Success factors of a networked government: learning from Thai Health Promotion Foundation

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Abstract: The paper is based on the study sponsored by the Office of the Public sector Development Commission (OPDC). It aims to identify the critical success factors for an effective networked government. The network concept represents a new way for a public agency to work with its stakeholders. The organisation under study is Thai Health Promotion Foundation (THPF) with the focus on its road accidents prevention campaign during the New Year. This campaign had drastically reduced road accidents. The success factors included network design, clarity of roles and responsibilities, and knowledge management. An international expert, Mr. William Eggers, also helped verify these findings.

Keywords: knowledge management; networked government; public participation.

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1   Introduction

Achieving high performance has always been important to both private companies and public agencies (Goldsmith and Eggers, 2004). For public agencies, high performance depends on organisational structure, communication, culture, operational and management processes, and information and communication technology or ICT (Liebowitz, 2004; Garcia-Morales et al., 2006). According to Bartlett (2003), Edvardsson and Enquist (2006), Lee et al. (2008) and Sheng and Trimi (2008); high-performance organisations also imply continuous innovation – reflecting an ability to change over time. For the public sector, becoming high performance stems from several current trends such as staff retirements, well-educated citizens, outsourcing, migrations, population decline, and life styles of citizens (Nisar, 2007; Try and Radnor, 2007). Recently, the focus on the public sector's performance improvement has been on better utilisations of ICT in order to overcome functional barriers and entrenched documentations (Eggers, 2005; Mofleh et al., 2008; Gotoh, 2009). ICT applications help streamline and improve process management in the public sector (Lee et al., 2008). In addition, accountability, public or stakeholder participation, and transparency with strict oversights and audits (e.g., internal, and performance or value for money) have become integral parts of performance improvement in all public agencies (Steiner, 2008).

The complexity in the public sector's management has been compounded by emerging challenges such as financial limitations, demographic changes, immigrations, urbanisation, technological innovations, and expectations of citizens on governmental size and service quality (Hope and Fraser, 2001; Roy, 2006; Reddick, 2008). According to Cohen and Levinthal (1990), Rantanen et al. (2007) and Shareef et al. (2009); the public sector needs to reassess its missions and paradigms under conflicting scenarios

such as higher service quality with less budgets, more consistent services with less staffs, faster services with higher quality uniformity, and proactive instead of being reactive to citizens' needs. The governmental branches, located in the supermarkets or shopping malls in order to better serve citizens, are some of the noticeable examples.

The use of social and organisational networks to improve the levels of public services and organisational performance has begun to gain more attention within the OPDC in Thailand during the past a few years. Coupled with the demands on spending taxpayers' money wisely and innovatively, a network concept has become an attractive alternative for the public sector management (Goldsmith and Eggers, 2004). For examples, the demands for faster and more convenient identification cards require a public agency to change its operations – from opening the office for five working days from 8:30–16.30 to opening the office at the shopping malls on both the weekdays and weekends with extended working hours. To highlight this point, the Nakon Pathom City District (NPCD)[1] is able to work with the Big C Supermarket for a shared office space – free of charge. The supermarket gains additional customers who visit the NPCD branch for Identification Cards, Household Certificates, Birth and Death Registrations, and Name Revisions. The NPCD is able to achieve higher service quality due to better accessibility (seven days with extended hours) and more convenience (abundant parking spaces) without an increase in the budget from the central government. In addition, to overcome health-related problems among teenagers such as smoking cannot simply reply on enforcement of cigarette sales to an underage group alone. Working with civic groups has helped increase public awareness and acceptance on the dangers from smoking.

The OPDC is a designated public agency that aims to improve performance and accountability for the public sector in Thailand. The OPDC has played a crucial role in public-sector reforms since its inception in the late 1990s. The study on the Governing-by-network Concept was sponsored by the OPDC in order to bring new ideas into the public sector's operations. The underlying question for the study was what had been the critical factors for an effective and successful networked government? The OPDC's top administrators decided to focus this study on the THPF. This selection was based on the THPF's past success in working together with key stakeholders. Specifically, the New Year campaign for road accidents was chosen. See Figure 1.

Given the above discussion, the project's objectives were to identify and describe the critical success factors for a networked government that was effectively deployed by the THPF since 2004. The results would help the OPDC gain:

- better insights into design and development as well as planning of a network

- better understandings into how to effectively manage such a network

- better knowledge on how a network can be successfully sustained for other governmental agencies in the future.

