

The public goods, for the first goal, has often been thought of negatively as a matter of protecting the interests of the people in a particular society; this means preserving peace by protecting them from external as well as internal elements attacked. Protection includes not only the safeguards against attack on property and on person, but also against diseases. Again, because of the mechanized forms of transportation, traffic regulations are to safeguard the lives of the citizens. In these and similar other cases, public policy creates such rules and regulations on, or require such services of, its citizens as are necessary to further the ends of public goods. But the functions of the state are not exhausted by this negative concept. There is more involved in the public goods than protection alone. For example, implicit in the concept of protecting the citizens from diseases means taking positive actions to maintain the health of all citizens are aim which can be achieved only by the provision of universal health and medical care services. Because such services cannot be limited only to those who are tax

payers or wage-earners, we enter into the domain of public welfare. A major test of a good government is whether it protects (and respect) the right of its governed. These right, include fundamental freedoms, could be found enshrined in constitutional documents, or could be understood as a part of the generally accepted common law. Finally, people obey their government for various reasons, such as the fear of punishment. Obedience to law is essential for the maintenance of public goods. Included in here is the role of government as independent arbitrator among competing interests. Thus, the primary obligation of the state is to maintain the public goods which stand for a way of life characteristic of the community as a whole.

The second goal relates to the obligation of government in determining the extent to which it allows and facilitates participation by its citizens in the process of governance. This obligation on the part of government establishes the right among its citizens to evaluate public policies and programs. Participation in the governing process includes such activities as taking part, periodically, in electing representatives; protesting (through various means) against certain public policies and programs; demanding services; providing support to government policies by obeying

administrative and judicial decisions; and scrutinizing the effectiveness of programs and public expenditures. On this part of government, it must provide adequate information on its operation so that the public, as rational being, could scrutinize and evaluate those programs. But when the government refuses unnecessarily and unreasonably to let this democratic program operate in the open manner, citing the needs of national security or in the name of public interest, then the moral basis of the government being in power should be questioned.

The third goal of public policy concerns with the extent to which the government encourage the growth of multiplicity of ideals of the good life. Each person and each group may have a different view of good life. Some people design to lead a very religious life, while others like to spend time in appreciating work of art or going to concert , some like visiting places, park or libraries. Pursuit of happiness differs among people; and as there are conflictive ideas about what activities related to such pursuits, it becomes the responsibility of government to promote various cultural activities, and to remove constraint (by protecting certain fundamental freedom and rights) which may inhibit people from pursing their religious belief, and leading life with dignity.

In summary, we know that public policies are the means by which a government seeks to implement its views on what make up the public goods, how the public is going to participate in the governing process, and what resources will be available so that people could pursue their ideals of good life. These three means, hence, are responsible to moral criticism. In the past, policies were not always the products of very well thought of processes, but that did not cause so much harm. With the current rapid and dynamic changes in technology, complex socio-economic and political problems, inappropriate policies can cause disaster or unexpected impact. So, Government should be concerned about the objectives of public policy by priority planning, allocation of resources including expenditure management, taxation, deciding about social welfare criteria, and selecting among the host of alternatives to settle domestic and foreign issues. All these activities, are and should be, liable to ethical and moral judgement. While policies are formulated and implemented by individuals or group, their personal behaviors and moral qualities generally affect the outcome of those policies. However, collectively, they and the institution or organization they represent, become responsible for their actions.

3. Policy Process and Development

Policy development process in every country is quite different, though in a broad sense they may operate on similar principle because there are so many common constraints both internal and external to the policy development. As far as policy making process are concerned, it has been the civil bureaucracy that has so far been instrumental to the formulation and implementation of policies. In Thailand, the administrative structure is highly centralized. The country is divided to 72 provinces which are subdivided into districts, subdistricts, and villages. The administrative units are managed and supervised directly by ministries and departments at the capital. Local government system exist but only under the close control of the Ministry of Interior. All Thai policies are made in the capital and not at local levels except on very minor matters. The new Constitution specifically contains a chapter on autonomous local governments, but, so far, the enabling legislation has not been enacted.

Traditionally, the absolute regime of the old might have a lot of power theoretically, but in fact it had little capacity to make its power felt. The regime had to settle for administration of law and social order. From 1960 until the present time, the national direction in regard to development is overwhelming for economic

development at the macro level. This is reflected in the successive national economic development plan prepared and implemented by the government. The main aim has been to increase the gross national product. The strategy adopted to achieve this goal was sizeable public investment into the national economic infra - structure such as highways, dams, power plants, and inducements granted to foreign investments, coupled with policies toward prices and income stabilization, and industrial peace. However, there has been a feeling that such policies, while leading to increase national incomes, have at the same time, not prevented further polarization of the individual income. Consequently, the next national development plans were modified to include programs which will promote social development objectives as well. Operationally, the plan has not emphasized major public problems on infrastructures and spent more on education, welfare, rural development, and labor training, etc. This means we are moving steadily towards more social development.

In general, The Royal Thai Government has to deal with all kinds of services. In providing such services, there are thousands of decisions to be made daily in the entire government. Most of these decisions are, however, routine rather than extraordinary. However,

sometimes it is hard to determine whether a matter is a policy decision or not because many decisions are political in nature: whenever they have an impact on a great number of people, direct the society to a certain path, create conditions which will finally force or commit the government to a certain goal, or enlarge or limit options in the future. These conditions can force the government to select a decision option under political pressure which might deviate from the best interest of the society.

As the government has the help of so many public organizations and individuals in its policy development , there are normally different sets of institutions and processes to develop different types of policies. However, the basic pattern of policy development process, in which the Thai government is involved, is responsible by the formal legal government officials in these operational levels: 1) a division of a department, 2) the department level, 3) the ministerial level, 4) the ministerial level through political avenues. and 5) the Cabinet level (Amara Raksasataya,1975).

In the real life, policy development is much more complicated and delicate. Policies are not initiated by formal statements by the Prime Minister, Ministers, or even Members of Parliament. They are preconditioned by

many forces within and outsides the country. At any one time, ideas about new policies or alteration of old policies are manipulated by many interested political parties. They will try to germinate, spread and make policies until such time that they get sufficient publicity, normally through the mass media. Then politicians are likely to pick up the "public sentiment" and further develop them before they launch into more formal policy statements. Of course, policies may be actually innovated within the proper domain itself, especially the political parties, Parliament and the Cabinet. However, it is still debatable whether the interest groups, pressure groups, friends, or others, who are totally outside the formal politic-bureaucratic system, do not have some relevance to policy development, instead of, the formal structure itself. So, it can be said that one of the most interesting feature of the Thai policy making style is the highly intense interaction between the informal external forces and the formal political-bureaucratic elements.

4. Roles of the Central Agencies in Policy Process

Public agencies or public organizations who are responsible for and have authority over problems of national concern, will be presented as central policy coordinating agencies or central staff agencies. These

organizations have to handle policy matters and also to coordinate or prepare for the deliberation at some point. In Thailand, the contact points depend on the types of policies. Thus, the term "coordinating" is often used in a weak sense: it merely means points (for example officials) where all papers converge in order to be organized procedurally and then sent forward. In some cases, the agencies may be able to look into the substance of the papers to check with related authorities for their opinions. Then they summarize those opinions for presentation to the higher authorities. They normally do not have any power to say that a proposal is way out of a general direction of government, nor do they function as coordinators at the implementation stages.

5. The Problems of Policy Making and Policy Implementation

The concept of the policy process now has begun to increase in complexity: there is no clear beginning or end point to define its parameters. The policy process may be classified in terms of three interrelated functional environments: policy formation, policy implementation, and policy evaluation. Each of these environments contain various group of actors and arenas and be connected to the other by various communication lines and linkage. Within any policy

system, communication and linkage can be replied within potential pitfalls. Mishaps can occur because of 1) garbled message from senders, 2) misinterpretations by the receivers, and 3) system failure in terms of transmission breakdowns, overload, noise, and inadequate follow-through or compliance mechanisms.

Furthermore, Nakamura and Smallwood (1986) said that stating policy messages clearly and precisely has been a rare practice. Policy makers do their works under a series of constraints, each of which can reduce the chance of producing a clear set of instructions to implementations. These limits include the following:

1) Technical deficiency: limits regarding the inadequate knowledge and information about the adequacy of alternative means for achieving goals.

2) Conceptual complexity: limits on how well the problems are understood and defined.

3) Political coalition - building considerations: limits that can result from the compromises needed to secure agreement for the approval of policies.

