



An Integrated Approach for Improving Public Health in the Bangkok Metropolitan Administration, Thailand

Summary

The City of Vancouver, British Columbia and the Bangkok Metropolitan Administration (BMA), Thailand, signed an agreement in 2004 as part of the Municipal Partnership Program of the International Centre for Municipal Development, Federation of Canadian Municipalities.

The purpose of the partnership project was to initiate and promote intergovernmental cooperation within the BMA in order to improve its public health services. The project involved a pilot study of the needs of residents in two communities in the district of Huay Khwang.

The megalopolis of Bangkok, capital of Thailand, has an official population of 6 million, although some estimate the population at close to 12 million. It is therefore no surprise that the BMA employs close to 60,000 permanent municipal public servants. However, employees of the 14 BMA departments often perform their jobs in a compartmentalized manner, with little communication between departments.

The BMA was therefore particularly interested in Vancouver's integrated approach, specifically in its drug strategy. Since 1997, the *Four Pillar Approach* has brought together representatives from various levels of government, non-profit organizations, lobby groups and the business world in order to involve the entire community in the fight against drugs and drug-related crime.

Through a number of technical exchange missions, the city managers, technical staff and professionals involved in the program have mutually strengthened their capacities. A survey conducted in two pilot communities provided the BMA with considerable information on people's needs in terms of social and health services. Most importantly, the project made it possible for BMA management to see the advantages of an intergovernmental approach, which can now be used as a model to address other municipal challenges.

Introduction

Managed by FCM's International Centre for Municipal Development (ICMD), and funded by the Canadian International Development Agency (CIDA), the



Representatives from Bangkok and Vancouver at the Signing Ceremony for the partnership.

Municipal Partnership Program is the cornerstone of the FCM's international programming. The goal of the program is to strengthen the capacities of municipalities and municipal associations in developing countries in order to improve local service delivery and administrative management, and to promote sustainable development.

The Municipal Partnership Program supports the establishment of long-term partnerships between Canadian municipalities and local governments in Africa and the Middle East, Latin America and the Caribbean, and Asia. The program supported over 54 partnership projects in 2005-2006, and several additional partnerships were supported through other FCM programs.

Issue

As is the case in many large cities, Bangkok has a problem with drug use, particularly amphetamines. The project gained momentum when Vancouver suggested that BMA representatives attend an international conference on harm reduction in relation to drug dependence, which was held in early 2004 in Australia. The BMA team returned from the conference enlightened about the "harm reduction" approach, as well as by the ways in which inter-departmental cooperation could assist them in understanding and dealing with public health issues. The partners then jointly defined the shape their cooperation would take.

Approach: Gathering all partners at one table

Community-based objectives

Through a series of technical exchange missions between Bangkok and Vancouver, the following five project objectives were set:

- Enlist two communities in a pilot project and ensure participation by the member communities while studying the possibility of extending the project to other districts in the future;
- With the support of the community, develop and conduct a community study to identify the district's needs and priorities in terms of health and social services;
- Enhance communication and learning within the various departments of the BMA, between the BMA and the districts within it, and between the BMA and the community;

- Develop a program framework using a problem-solving approach, based on the interests of the BMA departments and the community; and
- Develop a range of interrelated health and social services.

The BMA's choice of pilot communities was based on organizational and community capacities. Lat Prao 45 and Lat Prao 80, in the district of Huay Khwang, were thus chosen for the pilot project. Each of these communities has a little over 1,000 residents who live in unstable, wooden one- or two-storey houses that are scattered in a somewhat disorganized fashion along two canals.

The BMA then set up a project management team, chaired by the BMA's Permanent Secretary and consisting of members from the various BMA departments. A Steering Committee, headed by the director of the Department of Public Health, was also established to address such issues as community development, education, health, community well-being, strategic planning and project assessment. The Steering Committee held frequent discussions with the City of Vancouver team throughout the two-year project.

Giving the people a voice

A local university was commissioned by the BMA Steering Committee to design a questionnaire that would profile the two communities and reveal the needs of residents.

Two community committees were formed; in Lad Prao 80, the community members insisted that the committee be co-chaired by a woman. They also insisted that some Muslims and Buddhists sit on the committee in order to ensure that these two groups would take ownership of the project throughout its duration. The two committees then assigned trained volunteers to administer the questionnaire among residents.

In total, 447 out of 454 households in the two communities participated in the survey. In addition to painting an accurate picture of the people in the two pilot communities, the questionnaire measured the rate of participation in municipal activities, the use of health services and, in particular, community problems and needs.

Learning from one another

While Vancouver representatives guided the BMA's discussions to organize the community survey, they also learned about Thailand's approach to addiction treatment. Fact-finding visits were arranged in various Thai cities as well as in British Columbia.

Results and Analysis: Working together, with and for the community

"Vancouver has not only shown us how to tackle the drug problem, but it has taught us how to strengthen teamwork."