The structure of the remaining sections in this paper can be described as follows. The second section discusses the background of a networked government. Then, the methodology applied to identify the critical success factors for a networked government is explained. The next section focuses on illustrating the findings relating to how a networked government is managed. Afterwards, the critical success factors are demonstrated with the details.

Figure 1   Results during the New Year festivals (7-day period) (see online version for colours)
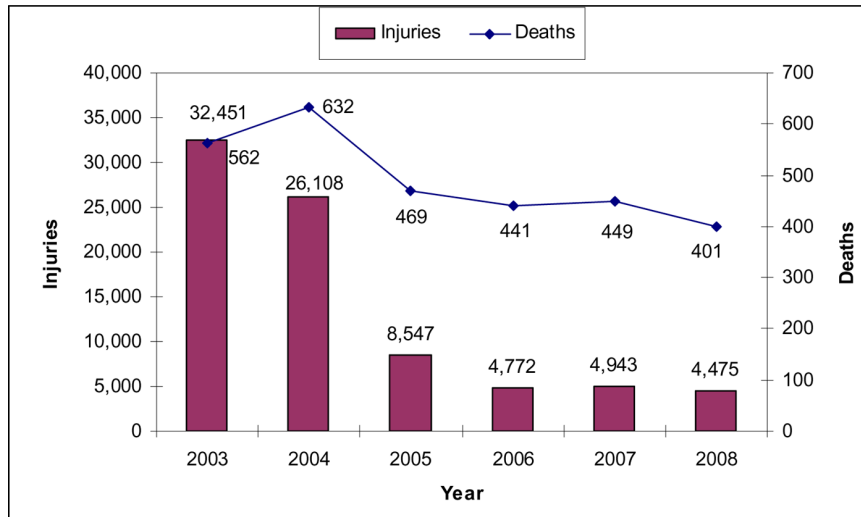
2   Background on the networked government and the THPF

The need to apply a network concept is based on two key factors (Goldsmith and Eggers, 2004). First of all, the demands of governmental services generally fluctuate and are not stable. For some examples, the demands of identification cards are high during the election cycles (at the local, provincial, and national levels) as citizens are required to present the photo identification card prior to the votes. The demands for the Revenue Department in Thailand are usually high in late March since the deadline for filing the income- taxes form is on April 1. Furthermore, it is problematic to increase the capacity of an agency up to the maximum level in order to meet with the peak public demands. Otherwise, it will result in wasteful spending and operational inefficiency when these demands diminish.

The second reason stems from the need to better utilise the skills and knowledge from civic groups and non-governmental organisations. For social problems such as alcohol/drugs and child abuse, it is difficult for governmental officials to work directly with and fully gain trusts from affected citizens (Eggers, 2005). In addition, it has been proven that an enforcement (e.g., arrests and jail time) alone cannot remedy these problems (Stead et al., 2007). As a result, networking with groups or organisations that have expertise and qualified staffs in these problem areas may provide a better alternative than government-managed solutions. In fact, some of these complex problems in the areas of social and family-related features have been successfully addressed by the religious groups or non-profit organisations – part of traditional social-service networks.[2] A clear example is the establishment of the Office of Faith-Based and Community Initiatives in 2001.[3]

Due to the fact that citizens are better-educated today, it is critical for public agencies to integrate their opinions, skills, and expertise into day-to-day operations, planning, and monitoring and evaluation. The gradual trend of participatory governance starting from

merely informing to consulting, involving, and eventually collaborating with citizens, has brought many benefits, especially in the areas of accountability and transparency (Liebowitz, 2004). According to Holzer and Kloby (2005), Stead et al. (2007), the participation implied that citizens were better informed (due to greater accessibility to knowledge and information) and could be empowered for suggestions, planning, monitoring and evaluation, and audits for the public sector. In several cases, a network is initiated by the desire for more public participation (Goldsmith and Eggers, 2004). Studies also have shown that a network's improvement in policies and operations is due to higher public participation (Kotler et al., 2002). Simply put, Goldsmith and Eggers (2004) stated clearly that public participation and knowledge management were the most critical elements for sustaining a governmental network.