In addition, there are some mentions about political biases of policy evaluation in terms of monitoring feedback. First, biases may result form the vested interest and background of evaluators who might be

policy makers or policy analysts sensitive to the various sources of feedback such as criticism from the mass media including newspaper stories, rumors, and the chance of getting the work published by prestigious scientific journals and so on. Second, biases may also result form policy implementators who might obtain unsystematic feedback, leading to informal and incomprehensible evaluations about the success or failure of government programs. In mobilizing support, policy implementators' reputations and future are often linked to the success of the programs they managed. Therefore, they are concerned with maintaining, or expanding, the support of policy makers for their programs. Thus, it is possible that their approach to evaluation is designed to accomplish a political objective. Moreover, both the political makers and the implementators have high political stakes in the evaluation process.

According to Meltsner (1972), the constraint of policy making are:

1) Policy making needs good policy analysts who have to pay much attention to problems of political feasibility. Policy analysts may lack of knowledge and experiences in particular fields related to specific works. Furthermore, describing future political possibilities is not easy. These can lead the policy making into irrelevant goal setting,

2) Political analysis requires a great deal of specific information. If there is a lack of access to information, the policy analyst will perhaps make wrong judgements. In addition, wrong information or data can cause this problem too.

3) The problems of overlapping policy space which may be caused by a lack of identification of actors (plan implementators) and incapability of understanding the actors' benefit and motivations, resources, and the sites of their interactions.

There are many implementation problems and constraints that have a direct impact on plan making and plan implementation. As discussed by Watjanapoom (1984), Lele (1975) advocated that the administrative systems used constituted the dominant constraints to the failure of implementation, and Rondinelli (1976) provide a checklist of management problems. Both administrative and management problems can be summarized in brief as follows:

1) Policy makers fail to mobilize the political support necessary to guide their initiating through the maze of competing and conflicting interests which lies between intention and successful implementation (Leys, 1971). Implementation failures may surface as unfunded projects and unspent allocations or as directives from

above saddling-village level workers with impossible tasks and reporting responsibilities (Johnston and Clark,1982).

2) Planning and project implementation take place in a bureaucratic environment, usually in the Ministry of Public Health. The civil servants are vital parts of the state machine and thus has more power and more authority than other non state bureaucracies. Administrators may tend to embrace authority rather than communication. At the same time, authority is used as an excuse whereby the local level implementator of a plan puts the blame for his own lack of initiative on the higher levels of the administrative machine (Barnett,1976)

3) The control chain from the field to ultimate sources of finance and support tends to be long. There may be five to eight intermediary administrative decision points where review is conducted and delays can occur (Moris,1981)

4) There is great difficulty in specifying objectives and standards , and overt sanctions are limited because of political on bureaucratic factors. It is a small wonder that top managers seem so driven towards tightening up, towards trying to centre authority in headquarter, and towards sending out regulation. At the same time, the field setting is highly unpredictable. Plans and regulations cannot spell out reasonable

responses in advances, yet the cost of delay to wait for headquarters decisions will be high (williams,1980).

5) The time of events is frequently not subject to planned control. It was discovered that field staff working below the district level had almost no control over the timing of their own duties. The continuous interception included vehicle breakdown, natural disaster, pre-emptive scheduling by higher officials, and anticipated visitors (Moris 1981).

6) Field units are contained within strongly hierarchical administrative structures. It is not unusual to find that a large share of the organization's total staff consists of incumbents who view their immediate roles as the control of subordinate staffs. Moreover, the crucial political arenas exist inside the bureaucracy, not on the outside frame by MOPH. Any initiatives that crosscut departmental lines will be ignored unless supported by a top manager (Moris,1981).

7) The government budgeting has many defects. Complaints are made about poor classification and inordinate delay. Excessive attention is given to detail which large expenditures escape scrutiny. Concentration on an annual perspectives prevents consideration of the long term and of future recurrent costs of capital expenditure. Fragmentation of the central budget, combined with inaccurate estimations of revenues and

expenditures, means that no one really knows how much is available. The general response is that if the budget were made properly in the first place, there would be no need for hasty budget cuts, innumerable transfers, supplementary requests, over spending, under spending, and so on. There would be no problem if everyone know at the beginning of the year how much money would be available and how much would be needed (Caiden and Wildavsky, 1974).

6. Needs for Policy Analysis

In the international collaborative study, the comparability of indicators throughout the study areas in the different countries was one of the main prerequisites for drawing valid conclusions. Some basic lessons learned in that context can be considered to be generally relevant to the use of information for better health.

There is more than a subtle semantic difference between "data", "information", and "intelligence". Data consist of isolated or independent observations of attributes or events that carry little meaning when considered alone; data as collected from operating health care systems or institutions are inadequate for planning. The aggregation for data over time, space, and population are in the context of decisions that can or should be made, constitute information for the planners, managers,

and evaluators. It is the transformation of information through integration with experience and perceptions based on social and political values as well as on constraints that produces intelligence, an aggregation of internalized knowledge that provides the context in which policy-makers, politicians, and decision maker act.

Unless data are refined and expressed as information that can turn be used as a basis for intelligence, they are unlikely to influence choices. Unless choices based on the potential value of judiciously acquired useable data is recognized, the choice are unlikely to reflect accurately the functions and practical relationships between needs, resources and use. Some of the profiles and concepts reported by illustrating how survey and resource data can be displayed to help policy discussions. The other two issues that should be concerned about health information system are need for balance, and need for uniform terms, definitions, and classification.

Policy development cannot be done entirely without policy analysis which is basically data collection and processing for the best results. The government, although recognized the need for data, always confronts with the problems about data utilization. The same occurs in other public organizations which cannot

manage their data collection and analysis. In fact, it could be said that there are several information systems in Thailand. These systems were established at various times for different purposes. However, these did not guarantee bringing the information together to make integrated policies. On the other hand, lack of information analysis is quite severe because most public agencies do not have the capabilities and intentions to do serious analysis of data coming from various sources. This problem is important for the development of policy as well as in health development. Improvement of information systems must go hand in hand with policy development systems. A strategy for this improvement may be the establishment of public institutes and encouragement to private institutions for policy study.

Conceptual Framework of the Private Sector and its Policy

The distinctive characteristic of business, compared with other institutions, is that business has separable costs and discrete prices for its goods and services. Business derives its mission from the market; and the market place deals in the exchange of goods and services at discrete prices. Government and voluntary institutions, by contrast, deal mainly in joint services - goods whose benefit have such commonality that their costs are not allocable.

Business goods and services generally have a discrete demand, a single seller, a single buyer, a single price. The discreteness of buyers, sellers, and prices provides admirable advantages in equating the interests of parties, balancing supply and demand, and arriving at a fair equilibrium price by clearing a large number of similar transactions in the market. Business may have joint costs of production if it has multiple products produced by the same equipment; but these costs are frequently allocable. In the case of government and voluntary institutions, truly joint services have costs that are not allocable except on an arbitrary basis. If the allocation is arbitrary, then the presumption of relating cost to benefit is lost, which is a principal advantage of market exchange.

That business goods and services are exchanged in the market at discrete prices provides for other corollary distinctions between business and other institutions. One is that the calculus of decision making is different, because resource allocation can be calculated in relation to costs and prices, and supply quantities can be calculated from demand. Another is that rates of return can be calculated on earnings, after all costs, in relation to investment. These calculable characteristics of business decisions give them an air of precision. The precision may also be illusory because the sum of business services may not serve the ultimate end of human growth and development. It is important to understand the conceptual within which the private sectors, both profit and nonprofit organization, operate. These frameworks are elaborated below:

Framework for Profit Organization

1. Mission and Objectives of Business

Business receives its mission and authority by legislation and custom, which form its social contract. The social contract of business has three elements: (1) the organization legislation that brings the enterprise into being as a legal person; (2) the state legislation specifying authority and powers of a business that are enforceable by law; and (3) custom,

which gives business a general role and morale (Edmund, Stahrl.,1983). According to elements of social contract defined above, there are at least two possible factors which business and influence its contribution to the well being of the society. First, the quality of the so called 'social contract', depends on whether the legislation can catch up with the changing contexts of community needs and the business demand to fulfil them. Second, the quality of 'social contract' could also depend on whether business 'lead' or 'conform' to the custom of the community.

Business is potentially a most equitable institution, because it has in the market the potential for equating benefit with cost, and the interest of buyers with the interest of sellers. Government is potentially a more despotic institution, because it has on its hands the ultimate penalties of repression and death.

Legislative authorizations establish business, leaving it to business itself to define its specific mission in terms of products or services. These are policy objectives of business that are established initially by entrepreneurs, and subsequently by boards of directors and executive officers of the enterprise.

The selection of the field of endeavor usually is a combination of a product concept, a market demand perception, and financial feasibility. These ingredients are the continuous concern, not only the originating entrepreneur, but also of all subsequent policy making executives. The design of product-market-financial concepts that are deliverable as a service output to consumers are creative processes, perhaps the most creative in business decision making. These delivery concepts constitute the selection of the field on enterprise, the self defined choice of mission, and the objectives of business.