Aumphornpun Buavirat, Psychologist, Health Promotion,
Bangkok Municipal Authority

At Vancouver's recommendation, the BMA presented the survey results during public meetings in the two pilot communities. Valuable discussions with the communities followed, often leading to simple solutions.



Buddhist monks provide a tour of the drug treatment centre they run outside of Bangkok.

For example, since most residents in the two neighbourhoods have been living illegally on public land for over 40 years, they are constantly worried about being evicted. The community study and public meetings revealed these concerns and encouraged the BMA to study the possibility of settling the residents' situation by leasing the land to them for a period of 30 years, which made it possible for residents to later request housing subsidies.

Another problem mentioned by the participants was the amount of debt they carried; those wanting to go to school or start up a business to improve their quality of life did not have access to the necessary funding. The district was therefore allocated 1 million bahts to establish a micro-credit fund, at a reasonable interest rate, that assisted approximately 180 people.

The BMA also sponsored work crews to clean the canals, allowed for the creation of volunteer night patrol jobs to monitor security in the two neighbourhoods, and provided access to school computers outside of classroom hours.

In addition to experiencing a significant improvement in their daily lives, residents said they were pleased to be able to talk directly with BMA staff and senior officials and felt involved in the decision-making process.

Networking: Changing organizational culture

In addition to ties with the City of Vancouver, the project resulted in the creation of several networks, both formal and informal, within the BMA itself and between the BMA and experts in the field of harm reduction associated with drug dependency.

Since 2004, following the BMA's participation in the International Conference on the Reduction of Drug-Related Harm, the BMA has been regularly attending meetings held by Thai organizations concerned about problems related to drug addiction, including the Thai Drug Users Network, Population Services International, Chulalongkorn University, Chiang Mai University, the Office of Narcotics Control and the Department of Public Health.

The BMA works jointly with the Asian Harm Reduction Network and has learned more about the organizations and projects underway throughout Thailand.

Innovative solutions

Strengthening capacities is a two-way street. During the fact-finding tours in Thailand, the Canadian team was very interested in the methods used in Thailand to treat drug addiction, because unfortunately, the same drugs found in Bangkok are found in Vancouver – and in the rest of the world.

They discovered that Thai clinics, which are sometimes run by Buddhist monks, put a lot of emphasis on the patient's body and eliminating toxins. Drug users receive a daily massage and take medicinal herb steam baths. They are also shown how to use these methods on their own. This approach is gentler than the detoxification treatments used in Vancouver.

The Canadian team also had the opportunity to see firsthand a new treatment that does not require hospitalization. The treatment was based on a program to treat stimulant users in California and is expected to begin shortly in Vancouver.

Lessons learned and opportunities for expanded implementation

Taking time to prepare

Partners generally take between six and eight months to develop and prepare their project proposal; however, this partnership took slightly longer to get off the ground, after three missions and approximately one and a half years of ongoing communication between FCM, Vancouver and the BMA. There were many reasons for this delay.

With 60,000 municipal public servants and 14 departments, the Bangkok Metropolitan Administration is a huge and complex institution. Administrative red tape somewhat delayed the official launch of the project.

Furthermore, it took time for the two municipalities to recognize that they had a mutual interest in following a harm reduction approach to addiction and that the BMA could benefit from Vancouver's experience. It sparked the BMA's interest in participating in the project and hastened the process.



A working session with representatives from Bangkok and Vancouver.



Vancouver delegates on a study tour of a Bangkok neighbourhood.

Lastly, an issue around funding the project also slowed the process at the outset. FCM does not typically fund project-related activities such as the design and implementing of a community survey. However, Vancouver and the BMA demonstrated that for the project to succeed, the community study would be vital and required financial assistance. FCM demonstrated flexibility in its approach by allocating resources to they study, which allowed the partners to move forward.

Understanding the organizational structure of the organization

The personal commitment of the BMA's Permanent Secretary, one of the most senior officials in the organization's hierarchy, was a crucial element in the project's success. The project would never have moved forward if the most influential person in the administration had not authorized it. The Permanent Secretary's support also improved the chances of expanding the trial of this new intergovernmental approach to other BMA projects.

The project was an exception to BMA's usual work practices. It was very innovative for the BMA to establish an intergovernmental Steering Committee that brought together representatives from various departments, the district and some NGOs, as was its use of a community survey and public meetings in the project's design.

The cooperative approach used to develop and implement the community study also made it possible for employees in a wide range of government departments to participate. It also ensured their commitment to the project and contributed to its success.

Promoting local NGO participation

During the Bangkok missions, the Vancouver team insisted on meetings between NGOs and BMA representatives. Noting a lack of interaction between the BMA and the local NGO sector, members of the Canadian delegation readily used their Thai-based NGO contacts to break the ice.

Replicability

The BMA partners who participated in the project recognize the benefits of engaging the community to identify key issues and challenges, using an interdepartmental approach. Since the project was implemented, the BMA has adopted a policy on interdepartmental cooperation, which will facilitate the replication of such projects in other districts.

For more information on this project, please contact:



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