The applications of a networked government have long been practiced for social services such as healthcare and public safety (Goldsmith and Eggers, 2004; Edvardsson and Enguist, 2006). In other words, this network concept is not entirely new but has been uniquely applied without specific guidelines and rules (Nisar, 2007; Makrides et al., 2007). Specifically in Thailand, the strengths of professional associations and non-governmental organisations (e.g., Don't Drunk Drive Foundation, Family Network Foundation, Moral Center Network, Rural Doctor Society, etc.) have greatly contributed to successful public campaigns, especially health-related issues. In fact, the THPF has been particularly recognised as a pioneer for adapting and deploying the networked government concept.

The THPF was established in 2001 under the Health Promotion Foundation Act.[4] It is entitled to receive 2% of the excise taxes collected on tobacco and alcohol annually. The THPF operates outside the governmental bureaucracy with 80 full-time staffs and reports directly to the Government Cabinet and the Parliament on the annual basis. The THPF's primary mission is to empower civic movements that promote the well-being of Thai citizens. Furthermore, the overall goals for THPF are to reduce sickness and death at the national level, and to support general improvements in quality of life for people in Thailand. The THPF is a member of the International Network of Health Promotion Foundations (INHPF). The INHPF engages in two core activities.[5] The first one is to enhance the performance of existing Health Promotion Foundations (HPFs) through sharing and transfer, exchange, mutual learning, and joint activities. The second activity is to mentor and support the establishment of new HPFs in other countries. The THPF has successfully utilised external knowledge (e.g., data and information, expertise, skills, and experiences) learned from the INHPF and its members to help strengthen the network concept. THPF staffs have regularly played a part in international workshops and conferences organised or sponsored by the INHPF.

3   Methodology

Several key tasks were completed in the project. Once the OPDC decided to examine the THPF's critical success factors, the next important task was to select the successful circumstance or case that would highlight the contributions from a governmental network. For this study, the road-accident prevention program during the New Year campaign was chosen. The next step involved the interviews and the discussion with the THPF's key stakeholders. These stakeholders included the Accident Prevention Network or APN organisation, Department of Highways under Ministry of Transport, the Royal

Thai Police Department, Department of Disaster Prevention and Mitigation under Ministry of Interior, Ministry of Public Health, Department of Corrections under Ministry of Justice, and private operators such as a gas station operator, etc. Actual observations were also made before, during, and the prevention campaign of the 2006–2007 New Year. Information from the interviews was analysed together with the OPDC's project team coordinators. Then, the critical success factors were summarised and shared with the THPF's management, the OPDC's administration, and Mr. William Eggers (as the OPDC's invited expert in the networked government).

4   Key findings

Strategically, due to its neutral position, the THPF has been able to work with different partners effectively. This integrated approach is widely accepted by several countries (Birse and Rootman, 1999; Makrides et al., 2007). The THPF has worked closely with the APN organisation.[6] The APN has dealt with local agencies and organisations while the THPF has coordinated with public agencies and private firms at the national level. The observation took place during the New Year festival (December 29th, 2006 until January 3rd, 2007). It is important to note that the THPF and the APN have long recognised that road accidents cannot be solved completely by police enforcement.

Traffic accidents are one of the leading causes of death in Thailand, according to the World Health Organization.[7] During 2000–2003, an annual injury rate from road accidents in Thailand was 13,000 persons per year or 1.5–2.9 persons per hour. In fact, they were ranked behind only cancer and hearth diseases in terms of the cause of death among Thai people. The Cabinet Resolution on July 29th, 2003 instructed the THPF to support measures in order to improve road safety activities in Thailand. Furthermore, according to the Asian Development Bank-Association of Southeast Asia Nations report released in March 2004, the average economic cost of one traffic accident death was about 2.85 million baht or $81,430. This estimate excluded social-related and psychological costs that generally would follow an accident.

From the THPF's viewpoint, the road accidents were uniquely complex and related to at least five key areas:

- enforcement – driving under alcohol and drug influences

- education – statistics gathering and information dissemination to the public

- engineering – vehicle conditions, and road design and construction

- emergency response service or EMS

- evaluation – future policy recommendations.

Moreover, it is important to recognise that different regions or areas experiencing different causes of road accidents. Due to the financial and resource constraints, it was not possible to have a full medical team on-hand at a hospital as well as a large number of police and patrol cars on the roads 24 h a day.