2. Functions of Business

The major functions of business are policy and planning, research and development, marketing, production, finance, and control. Functions have their origin in the work to be done; they are literally work functions. The assignment of broad work functions by management makes possible the delegation of authority, the division of work based upon capability, and accountability for performance.

Policy and planning function is the search for concept, which are identifiable as the field of interests, product concepts, demand possibilities, and financial objectives. The marketing function assesses

demand and need through market research, selling, and interacting with the public. The research and development function offers alternative technical design concepts. The finance function examines the funds requirements, including external sources in the capital market, for the several market-product concepts. These assessments yield an evaluative decision by the policy and planning function about which specific products or services to pursue as implement able objectives.

The policy and planning function assesses the alternative combinations of client needs, technical feasibility, deliverability, company capability, and financial resources. The policy and planning function is sometimes performed by a department within a company, sometimes by an executive committee, and occasionally by the finance committee of the board of directors. Whatever its organizational form, the function is made up of the top policy makers of the company, and is an iterative evaluation process working with operating departments. Realistic assessments of needs, invention, and funding can not be made without the marketing, research, and finance functions.

The top policy makers have the best grasp of alternatives, financed, and value judgements needed to pick a product concept and implement it as a business

goal. Policy makers' value judgements may favor institutional maintenance or the executives own interests in some manner. The final decision is essentially the priority interests among these groups, and thus cannot be delegates by the policy makers.

Implementation then entails management of the internal core. Decision makers program the network of assignments, authorize product development tasks, organize the cash flows needed to finance the operations, place the develop products or services into operational production, assign the delivery tasks to marketing, and control the entire programmed network by a management control and feedback information system - that is, the business as a system conceives, programs, develops, produces, controls, and delivers interactively within a market environment. The function of business tell us about the main classes of work that must be performed in an enterprise and the considerations that go into the functional decision process. Most decisions are a tradeoff between performance and costs. The exact level of performance or costs depends on the tasks, or the work to be done, and how the work is done. Therefore, decisions can be made more specific by inquiring into the detailed, or lower level, tasks within the organization to evaluate their cost-performance impacts.

Framework for Non Profit and Voluntary Organization

Voluntary social institutions are assumed, in this study, to include all non profit institutions other than the governments. Such a definition includes a very wide variety of health associated organization such a universities, hospitals, counselling services, and community associations of all types. These kinds of organization have established an important role in the health sector. Their long history of active involvement in the promotion of human well being provides a source of experiences and resources in this regard. They provide important links between the communities and the government. Their ability to respond to expressed community needs in innovative and creative ways is especially important in the implementation of Primary Health Care.

Non profit and voluntary organizations are also playing increasingly prominent roles in the various international debate on health care issues. Because of their specific expertise and experiences in many areas, this role can profitably be strengthened at both the regional and the international level in both the formulation of strategies and in technical cooperation. The commonality among these non profit institutions is that they try to provide a personal services in a social context to meet individual needs. These services are not

of a kind normally available from business, and they are too personalized to be provided by government.

In summary, voluntary institutions differ from business organizations in the degree of individualization of services within a social context. Business seeks to provide generalized products or services at a profit to a mass market, while voluntary social institutions seek to provide unique or adaptive services to individuals within a social contexts without a profit.

1. Mission

The mission of voluntary organizations is to develop a participative model for helping individuals explore and meet their own needs within a social context. Voluntary organizations are essentially advisory in assisting an individual to explore some needs or problems that he perceives within a social context. The mission is, then, that of the individual, rather than of the social agencies, leading to eventual social harmony.

Medical and health services are other types of the mission of voluntary organizations in the frame of prescriptive communication or advice. The role of the physician, with his expertise in medical knowledge, is to diagnose the symptoms of illness and prescribe a regimen of life habits and medication that will cure the illness.

The physician cannot literally cure anyone; he can only advise the patient how to cure himself. However, the following of prescriptive advice depends on the motivation of the client, specifically as to the immediacy of the problems and his willingness to live.

In summary, voluntary organizations assume their mission in two ways: by identifying themselves and their expertise with a class of personal problems among individuals within a social context, and by the mode of dialogue that they choose to conduct with the individual leading to eventual harmony. The success of advisory function tends to be proportionate to the innovation of the individual to deal with a problem of immediate personal interest, taking into consideration the viewpoints and needs of the society.

2. Performance and limitation

Langton (1981) suggested that the voluntary organizations are expected to perform three important corrective functions in relation to two dominant institutions: the bureaucracy and the private cooperation. The three functions are the prophetic or predict function, the supplemental function, and the modelling function.

The first expectation lies in its potential power to the condition of injustice and depersonalization

that are present in post industrial society. This expectation conceives of a new moral mission for the voluntary sector based on the belief that "the primary role of voluntary associations is to continuously shape and reshape the vision of a more just social order" (Sherry, 1970). The second expectation is that voluntary organizations should become an alternative mechanism in providing many of the services to the people. The third expectation which distinguishes the voluntary and governmental sector as a social movement concerns its experimental and innovative capacity. Voluntary sector is expected to demonstrate forms of organizations and practice which are human scale oriented. In doing so, it can perform the function of creating models of organizational life that overcome and reduce depersonalization, bureaucratization, and professionism that are associated with the governmental and corporate sector (Langton, 1981).

3. <u>The Development of Voluntary Organization in Thailand</u>

The development of NGOs in Thailand have developed from the early stages of social welfare oriented to development oriented organizations. The development strategy has been largely influenced by development philosophy from the West. But with wisdom

and experiences working with and for the people, there is an important trend of indigenization of their development philosophy, through a recognition of the importance of the cultural roots of the people with whom they work (Apichart Thongyou,1984).

As reported above , in 1960, the National Council on Social Welfare of Thailand was established to serve as a coordinating body for the promotion of social welfare programs and activities in both the government and the private sectors. Most of the voluntary associations active in social welfare at that time became members of the Council. It can be remarked that activities of the voluntary organizations at that time were purely relief and social welfare oriented. After changing the concept of development, nine years later, the Foundation for Thailand Rural Reconstruction Movement was established. This organization was the first to adopt the integrated rural development approach, while most other organizations were social welfare oriented.

It may be said that non profit and voluntary organizations represent various ways in which citizens organize themselves nationally and internationally in fields covering and unlimited to human activities. They find the appropriate methods to reach the people and involve them in their efforts towards development. They

are playing a very important and essential role in the development. Their role can and will increase not only in the rural areas but also in the urban where the development on PHC requires a difficult and specific effort.

4. Linking with the Government

As mention above, non profit and voluntary organization are neither profit-seeking organization nor governmental organization. Although they frequently mix private and public sector funds, they combine the perspective of financial survival of the private sector with the politicized environment and operations of the public sector. By the way, these organizations are closely linked to the government in five principal ways (Frederick S.Lane, Bernard M.Baruch College, City University of New York " Managing not for profit organization") :

1) Government fosters and promotes non profit organization through tax exemption (in recognition of the services that those organizations provide), income tax deductions for philanthropic contributions and special mailing rates.

2) Public agencies often cooperate and coordinate service delivering with non profit organization through grants and contracts with all levels of government by using third sector agencies to

implement public programs. Besides this, many non profit organization provides some of these human services well before governmental agencies became involved.

3) Non profit organizations are often involved in the public advocacy. Non profit groups and associations are often critical at the beginning of the governmental agency. Such group influence and advice remain important. Public administrators often promote the interests of these groups.

4) Government regulates non profit organization from equal employment opportunity to charitable solicitations.

5) Non profit organizations are increasingly thought of as alternatives to governmental bureaucracies. In a period of widespread acceptance that "Government cannot do everything", non profit groups are employed for self-help and neighborhood development.

Beyond these, non profit organization and governmental agencies share certain characteristics: both are largely service agencies. In both kinds of organizations, there is no single, broad performance measure. Both are traditionally staffed by professionals, often with little or no management training or experience. In both, finding sources regularly "intrude" on internal agency management. But

non profit organization also exhibit their own distinctive characteristics. Like private sector firms, they can and do go out of business. And perhaps there is significant reliance on volunteer ism - volunteers and voluntary contributions.

Conceptual Framework of Coordination

Effective problem solving in the public and
private sectors increasingly requires cooperative
behavior within and among organizations. Previous
research, particular studies focussed on inter-
governmental issues, reveal considerable tension and
conflict surrounding attempts to get two or more
administrative agencies to work together to formulate and
implement policy responses (James, L. Regens., 1988). As
a result, the growing problem of coordinating action by
the bureaucracy in order to foster efficient, effective,
and equitable program action has challenged greatly the
skillful and institutional capacity of government at all
levels. This study also examines why achieving and
sustaining such coordination can be difficult. First,
key conceptual factors and macro level issues which may
either promote or hinder cooperation are discussed. Then
followed by a summary of specific techniques or
mechanisms for coordination and the implementation
issues. Carrying things further, it may be wondered
whether coordination really occur when there is no
subordination at all. However when the setting in order
implied by the word coordination is not provided for, and
only cooperation take place. Cooperation, however,
deserves to be recognized as a coordination technique,

since it results in coordination. There are two reasons for this: one is that administrative science should be concerned with the effect and not the means, and the other that cooperation implies a minimum of collegiate machinery, which is certainly coordinating machinery. The mere power to convene representatives of various agencies is a genuine power of coordination, even if only an exchange of information is involved.