Based on the initial discussions with top administrators of the APN and the THPF, establishing a networked government required better problem understanding and its root causes. In other words, the road accidents were caused by alcohol consumption, unsafe behaviour (e.g., too sleepy or too tired to drive), poorly-built roads and mediocre road

signs, and drivers' unfamiliarity with the roads. An effective network needed to involve all relevant parties or entities such as drivers, passengers, victims, police, hospital staffs, Department of Highways, Federation of Thai Industries, and etc. As a network integrator, the THPF had to point out how all parties or entities could contribute and solve the problem. This was importantly before deploying a networked government.

There were many critical points identified during the interviews with the THPF's key stakeholders. Some specific examples are as follows. For the highways leading to the south, the highest accident rate typically occurred during 6–10:00 PM. Prior to the deployment of a networked government, this information was not disseminated from three local hospitals to the police. Unfortunately, police checkpoints were generally established after midnight. The reason was that these checkpoints were for detaining drivers under influence. However, more accidents were attributed to tired or fatigue drivers. In addition, the statistics on accidental locations from the police were not shared with Department of Highways. As a result, it was difficult to identify suitable locations for the road sign improvements.

During the implementation of a networked government, the APN cooperated extensively with local gas-station operators (mainly Jet and Petroleum Authority of Thailand) while the THPF attempted to approach their parent companies in Bangkok. The APN staffs trained the gas stations' staffs in order to help them identify and differentiate between drunk or fatigue drivers. In addition, these operators allowed the convicts[8] from Department of Corrections to provide vehicle inspection services. These convicts were also placed at police checkpoints – helping police officials in distributing water and refreshments for fatigue drivers who wish to rest. The APN organised both instructors and students from technical colleges for checking vehicle readiness – preventing road accidents.

One of the most important findings is that both the THPF and the ABN effectively synchronised their responsibilities, plans, and tasks. The ABN concurrently worked with local administrations, hospitals, associations (e.g., Rotary Clubs) to raise the awareness of the economic and social impacts from road accidents. Particularly, the cooperation from factory owners was sorted out to ensure that their workers had information relating how a road accident occurs. The ABN continuously worked with local communities and administrators for volunteers during its attempt to educate people about the causes of road accidents and how to prevent them. On the other hand, the THPF assisted the police in procuring instruments for blood and alcohol tests. The THPF worked with Department of Highways under Ministry of Transport to provide maps and set up temporary road warning signs. The THPF organised with technical colleges under Ministry of Education for volunteers to set up a unit to check the readiness and conditions of vehicles at gas stations along the main highways.

The APN, in conjunction with the THPF, had worked together with Department of Disaster Prevention and Mitigation on obtaining additional budgets and its support in dealing with local administrations. Please note that this department's roles are similar to that of the US Federal Emergency Management Administration. However, Department of Disaster Prevention and Mitigation is a functional unit embedded within Ministry of Interior with full-time staffs working all year. This structure hinders its ability to work with other units belonging to different ministries effectively. Since the entire budget to tackle road accidents simply could not come from a single agency, the ability to work together was extremely critical. It is important to note that Department of Disaster Prevention and Mitigation is under Ministry of Interior which is in charge of local

administrations. This linkage was particularly helpful for the APN. To gather the support from potential network partners, road victims from road accidents volunteered to help the THPF. The public pressure played an important role in gaining the support and the commitment of a network partner.

From the interviews with the Royal Thai Police Department, its officers were more satisfied since they were better prepared for checkpoint set-ups. Information regarding to accident frequencies is highly appreciated by police officers. In addition, the APN and THPF assisted them in equipment/instruments procurement such as computers and alcohol test. Due to the long budgetary process, a typical procurement for such equipments normally would take two years. From the interviews with hospital staffs, they were pleased with a networked government. This was due to reduced stress from long working hours, especially during the New Year. They noticed that since the networked government was introduced, they had been able to spend additional time with their families instead of being at their hospitals all the time. Both Departments of Corrections, and Disaster Prevention and Mitigation could clearly demonstrate their commitment towards public services. The data that indicated risk areas was also sent to Department of Highways for road- sign warnings and lighting improvements. Operators of gas stations as well as their parent companies in Bangkok were publicly recognised for their corporate social responsibilities – gaining image and goodwill. The factory owners expressed their satisfaction since they acknowledge that the injuries or deaths of their workers impact the operations and performance. See Figure 2 for the overall framework of road-accident prevention.