Coordination may effect all kinds of administrative activities, whether "staff" work, consultation, decision making, execution, supervision, or the definition of goals and the preparation and implementation of programs to achieve them. So it can be implied that coordination is a broad concept covering all the various factors necessary to the efficient operation of the government system in order to attain specific objectives. This leads to a comprehensive definition of coordination that stress its purpose and forms, and therefore includes every types of organizational structure that may ultimately ensure consistent action by more than one decision making center with the sole exclusion of the actual line of authority.

In the administrative sense, to coordinate is to organize suitable relations between administrative units, for example to establish the consistency of the decisions

of more than one centres. The consistency may be intended to ensure either that the decisions are simply compatible with one another, or that they are concentrated on a specific objective. In any case, the aim of coordination is to ensure the unity of action within complex organizations. From this point of view it should be observed that "to coordinate" does not mean "to give order to more than one unit" but only to set more than one unit in order. However, "to set more than one unit in order" is a principal of accessory aim included in the common run of administrative measures and procedures.

1. <u>Definition</u> <u>of</u> <u>Coordination</u>

There are two definitions stressing the importance of coordination in decision making. First, Waren <u>et</u> <u>al</u> (1974) defined coordination as 'a structure or process of concerted decision making or action wherein the decisions or action of two or more organizations are made simultaneously in part or in whole with some deliberate degree of adjustment to each other'. From this definition, coordination can come about by structure or by process. The major focus when coordination is viewed as structure is on specifying relationships between the participants, including the relative power of each, the presence of formal rules to guide efforts, and the degree to which participants lose autonomy. When

coordination is viewed as a process, the major concern lies with joint decision making. In coordination, the behavior of participants organizations is adjusted because of the influence of other organizations and the environment.

Another definition of coordination is determined by Roger and Whetten (1982). This definition emphasizes that decision rules can be developed by participants or mandated by a third party, that decisions are made with regard to their share task environment and that the focus is on the attainment of collective goals, not on goals of individual organizations. "Task environments" means that the organizations, groups, and persons within an organization interact directly. They, thus, define coordination as the process whereby two or more organizations create and/or use existing decision rules that have been established to deal collectively with their shared task environment.

Coordination as a Concept

Coordination or conducting a common ordering of activities which bring together divided resources for the accomplishment of a specific purpose, has become instrumental in making organization effective in accomplishing their purposes. Coordination in essence,

becomes synonymous with efficiency. It is valued because efficiency requires that results be obtained with the less possible allocation of resources. This implies that coordination means the avoidance, unless there is a compelling reason to the contrary of duplication and redundancy since both involve the use of resources which might be employed elsewhere for other purpose. But as Ramo (1969) notes: The most effective way ever invented to manage a program is surely to start with a program manager who is perfect and give him complete responsibility and authority. But the rule for today is that, whether the program managers are nearly perfect or far from it, on the average they do not have substantial, well delegated, clearly defined responsibilities, nor do they have authority commensurate with exercising the responsibilities even when they appear to have it. A typical instance of program management in the government involves a dozen or more individuals or agencies, each sharing some of the responsibility and some of authority.

Coordination as a Process

In thinking about institutional coordination, the distinction between coordination as a process and coordination as a state or condition is fundamental. In common usage, the term is often employed interchangeably to denote both that which is being done and that which is achieved. The two usages are readily reconcilable. The

one is a means to the other, but failure to make the distinction often leads to confusion. Individual engaged in coordination activity, particularly those whose behavior risk modification through such involvement, tend to view the mere act of working together in any number of possible formats as a sufficient indication of coordination. External critics and those individuals assigned the responsibility "to coordinate", in contrast, tend to view coordination as a preconceived ideal state of affairs which must somehow be achieved.

Coordination as a process has involved various forms of agency interaction. These interactions may, but do not always, lead to coordination. They range from mechanism for information exchange such as formal or informal communication about projects and program interlocking directorates, and periodic meeting of agency officials to such techniques as integrated budgetary and program planning or proximate physical location. These coordinating procedures may vary along the following dimensions:

- Time frame (whether the process involves ex posy review of programs, examination prior to final authorization, or long term planning)

- The nature of information

- Comprehensiveness (whether all programs of

a particular agency, or only some according to such criteria as level of resources committed, enter the coordinating process

- The degree of inducement or constraint on individual agency behavior which the procedure entails.

The differentiation of coordination by the type of rationale perspective is an important distinction. Two major orientations are possible. The first focus on the institutions and actors at the performance level and assess the cumulative effects of governmental policies on these actors and their relationship to their environments. The other focuses on the specific objectives, level of resources engaged, and policy responsibilities of governmental agencies and departments. There is often a discrepancy between policy intentions and policy effects. Moreover, because the policies of different agencies may affect the same constituencies in ways that are often poorly understood, coordination from the "constituency" perspective can lead to different results than coordination from the "policy" perspective.

Of course, organizational theorists are aware of the fact that coordination is a highly significant problems (Thompson, J.D., March, J.G. and Simon, H.A., 1958). Formal models suggest two basic assumptions

underlying mechanisms for achieving coordination (Azumi, K. and J.Hage., 1972). First, if activities are fairly routinized, then the division of responsibilities and tasks within and between organizations can be assigned on a prior basis. Under conditions of uncertainty, however, coordination is more dependent upon feedback or mutual adjustment based upon continuous information flows to foster adaptive learning. In practice, some mix of routine and uncertainty tend to emerge. But the greater the degree of uncertainty, the more desirable it is to build in redundancy as a form of insurance that policy objectives are achieved. Thus, while efficiency represents one objective of coordination, the occasional need for redundancy in institutional arrangements would appear to be a limiting condition on equating coordination with efficiency per se. Moreover, while the assumption of common purpose may apply in many situations, it is not prudent to assume its universal applicability. In fact, even someone altogether share a common goal but disagree over means for goal attainment, then coordination may be possible only someone is forced to comply with a particular mode of action. As a result, coercion and consent also appear to be conditions which potentially limit successful institutional coordination.

However, with regard to the public and the private relationship, both public and private sectors

belong to different organizations with unique characteristics, roles and probably goals. Therefore, it would not be most comprehensive to adopt the definition which focuses mainly on joint decision making. Rather, we should emphasize those definitions which recognize the interdependence of the two sectors such as the definitions of Hall et al. (1977) or Aiken et al. (1975). The definition of Hall et al., however, stresses the importance of interdependence among organizations in their attempts to ensure that their activities take into account those of other organizations. Aiken et al. define coordination as the articulation of elements in social service delivery system so that comprehensiveness of compatibility and cooperation among elements are maximized.

2. Tools and Strategies for Coordination

Information as a resource is the one with the greatest potential for resolving development coordination problems. Information may be entirely new procedures, systems or modifications of existing arrangements. Eventually, one can conceive the management information system specifically designed for a development program or project, to serve as a formal coordination instrument. The system would rely on speed rather than on the fullest accuracy and would thus avoid extraneous, unnecessary

detail in the interest of timeliness. It would selectively emphasize continuous appraisal of progress and performance. It would be action oriented, dynamic and forward looking, and its operational design will include: planned receipt data; quantitative and qualitative appreciation of development performance against predetermined targets; variance analysis; critical review of lags and shortfalls in terms of performance schedule.

According to Delion (1970), coordination can be achieved through a wide variety of means, including types of organizational structure, legal procedure and management techniques. The most recognized means is the establishment of a coordination committee, which have both advantages and disadvantages. The advantages are that it is a faster means than correspondence and a more flexible means for the expression and adjustment of ideas. It is adaptable to various administrative problems, since it may lead to an exchange of information, an opinion, a recommendation, a report, a draft decision or even a decision.

The other means of coordination which is no less important than the committee is the informal coordination which can be achieved by means of training of the officials of the concerned agencies, the propinquity of

the agencies and the cultural unity of the people. However, this informal coordination should not be relied on as a fully reliable and permanent means since this tools can be no more than a factor favorable to the coordinating machinery and technique.

As mentioned above, tools for coordination are very useful and may be said to be the "strategies for coordination". Roger and Whetten, (1982) focussed the strategies for coordination in term of mutual adjustment strategies, alliance strategies, and corporate strategies. These categories are described in terms of seven dimensions: the focus (state for the relevant system), the actors involved (who is involved in coordination activity), the degree of formalization (emphasis on rules), resources commitment, the focus of power, the focus of control, and goals. These are shown by the following table:

Dimension	Mutual Adjustment	Alliance	Corporate
Focus	Agency of clients	Agency and the interagency system	Interagency system
Actors	Professionals	Administrator Professionals	Administra-tors
Formalization	Few rules	Negotiated - rules	High - formality
Resources	Few resources committed	Medium level of resource commitment	Resources commitment high
Focus of power	Decentralized power	may be use central admin. unit	Centralized power
Focus of control	Reliance on informal norm and benefit for agencies	System deci - sion may be approve	Regulation represent collective interests stressed
Goals	Primary focus on agency goals	Agency goals and collect-ive goals	Collective goals stressed

3. <u>Needs</u> <u>for</u> <u>Coordination</u>

Conventional wisdom now recognizes that the status of health of a community is the result of the complex interaction of many factors. As a consequences, if a government wishes to promote health, it must take account the health impact of a wide range of different activities and policy. These activities will be the responsibility of a large number of different organizations, many of them outside health sector. Therefore, there is a need to promote "linkage" between organizations, to coordinate policies. Such laison between organization goes under a variety of name such as interorganization relationship, and networking. An important reason for networking is to ensure a 'common' impact that their policies and activities have on the health of the people. This concern is demonstrated by The World Health Organization in its promotion of primary health care: health cannot be attained by the health sector alone. In developing countries, in particular, economic development, anti-poverty measures, water sanitation, housing, environment protection, and education all contributed to health and have the same goal of human development. Primary health care as an integrated part of the health system and of overall social and economic development will rest on people

coordination at all levels between the health and all other sectors concerned (WHO.,1978).

This argument is a general one that apply also to developed countries, though formulated in terms of different disease determinants. For instance, in England, the need for coordination was recognized by the Royal Commission on the National Health Services which stated that "the achievement of a prime objectives of national health services, to encourage and assist individuals to remain healthy, demand cooperation particularly housing, planning, and environment health departments, and with industries; and further, that the promotion of health required cooperation with such bodies as education departments, sports and leisure organizations, commerce and the food and drink industry" (Richards, K., 1980). The report in 1980 of the Department of Health and Social security working party on inequalities in health provided further evidence of the need to coordinate a great variety of organizations if health improvements were to be achieved. This report showed that, despite the availability of health services irrespective of the ability to pay since 1948, marked differences in mortality and morbidity rates between social class persisted and could be attributed to a broad range of factors including the socio-economic environment, the availability and accessibility of high

quality health services, and the more diffuse consequences of the class structure, including poverty and deprivation amongst certain group.

Other linkages are considered necessary between organizations providing related services, on the ground that these should be planned, developed and run in order to make the most effective use of resources. Health services and social services are provided by different organizations, yet in a number of instances, the services they provide are closely connected. The operation of one service is affected by decisions taken by the other services, and the services have some clients in common. Similar argument for linkage between related services can be made with respect to, for example, medical services and the traditional health sectors in both developing and developed countries.

It can be argued that linkages are necessary between the various organizations providing health care. This is an issue even in those countries where the great majority of health service come under one broad organizational umbrella, for such an arrangement does not necessarily ensure coordination between sub unit. Coordination can be considered even more vital in countries such as The Union Soviet or third world countries, where the formal health system is fragmented,

services being provided by a variety of different
government, voluntary, and private organizations.

4. Problems of Coordination

Problems of coordination can occur both from
the public and the private sectors. In Thailand, the
seminar between public and the private sectors organized
by the National Economic and Social Development Board
(NESDB) for collecting information for the formulation
the Fifth National Economic and Social Development plan,
has identified the following coordination problems:

1) The government's own development policy still
lacks a clear work plan and coordination between the
economic and the social plans. Moreover, the government
is quite weak in organizing and disseminating information
at the local level, making it difficult for the private
organizations to make use of the information.

2) The government does not have a clear policy
regarding the role of the private sectors in economic and
social development. The lack of clear policy has created
problems for the private sectors in identifying their
roles and in seeking cooperation from the government.

Another piece of evidences which identified
coordination problems in the seminar on "the cooperation
between the public and the private sectors" was

summarized:

   - There are some differences in the development concept. For example, the government or the public sectors always emphasize economic and infrastructure development, while the private organizations try to create people's organizations through people's participation.

   - The public and the private sectors do not fully understand each other's positions and real situations. Thus, the areas of the possible coordination are not apparent.

   - There are some confusions between these two sectors since there are so many public organizations which are responsible for the coordination with the private sectors.

   - The private organizations lack coordination among themselves and also lack a legitimate representative to coordinate with the public sectors.

<u>Current</u> <u>Situation</u> <u>of</u> <u>the</u> <u>Public-Private</u> <u>Coordination</u> <u>towards</u> <u>Policy</u> <u>Orientation</u> <u>for</u> <u>Health</u> <u>Development</u>

1. Situation and Effort of the Public-Private Sector Coordination in Social Development

There have been so many attempts for the establishment of coordination mechanisms between the public and the private sectors involved in economic and social development both in urban and rural areas. The evidences for those attempts are:

- The establishment of the National Council on Social Welfare of Thailand under the Royal Patronage in 1960. This Council is aimed to promote and coordinate the social welfare activities of both sectors. The current activities of the Council include supporting the establishment and activities of private organizations providing social welfare services; promoting the study and research on social problems; dissemination of knowledge concerning social welfare; and fund-raising for social welfare organization.

- Concerning the coordination for rural development, the Government created a forum, in 1960, for discussion between the public and the private organizations. From that seminar, there were agreements to set up a voluntary, nongovernmental body to coordinate activities concerned with rural development. The

implementation of the agreement led to the official registration of the Coordination Centre for Rural Development Foundation in 1979. This foundation has successfully convinced the government and leading non-government organizations of the critical importance of cooperation between both sectors. This led to the inclusion of a formal policy statement of the government and non- government cooperation in rural development for the first time in the fifth National Economic and Social Development plan (1982-1986).

- During the preparation for the formulation of the fifth National Economic and Social Development plan, the NESDB held a consultation meeting which was attended by non profit private organizations together with profit making organizations. The discussion was about problems and prospects of coordination between these two sectors, and about finding the resolutions and recommendations. At the end of that attempt, the lack of implementation strategies and mechanisms on the part of the government to support and coordinate with the development private organizations, was identified as an important problem. Three recommendations were further identified :

1) A joint committee between government and non government organizations involved in community development should be set up to work on the policy and

strategies, to exchange ideas and to solve major problems of coordination.

2) The government should provide more support to the non government organizations especially for the voluntary private organizations.

3) More attempts should be made to acquaint the local administration officers and the non government organizations' administration with the government 's policy on the non governments.

For the private sectors, there are also the attempts to coordinate with the public sectors. One of the most important attempts was the consideration to establish the Government-Non Government joint committee whose functions include:

1) To support development programs and projects of these two sectors and to coordinate and build up a good relationship between them.

2) To strengthen the work efficiency and the quality of personnel of both sectors as well as to raise and seek funds.

Nowadays, this committee is called the Joint Public and Private Consultative Committee (JCC). The JCC, as a committee of partly elected, partly appointed members with no formal powers depends vitally on the interest, personalities and influence of its members. As

such, they could provide a focus for the work of the officers, inject a sense of urgency, and have some form of legitimating function. On the other hand, they have been frequently criticized for acting as mere "rubber stamp " and for lacking initiative. Predictably, the role of the JCC has been heavily dependent on the relationship between officers and members in each organizations. Moreover, on issues of vital importance, the members of the JCC have an opportunity to negotiate directly with other members to preserve the interests of the parent organizations instead of fulfilling the objectives of JCC.

From the discussions above, the issues reflecting the need for coordination between the public and the private sector can be summarized as follow:

First, in designing coordination structures and procedures, it should not be assumed that a consensus on goals of coordination is necessarily identical to the goals of the organization it represents. In particular, health specific agencies should not assume that the achievement of health for all is necessarily a goal common to all health related agencies. It is unlikely that the goal of health for all will influence the daily activities of every organization. Instead, organizations should identify specific areas for coordination, where

greatest potential exists. These are likely to be in areas where organizations need each other's resources and skills; where the services of linking organizations are complementary; and where common interests exist. Such circumstances provide a basis for negotiation, concession and compromise as long as each organization holds something of value to the other organization, and is capable of resisting its demands. In other words, while striving to achieve the common goals spelt out by the coordination effort, the balance of power between the organizations must be appropriate.

Second, negotiations in the coordination effort are likely to be easier developed and concluded over operational issues which have a more immediate significance than over strategic planning issues. Moreover, any agreements reached over strategic issues run the danger of distinguishing basic differences of approach which become apparent only at the implementation stages, and require the issue to be renegotiated. Third, an organization, if it has a sufficient dominant position, may be able to lay down the nature of the linkages to be established by subordinate agencies. It is more likely that, such an authoritarian strategy will not be productive. In such a case, coordination may be best promoted if the local agencies have some discretion and freedom of manoeuvre to establish coordinations where

locally appropriate. Such a process may be assisted where political support for coordination can be mobilized in the community or nationally.