Figure 2   Networked government for road-accident prevention
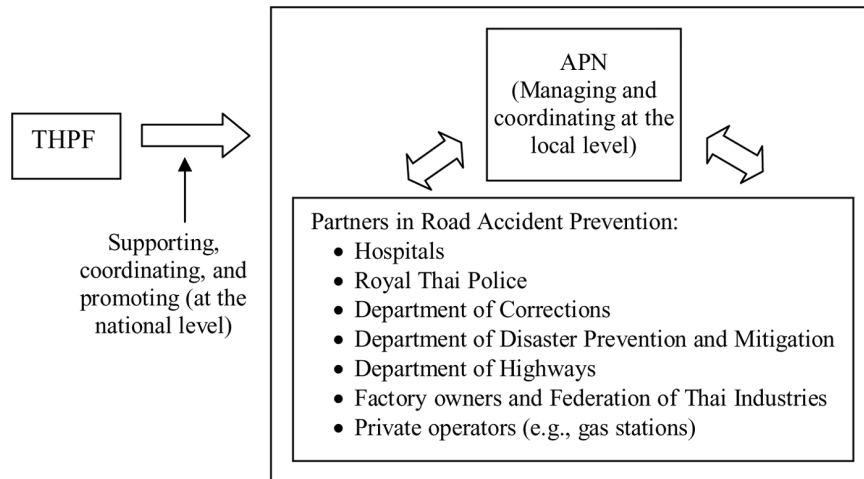
5   Critical success factors

After having interviewed and observed the THPF and the APN activities, the critical success factors of a networked government can be identified. First of all, public awareness of the impacts from road accidents is crucial. Information gathering and disseminations have played an important role in ensuring this public awareness. From the

THPF viewpoint, this effort is referred to as social marketing for public participation. It is crucial to mobilise different segments in the society. Constant information sharing with the general public and among network partners is extremely important. It helps maintains and sustains the momentum of working together. As a network integrator, both the THPF and the APN stress this importance.

An effective networked government relies on the clarity of the roles and expectation of its partners. Instead of rushing towards solving the problem, the THPF initially takes extra time to gain better understanding on the road accidents and their root causes. Due to problem complexity, a consensus that working together is probably the only viable alternative can be easily reached by network partners. The benefits from working together as network have to be pointed out. For hospital staffs, the ability to spend time with their families is important. For hospital administrators, better cost management is identified. For the police, more effectiveness in setting checkpoints is pointed out. For administrators from Departments of Highways, Corrections, and Disaster Prevention and Mitigation, the ability of their agencies to fulfil their missions is clearly communicated. For private firms, the potential reduction in their economic loss is explained.

This ability to gather necessary support from all network partners can be attributed to the win-win attitude of the THPF top administrators. Public recognition is constantly shared. Both the THPF and the APN perceive their primary role as a network integrator. For the THPF, needed knowledge from its INHPF membership has been helpful as other INHPF members have used a network concept for their previous programs. More importantly, the THPF has managed external knowledge effectively during the design/ planning and implementation/deployment stages. The openness to external observers is also important as many visits indicate the increasing level of public acceptance and recognition. Despite the past success in the New Year campaigns, it is important to point out that the THPF and the ABN have always remained modest and have kept their profiles low so that everybody can share the credit of success (i.e., a win-win situation). The principal belief from these two organisations is that having a network alone does not indicate a success. In other words, having a network itself is only a milestone. A network only represents a means to achieve public health and safety (since the THPF cannot carry out or undertake the required duty by itself). Deployment and managing a network (e.g., understanding network partners' needs; sharing data, information, and findings; and recognising their roles openly in the public) are critical to ensure its success. The above discussion was jointly made with and is agreed by the OPDC's project team coordinators. After two prolonged meetings with the OPDC's administrators and the THPF's management team, the key success factors for the THPF's networked government can be stated as follows.

- *Network design*: What is the problem's root causes? Who are the key stakeholders? Do they realise that the problem is simply too big that only one agency cannot resolve?

- *Clarity of roles and responsibilities*: Who is responsible for coordinating at the national and local levels? What can Department of Highways undertake to reduce road accidents? How can Department of Corrections help reduce road accidents?