Fourth, the use of financial incentives to encourage appropriate coordination can be of great assistance; conversely, those coordination may be made more difficult to promote when resources are scarce, or when any agency threatens the resource of another, for example by diverting funds away from it.

Fifth, given the strength of the vested interests of professionals in any sector, the potential for coordination should be greatest where professional perspectives are not over dominant, and where the like hood of rivalries and disagreements between professionals is minimized.

So, coordination between the public and the private organization providing health related services are not necessary promoted by assuming that a consensus of the organization efforts is not necessarily identical to goals and activities of individual organization represented in the coordination committee. Rather policy makers should identify those areas which have the greatest potential for setting up coordination; should identify internal and external constraints that might

damage such coordination; and look for effective collaborative strategies, including the introduction of incentives. Both formal and informal processes of coordination will be necessary. Structural arrangements may not guarantee coordination, but they do provide forums for discussion. However, informal processes, organized by other stakeholders may prove to be the most fruitful way of securing effective coordination.

2. An Overview of National Development Planning and National Health Planning.

As a component of social services, public health plans have been incorporated in every National Economic and Social Development Plan (NESDP) since the first plan in 1961 until the present plan which will be completely implemented in 1991. In each National Plan, the effort to review the problems relative to public health issues especially in rural areas as well as the proposals to remedy public health implementation problems were identified. It is found that unequal health resources distribution, public participation in public health activities, improve administration and management, and coordination both inter and intra sectoral are recognised as the major problems and constraints of development in the public health sector. Thailand has been committed to formal National Development planning since 1961 when the six-year plan covering the period 1961-1966 was annoucced. The First Plan was little more than a collection of public development projects although it did attempt to relate these projects to overall economic development objectives. A few improvements were made in the revision of the second phase of the plan, notetably the broadening of the public sector to include state enterprises and local governments, articulation of development objectives in a more comprehensive and

clearer manner, and a more careful analysis of the undue pressures on external and internal stability (Vichit-Vadakarn et al,1975)

Further improvements were reflected in The Second Plan covering the year 1967-1971. Coverage was broadened to include the private sectors and manpower aspects and the internal consistency of aggregate projections was tested by the use of macro-economic models. The planning experience gained during the first two plan periods, increasing data availability and the more pervasive acceptance of development planning as a tool for development resulted in still further improvements in the preparation and the formulation of The Third Plan (Vichit-Vadakarn et.al 1975)

The Third National Economic and Social Development Plan, in essence, continued to be an expression of national development goals and articulation of the means to achieve these goals. This plan incorporated both macro planning aspects and sectoral program or projects. Aggregate considerations included overall development objectives and policies, aggregate economic targets, fiscal and monetary aspects, private sectors and state enterprises development, population, manpower and employment. Sectoral coverage included agriculture and irrigation, industry and mining, services

and commerce, communication and transport, social development services, health, and education. It could be said that this plan was primarily national although it did attempt to include reginal and local consideration (Vichit-Vadakarn 1971)

The fourth National Economic and Social Development Plan (1977-1981) still maintained some important elements from the Third plan. The goals were economic growth, economic and financial stability, reduction of income disparities and manpower development. An explicit spatial development strategy was adopted for the first time in this plan. The central concept of the spatial approach to develop plan was a straight forward application of the growth center strategy of concentrated decentralization (Watjanapoom,1984b)

The fifth National Economic and Social Development Plan (1982-1986) stressed a more balanced development. Equality in national economic development, spatial development strategy to diffuse growth and decentralization of economic activities to the regions have been adopted. The major aims of this plan were 1) accelerated reduction of rural poverty 2) strong fiscal and monetary discipline 3) restructing the major economic sectors 4) providing a wider and more equitable distribution of social services 5) coordination of

national security astivities with national economic
development 6) improving economic management and
development administrator .

The methodology for the NESDP may be
discussed at two levels: macro and micro planning. At
the two levels, an aggregate expenditure model was used
to estimate the endogeneous factors of the system. The
exogenous factors included government investment and
consumption expenditures, earning from export of goods
and services, and proceed from exported taxes. The
target for those exogenous factors were arrived at by
detailed study of each important item by special
committees, with the office of National Economic-Social
Development Board acting as the coordinating body. The
planning process at the micro level involved operating
ministries and departments submitting their development
projects for scrutiny by the NESDB planning staffs.

3. Health Policy Making Environment

3.1 The Administrative structure of the
health service system

The present Thai bureaucracy as discussed by
Bowornwathana (1984), is a highly centralized
administrative system, consisting of thirteen
ministries, each with several departments and divisions.
The central administration, and the offices of the Prime

Minister, control the administrative activities of others through the National Social and Economic Development Board (NESDB), the Budget Bureau, and the Civil Service Commission. The NESDB's main function aspect of each policy. The Civil Service Commission establishes guidelines, and exercises overall supervision, with respect to personnel matters for public servants. In 1942, the Ministry of Public Health was established as a part of the Thai bureaucratic apparatus. This ministry is responsible for providing public health services in the country and now has grown to the point where now consists of two main offices and five departments. The major part that relevant to policy formulation is the central health administration.

For the infrastructure of health utilization, in each province, there is at least one provincial hospital. In 1975, the government set the policy to increase the coverage of community hospitals to all districts with 86 percent coverage, and health centres to all sub districts with a coverage of one hundred percent in 1985 (The Ministry of Public Health, 1990).

3.2 Stakeholders and their potentials

The meaning of policy maker and policy stakeholder is quite different in the category of authority and mandate. Policy makers have the authority

according to legislation to formulate and implement health policy. These people are politicians and high ranking civil servants, while policy stakeholders are anybody else who are interested group either getting direct or indirect benefit from the national policy. In this study, the format that follows is designed in order to consider each group of health policy stakeholders separately.

Government and Ministers

In a democracy, the electoral system and voting patterns are important to politicians, and to the government. Politicians may seek to serve the wider national interest by introducing sweeping social reforms. But they will never do so unless they get elected to office, and to get elected to office, it is necessary to adopt those policies that will win votes.

As a starting point, it can be assumed that a politician is motivated to seek ministrial office for reasons other than, or in addition to, simply representing the view of his electorate. While altruism in the public sector undoubtedly exists, the question must be asked what importance it has in the Minister's utility function. Alongside the development of a theory of government behavior, efforts need to be directed to

analysing the behavior of Ministers. They are likely to be no different from the general population in wishing to maximise their own utility function. If there are some concentration attention on the ultimate authority for government health expenditure, it would be said that there are some 'trade off' political ambition within the government against the perceived benefits. Indeed, more expenditure might offer politician more scope and control over a wider range of activities associated with his Ministry; whereas altering the composition rather than the amount of the budget may have too high an opportunity cost in terms of dissent within his own Ministry.

However, both civil servants and politicians have given significant inputs to health policy. These two major policy stakeholders have collaborated to the best of their ability in many instances. There have been attempt to formulate the optimal policy according to their conception of the country and the people needs. Politicians have often based their judgement on their own experiences and possibly on the felt need as opposed to the real need of the people in their constituencies. On the other hand, civil servants have relied on the routined data collected, but unfortunately, available data are sufficient only for formulate general policy areas.

People

It has become apparent that citizens must also become involved in the administrative process of the government in order for the government to be effective. The government in Thailand has become a large and a complex system, in which what are in effect policy decisions are being made at all levels in the system, not at just the top by elected officials. Operating officials of the government have developed substantial autonomy over the years, through the hardening of vertical function bureaucracies and the inability of policy managers to develop information and control system based on output rather input. Decisions made by operating department personnel, often quite low on the bureaucratic organization chart, can drastically affect service provision and service delivery. Confidence in the government may be eroded because the policy managers, whom the citizens hold responsible for government action or inaction, are unable to ensure performances on the promises. So it can be said that the involvements of citizens in policy management process can help to restore citizen confidence in the government by providing the governmental manager information on perceived performance of the operating departments and the information need to make realistic demands on the government. In conclusion, citizen participation can act as a policy management

tool.

As desirable as participation on the part of citizen in the policy decision that effect them, it is difficult in practice to bring about. Even where mechanisms for citizen participation are set up for the express purpose, the results typically fall short. This has been particularly true in the area of health policy planning, where health system were to be the instrument for citizen participation.

In any cases, it is quite likely that health policy planning will continue to be a major policy emphasis and that citizens, as consumers, will be involved in in some way, even if it is only through local general purpose units of government. Therefore, we need to continue with research on the experiences of citizens in health planning activities. At least, participation should mean, they were able to exercise judgements independent of provider members on specific issues.

If citizen participation in the decision that effect them means citizen power, as Sherry Arnstein quote in "a ladder of citizen participation" maintains, no one should be surprised at the difficulty, well documented in the literature, in bringing it about. Power is not something one group can have more of, unless, of course, another has less. As power is obviously instrumental in

achieving other goals, no group is likely to relinguish it willingly.

In terms of Arnstein's ladder of citizen participation, if not control, what she refers to as delegation of power, a situation where citizen have a clear majority of seats on decision making boards and some specific power. This is to be contrasted with other lower forms of citizen participation which are labeled tokenism and non participation. Here, the traditional power holders remain in control.

Most consumers of health care have been socialized to believe that health policy is something to be left to professional (Lipsky, M.and Lound, M, 1976). Those consumers willingness to remain a part of the process often defer according to the preferences of providers.

Institutes

Universities and public officials have sought for many years to establish closer relationships. The growth of university-government relationship should be rested on the assumption that both parties benefit from each other. However, in the real situation, the relations between these two groups have not been without tension. Practitioners and academicians have different needs,

goals and values. The academic environment foster developing theory and understanding of a field, with much discretion for defining areas of effort and flexible time parameters for accomplishing one's largely self-defined task. On the other hand, the practitioners seek answers to pressing public sector problems, regardless of their theoretical relevance. They may not find the services offered by academicians relevant or timely. Academicians may not see the problems of practioners as challenging, interesting, or congruent with the definition of their current tasks. The needs of practitioners and academicians thus may not converge, making less likely useful exchange between the two groups. For universities, to engage in activities which are meaningful for government, shared value must exist regarding the mechanisms for services delivery and the relative priority or interest in the subject content of the services being offered. This sharing is particularly significant given the tensions often associated with the linkage between universities and practioners.

The university is an ideal place for research, and research is one of the prime functions of any true university. Since the university is also performing a variety of tasks, careful attention should be devoted to avoiding imbalances which will elevate one function at

the expense of others. The balance seems to be in the area of teaching, research and services functions. The type of research activity should always be matched to the capabilities of the institution and above of all, the local setting.

In order that research will continue to be a function of the university, espectially in policy research, the university must maintain and support research in a balanced program with teaching and service functions. The support of any kind should be worked out on the long range programme and the main research activity should be concentrated in the basic and certain applied areas rather than in development. (Rachit Buri,1986.)

In the universities, a major change came through the addition of departments of social and preventive medicine. This reflected the explicit addition to the university's educational, research, and services objectives of an intent to grapple with social factors in health, the role of prevention, and the organization and provision of health services. In institutions of higher education such as school of public health or their equivalent, the emphasis on broader approaches to health care and public health problems was already often present. Similarly, school of nursing often had

progressive views of public health and health care. But neither schools of public health nor of nursing tend to be highly influential in shaping health policies and directions.

For the health policy research institute, Health Policy Study Centre- Mahidol University is the main focus of research on primary health care and community participation. This centre has tried to avoid being dictated by the Ministry of Public Health. But, it has been obvious that the issues for policy research have not been clear even among the top executives or policy makers.

4. Perspective in National Health Policy Research and Training Center

Health policy planning at present is too often restricted to the health sector and is uaually based on mortaity and morbidity statistics, to which data about physicians and hospital use are sometimes added. Indeed it should instead be based on measures of the health and health care needs of the total population: users and non-users of the health services. Moreover, policy decisions in other social sectors affect both the level of health of the population and the type and amount of health services needed. Consequently, if policy decisions are decentralized at national, regional, and

local levels, planning will be needed at each of these levels, the information required for planning vary in accordance with each level.

The information systems needed to support decisions on the allocation of resources are different from those needed for planning the operation of a component of the system. They require a different type of analysis before the appropriate decisions can be taken, and they cover many economic and social sectors. Data and information about health, health needs, health services, and the broader manifestations of the quality of life are part of this intelligence system for policy making.

The development of suitable techniques for a health information system is therefore an important way of improving a country's capacity for making appropriate policy decisions. It involves creating a data acquistion system that will monitor what is happening in the area or country, and research and development groups that will undertake analytic functions for the policy makers. This might be called policy responsive research, research that will seive the evidence and present it in terms of policy options (each with a rough estimate of the cost in human or economic resources and of time) and analyse the appropriateness of previous policy decisions. In a model for this purpose (FIGURE 1) educational, research,

evaluative, statistical, planning, and decision making processes must be integrated. These will be based on information on society priorities, health needs, current resource allocation and patterns of services use, as well as on information on feasible alternative course of action.

However, the existence of an information system and of research and development groups is meaningless without a commitment by administrators and policy makers to use the information constructively. This should concern about the appropriateness and quality of the data, the reliability, and utility of the evidence, and the validity of the conclusions. Effort to improve the capacity of those responsible for planning invlove a commitment to improve the decision making system at national, regional,or community level, regardless of the sophistication of the health information system. It is better for policy makers or decision makers to use the available information sensibly and logical than to construct complex data collection systems that are not capable of improving the quality of policy planning.

FIGURE 1. MODEL OF HEALTH POLICY FORMATION: The Function of Information, Research, and Evaluation

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│        ┌─────────────────────────────────────────────────────┐    │
│   ┌───▶│ HEALTH POLICY FORMATION AND DECISION MAKING          │────┤
│   │    └─────────────────────────────────────────────────────┘    │
│   │                                                                │
│ ┌─────────────────┐                                               │
│▶│ HEALTH VALUES,  │                                               │
│ │ GOALS AND       │                                               │
│ │ OBJECTIVES.     │                                               │
│ └─────────────────┘                                               │
│        ▲                                                          │
│        │   ┌───────────┐┌───────────┐┌──────────┐┌──────────────┐│
│        ├──▶│H.problems ││Objective of││Planning  ││Decision on   ││
│        │   │and needs  ││H.service  ││of options││H.service     ││
│        │   └───────────┘└───────────┘└──────────┘│to be provided││
│        │                                         └──────────────┘│
│ ┌──────────────────────┐                                         │
│ │Level of social health,│                                        │
│ │political realities    │                                        │
│ │and constraints        │                                        │
│ └──────────────────────┘                                         │
│                                                                  │
│    ┌──────────────────────────────────────────────────────────┐ │
│    │ HEALTH SERVICES INFORMATION,RESEARCH AND EVALUATION       │◀┘
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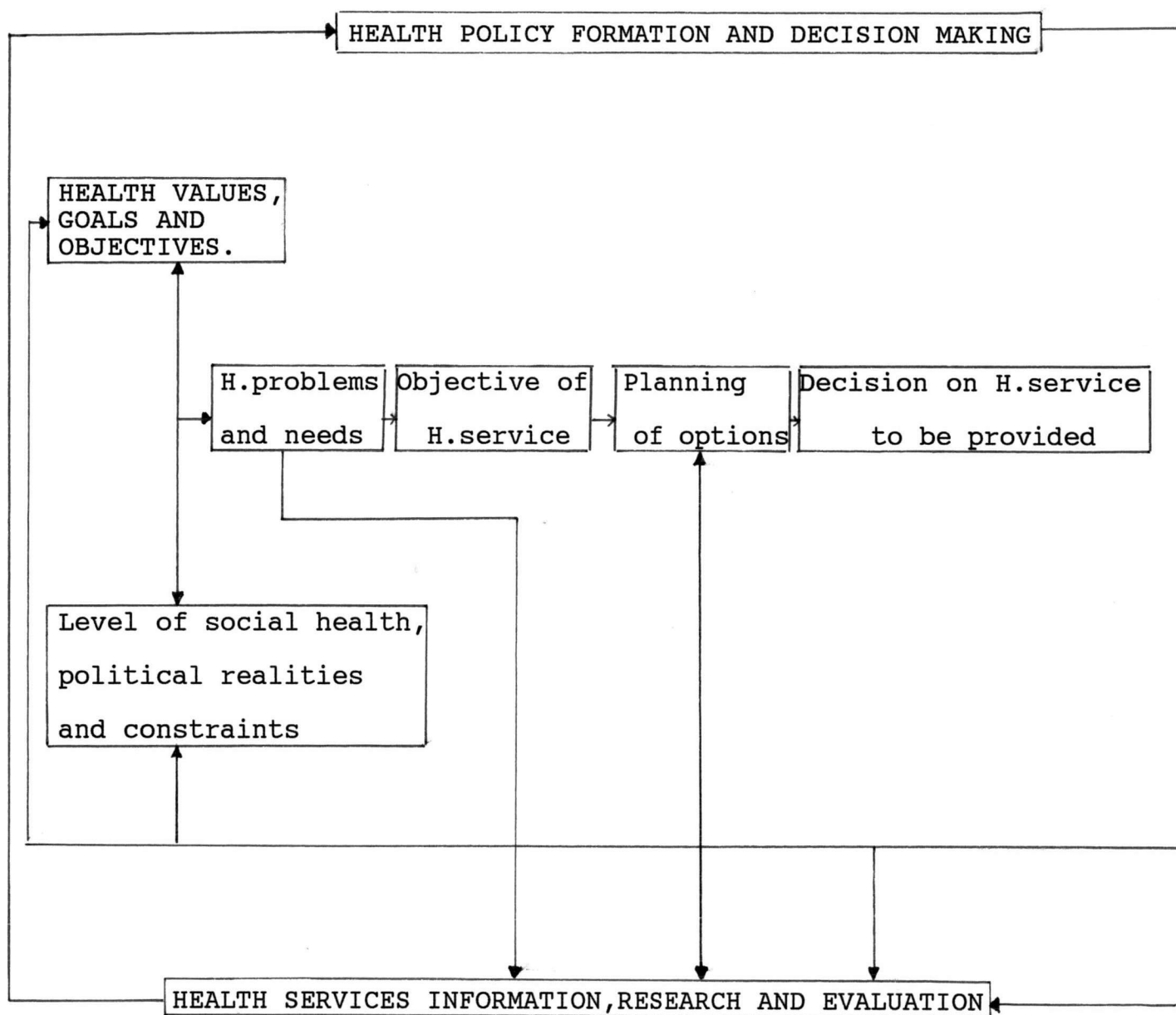
Adapted from:Purola, T. et al., National Health insurance in Finland:its impact and evaluation. International journal of health services, 3: 69-80 (1973)