- *Knowledge management*: External knowledge from the INHPF for a network design, better knowledge on the root causes of road accidents, constant information sharing across relevant public agencies, public information on how a road accident takes place and how to prevent it for ordinary citizens, etc.

- *Win-win attitude*: sharing public recognition and successes.

- *Public participation and social marketing*: Constant information dissemination to the general public

- *Network openness*: Willingness to allow the general public and specific teams to observe how a network operates.

Based on the two discussion sessions with Mr. Eggers during his visits to Thailand, he generally agreed with the critical success factors identified earlier. Some of his feedback and comments are as follows. The network design and network partner selection are crucial. Creditability and acceptance of a network integrator are also critical. Trusts from network partners and citizens are prerequisite for a network's implementation and deployment. Strong practices of knowledge management and utilisation of external knowledge are necessary to sustain a network's long-term success. In addition, social marketing and public support have to be an integral part of a network's management. Finally, a network integrator must be honest with the results and be humble with the success. To continuously improve network performance, it is important that a network integrator learns from past mistakes and constantly disseminates a network's performance to the general public.

6   Managerial and academic implications, limitations, and future studies

From the study, there are many benefits from a networked government. The first benefit is more flexibility when responding to public needs. Instead of having to deal with the problems on road accidents by themselves (i.e., enforcement on drunk driving), police officers are glad to have support and participation from all relevant parties. In the past, police forces tend to bear the most responsibility when road accidents and fatalities increase during long or extended holidays. A networked government brings more innovation when addressing social and complex problems. Working together generally provides more innovative solutions to problems than traditional governmental-initiated measures. It is due to combined data, information, expertise, and experiences. The network approaches allow a governmental agency to concentrate on its problems (and not its size, budgets, and manpower). In addition, a networked government paves way for strong public participation and involvement. Therefore, a networked government represents a potential alternative to handle social and complex problems.

Despite the benefits from a networked government that have been identified by this study, it is important to note some of its limitations. First of all, this study only focuses on an ad-hoc task that is intensified during the New Year festival. Although the road-accident prevention campaign is an ongoing effort, the results may not entirely reflect the factors contributing to different types of public services. From the OPDC's viewpoint, social services are categorised into three groups:

- healthcare such as life styles, workplace safety and health, and road accidents

- family related issues such as poverty and drugs

- education.

Secondly, the study does not prioritise the level of importance of the six critical success factors identified for a networked government.

Finally, potential studies in the future can focus on emergency responses such as tsunami, floods, and earthquakes. The underlying question is how a networked government can be formulated and become operational in an effective manner instantaneously. The reason is that it has been difficult to rely on the responses by the central government in a large-scale natural disaster. Furthermore, the roles and applications of information and communication technology in an effective networked government should be examined. Such applications have been highlighted by the trend towards electronic government.

7 Conclusion

The paper describes the critical success factors of a networked government. The study is based on the project sponsored by the OPDC. The organisation under study was the THPF. The focus of this study is on the New Year campaign that aims to reduce road accidents as they are one of the primary causes of deaths in Thailand. Its selection was based on the THPF's ability to effectively tackle and reduce this problem. The findings showed that critical success factors for an effective networked government include network design, clarity of roles and responsibilities, knowledge management, openness to network deployment and operations, etc. They are verified with the discussion with top administrators from the OPDC and the THPF as well as an international expert, Mr. William Eggers. Finally, the study's implications and limitations as well as possible future research are discussed.

Acknowledgement

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Notes

[1]The authors would like to thank Mr. Chokchai Dejamorntan, the NDCD Chief for his valuable insights and time.

[2]See the Unleveled Playing Field: Barriers to Participation by Faith-Based and Community Organisations in Federal Social Service Programs report retrieved on 2/22/2008 from http://www.whitehouse.gov/news/releases/2001/08/unlevelfield.html

[3]See http://www.whitehouse.gov/government/fbci/ for more details on the Office of Faith-Based and Community Initiatives as of 2/22/08.

[4]Source: http://www.thaihealth.or.th/index.php, retrieved on 2/21/2008.

[5]Source: The 2005 report on Supporting the Establishment of New Health Promotion Foundations: Strategies for Resource Mobilisation, retrieved on 2/22/2008 from http://www.hp-foundations.net/

[6]See http://www.accident.or.th/

[7]Source: the 2004 World Report on Road Traffic Injury Prevention, World Health Organization, retrieved on 2/24/2008 from http://www.who.int/violence_injury_prevention/publications/road_traffic/world_report/intro.pdf

[8]They are paid on the daily basis in accordance with Department of Corrections' guideline and are recognised for their social services – resulting in jail-time reduction.

[9]Source: http://www.thaihealth.or.th/organize/, retrieved on 2/18/2009

[10]The Ottawa Charter for Health Promotion is the document produced in 1986 during the first international conference hosted by the World Health Organization for public health promotion. See www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf, retrieved as of 2/22/2008

Appendix A: THPF framework and structure[9]

The THPF has two boards:

1   the Governing Board, chaired by the Prime Minister

2   the Evaluation Board, which evaluates the THPF performance.

The two boards have equal standing. The Cabinet appoints members of these two boards. On the other hand, the THPF's management team consists of the General Manager and Deputy Manager. It is divided into the following eight sections or functions:

- Section 1 (Office of the Manager): Responsible for overall administration.

- Section 2 (Health Promotion and Primary Risk Factor Reduction): Overseeing the Tobacco Consumption Control, Alcohol Consumption Control, and Traffic Accident Prevention plans.

- Section 3 (Health Promotion and Secondary Risk Factor Reduction): Overseeing the Health Risk Factors Control, Health Literacy, and Health Promotion in Organisations plans.

- Section 4 (Community-Based Health Promotion): Overseeing the Health Promotion in Communities and Integrated National Public Health Policy ("Healthy Thailand") plans.

- Section 5 (Health Promotion in Organisations): Overseeing the Health Promotion in Organisations plan.

- Section 6 (Social Marketing): Oversees the Physical Activities Promotion, and Social Marketing plans.

- Section 7 (Open Grants): Overseeing the Supporting General and Innovative Projects plan.

- Section 8 (Knowledge Management and Social Capital): Overseeing the Health Promotion through Health Care Delivery System and Developing Social Capital and Supportive System plans.

Note: There is also one functional unit responsible public relations with extensive publications of booklets, data and information, website, bulletin board, leaflets, etc.

The THPF's key health-promotion strategies are derived from and are consistent with the Ottawa Charter.[10] These strategies require a holistic view on health-related issues. This view advocates social movements and prevention as a way to improve health and well-being of people. Three fundamental elements are included and can be briefly described as follows.

- *Knowledge*: The THPF attempts to continuously create knowledge and social capital. Knowledge can be primarily created through

  - utilising THPF's own networks such as the INHPF

  - sponsoring research projects – follow-up research on public policies and/or new health-related issues such as bird flu.

  To ensure the desirable impact from this knowledge, the THPF disseminates new learning to the public on the continuous basis. Essentially, knowledge or social capital is required for effective health promotion. As a result, the issues relating to leadership, database and information systems, knowledge management systems, and resource management system are critical.

- *Social mobilisation*. The THPF strives to initiate and support social movement, involving collaborations among different groups such as NGOs, public agencies, and relevant members in the society. Social marketing and public participation are heavily applied during social mobilisation. These two tasks generate public awareness of problems – so called problem enlargement. For example, smoking is not only confined to smokers. The THPF has tried to enlarge this problem by including affected family members and by linking with economic concern – higher company's health insurance and lower family savings. By creating this awareness on the general public, many small and independent groups can be united in terms of volunteers and donations. This helps establish a movement that can affect and influence public policies.

- *Public policy*. The THPF aims to improve the Thai health frameworks by proposing and developing policies, drafting laws and regulations, and financially initiating and supporting desirable management practices. As a result of social mobilisation, public pressure to formulate formidable policies (e.g., laws, regulations, standards, guidelines) can be formidable.

These three elements are interrelated. Knowledge has to be continuously created and updated to sustain social mobilisation. Without strong public mobilisation, it will be

difficult for the THPF to influence public policies. When it fails to become part of a policy-making process for public health, this implies a failure in promotion. As a result, a network concept is essential for the THPF. This is due to its small size with large scope of work (i.e., approximately 80 staffs with the national-level scope). See Figure A.1.

Figure A.1 Overall THPF strategies (see online version for colours)