From Sitthi-amorn, C et al(1990), there is a need to establish a health policy research and training centre in Thailand. The study reveals that there are needs for establishment of such a center to improve the formulation, implementation, and evaluation of national health policy. The findings of this study also propose the weak point, obstacles or problems which constrains the policy development especially in policy analysis: eg, the coverage of national health policy, the formulation and the utilization of national health policy. The most important findings was the question of health policy itself: ie, is the existing health policy a policy of the nation or merely the Ministry of Public Health? The policy stakeholders interviewed in the study also suggested possible organizational implications and pre requisite of the policy research and training center as well as strategies for strengthening such a center.

5. Development of Health Policy related to the Public-Private Coordination

There are many reasons why development plans in many countries have made little progress in meeting the basic needs of the poor. First, there has been the continuation of long established trends. For example, in countries where past development has been geographically concentrated -in the main cities, in mining areas, or

where export crops are grown - further development has tend to follow the same pattern. The past pattern of development tends to determine the character of further development. The benefit of this type of growth may be spread by increasing the number of people in the developing sectors of economy, but the pace tends to be acceptably slow. Second, the growth in national product may be almost entirely caused by a much higher production of goods that meet the needs of the middle class market either at home or abroad or both. Thus, past national and international income inequalities have determined the characters of future production. Third, the technology may have been imported from a high income country where it was appropriate, whereas in a low income country a more labour intensive technology might be no less (and perhaps more) cost effective. Fourth, those most equipped and knowledgable to take ready advantage of a new technology tend to be the more prosperous procedure whether in industry or in agriculture. For example, the potential of the "green revolution" has tended to be exploited by the relatively prosperous farmers with the result that the small farmers have been put in an unfavourable competitive position. Their levels of living may have been lower while the large farmer became substantially better off. Fifth, there may be political reasons why patterns of development have been chosen that

benefit the urban middle class.

Another support for health policy development can be education. A strong political committment to economic and social reform is essential to push development towards meeting the basic needs of the poor. For such changes to be adopted and not just promised, the poverty groups may well need to achieve a political pressure more commensurate with their number. Strong community organization may be needed to bring this about. Thus, participation in planning local development may be required not only to see that priority needs are met first and to secure full cooperation with development plans once they have been agreed but also to ensure that agreed policies are consistently and persistently implemented.

A <u>Case</u> <u>Study</u> <u>for</u> <u>Assessment</u> <u>the</u> <u>Public</u> <u>-</u> <u>Private</u> <u>Coordination</u> <u>:The</u> <u>Strategic</u> <u>Management</u> <u>of</u> <u>the</u> <u>Joint</u> <u>Public</u> <u>and</u> <u>Private</u> <u>Health</u> <u>Consultative</u> <u>Committee</u> <u>(JPPHC).</u>

1. <u>Rationale</u> <u>and</u> <u>Background</u> <u>of</u> <u>the</u> <u>JPPHC</u> <u>Settlement</u>

From the literature review, it revealed that imitation of the Joint Public and Private Consultative Committee in Economic Development has led the establishment of the JPPHC in 1987. During that time the government had an important role in economic sanction so that the private sector, especially profit organization always accused the government of the rigid operation. Moreover, the government also tried to control the private sector with the primitive law which could hardly yield benefit for country development. The most rigid operation involved the corruption behavior of government officials (Sanoh Unakul, 1984). Consequently, the profit organization tried to seek ways to tackle political and managerial constraints by creating cordial relationships with the government and acted as if they were the followers of the politicians and the government officials for the achievement of their business. After a period of time, the private sectors were so strong that they could establish the joint committee in economic development. As a novel strategy of coordination between the public and the private sector, this committee was stated by

General Prem Tinnasulanontha; the Prime Minister, at the first meeting of the committee that:

" The Joint Public and Private Consultative committee is the organization which stated the government's intention to cooperate in economic problem solving and consultation with the private sector...". With the success of the JPHCC in economic development, the model has been the prototype for other government organizations especially at the ministry level to establish the joint public-private committee: the Ministry of Finance, the Ministry of Agriculture, the Ministry of Education, and also the Ministry of Public Health.

The Joint Public and Private Health Consultative Committee comprised of 25 members, 14 of which were from the public sector and the rest from the private sector. Generally, the JPPHC played an important role in the promotion of mutual understanding between the public and the private sectors. The chairman was appointed by his position: the minister. The members from the private sector were the manager, chairman, or coordinator of these following organization: the Private Hospital Association, The Thai Pharmacies Association, the Federation of Thai Industries, ...

2. <u>The</u> <u>Structure</u> <u>of</u> <u>and</u> <u>the</u> <u>Appointment</u> <u>of</u> <u>Members</u> <u>to</u>
   <u>JPPHC</u> <u>Committee</u>

To appoint members to JPPHC requires an
understanding of its roles and its context: what should
be done and in what structure. Very often, an
appointment is made while such questions are not asked
rigorously enough. However, when the structure of the
JPPHC was considered, either in the first or the present
committee, there were more public or government members
than private members.

3. <u>The</u> <u>Use</u> <u>of</u> <u>Strategic</u> <u>Planning</u> <u>to</u> <u>Identify</u> <u>the</u>
   <u>Strategic</u> <u>Issues</u> <u>facing</u> <u>the</u> <u>JPPHC:</u>

Strategic management, the approach that may be
used in the planning phase of management, is a set of
concept to help managers make important decisions and
take important actions. Strategic management is designed
to help any organizations respond effectively to their
situations and it is a disciplined effort to produce
fundamental decisions and actions shaping the nature and
direction of an organization activities within legal
bounds (J.M. Bryson,1988).

Generally, the public sector are not much
acquainted for traditional private sector strategic
planning techniques because they are different. There are
a number of reasons why public sector agencies may not be

prepared for strategic planning. First, most of these agencies have been resources dependent and somewhat buffered from the external free market environment. This may have reinforced an internal attitude of dependence and constraint, reducing the ability of public service agencies to even consider the full range of factors influencing the development of a strategic plan. Second, their dependence appears to have fostered a service provider that to some extent has precluded the development of a managerial elite. For the most part, these agencies are staffed and managed by practitioners (i.e., medical doctors, nurses, health professionals, etc.) and not by managers trained in private sector methods. Since philosophically, these services provides tend to think of clients and patients first, the managerial skills necessary for the development and implementation of a strategic plan may also be in the initial stage. Third, when an organizational crisis develops, resistance to change may be at its strongest. Because many public sector agencies have not had prior experience with strategic planning, they have not been able to prepare adequately for environment change and do not have mechanisms or procedures in place to respond proactively to crisis.

These issues have to be concerned for this study because whether the JPPHC is a joint public and private committee, its operations seem to be under the climate of bureaucratic system of the Ministry of Public Health. However, to know and understand the status, roles, and vision of success of the JPPHC even in its structure and its concept, the appropriate frame is still the frame of strategic management. The following are major steps in strategic management:

1. Initiating and agreeing on a strategic planning process

2. Identifying organizational mandates

3. Clarifying the organizational mission and values

4. Assessing the internal environment: opportunities and threats

5. Assessing the external environment: strengths and weaknesses

6. Identify the strategic issues facing the JPPHC

7. Formulating strategies to manage the issues

8. Establishing an effective organizational vision of the future

However, because of the limitation of time, status, and roles of the researcher who cannot control the real situation, this study only pursue the strategic issues from step 1 to step 6.