

Co-production of Health Charter for Support Aged Society Bangduan Sub-district, Trang Province, Thailand

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Abstracts

This study examining occurrences, the process, and the results of advocating the health charter to support aged society in Bangduan Sub-district, Trang Province, Thailand. This is qualitative research and based on the establishment of the participatory healthy public policy through the Local Health Charter by using the indicators for checking the Co-production. This research can be divided into inputs, processes, and outputs. Results from the study showed the Co-production of health charter for support the aged society in Bangduan Sub-district by civil society, government, academia, and the private sector. This lead to support an aged society in the social dimension, health dimension, environmental dimension, and economic dimension.

Keywords: Health Charter, Co-production, Aged Society, Thailand.

1. Introduction

Currently, Thai society is aware of the health and well-being system through the participation of all sectors. Thailand has the National Health Act, B.E. 2007 which is a master health law that connects all sectors in the society including the government, the academia, and the civil society. One of the key tools for creating the participatory health public policy according to the National Health Act is the Local Health Charter which are rules, agreements, or guidelines for improving the health of people in the community by giving the importance to the participation process of all sectors in the community. The community can apply the National Health System to prepare in the area of the health charter consistent with the community way of life (National Health Commission Office, 2017).

The United Nations assesses the situation that the period 2001-2100 will be the century of the elderly (United Nations, Department of Economic and Social Affairs, 2015). At the same time, Thailand will step into a completely aged society in 2022 (Office of the National Economic and Social Development Council, 2019). From these situations, Thailand must prepare to support an aged society in various dimensions including the economy, the environment, the health, and the society. It is covering both present and future which is in line with the direction of national development according to the 20-year national strategy (2018-2037) on creating the opportunities and the social equality by preparing in every dimension and creating participation

from all sectors. In addition, the Elderly Development Plan No. 2 (2002-2021) (Ministry of Social Development and Human Security, 2019) and Action Plan for the Elderly, Phase 3 (2023-2037) (Ministry of Social Development and Human Security, n.d.) gives importance to promoting the health of the elderly and developing the participation from all relevant sectors at every level to promote the health of the elderly.

The background of the public policy, especially the public health involves the concept of Co-production which the stakeholders from the various sectors, including the citizens, the local government, and the private sector (Ostrom, 1996) jointly produced the public policy in line with the creation of a health charter. From the report summarizing, the results of the integrated plan to prepare for the aged society in Fiscal year 2023 (Strategy and Planning Division, Department of Older Persons, 2023) Thailand has 62 health charters to support an aged society. By the health charter to support an aged society, Bangduan Sub-district, Trang Province is the best practice with concrete evidence. In this study, the researcher used the Co-production framework of Voorberg, Bekkers and Tummers that focuses on citizens as the co-initiators, the co-planners and the co-operators to study the origin. The process of creating an area health charter and the results of the area's health charter (Voorberg et al., 2015). The knowledge gained from this study will be beneficial to other areas in leading to guidelines for setting public policies for participatory health through the local health charters in the future.

2. Literature Review

This study uses the Co-production concept to the study public policies for the participatory health through the local health charters. By giving the importance to the process of the participation of all sectors in the community in the preparation of an area health charter. It starts from the preparation of an area health charter to drive, monitor, and evaluation the local health charter (The National Health Commission office, 2022). The community can create an area health charter based on their voluntary participation. According to the readiness of the community, all sectors in the community must participate in working groups (Channawa et al., 2018). It is consistent with Co-production which is a concept that gives importance to the participants from various sectors including the communities, the localities, the government, the non-profit organizations, and the private sector (OECD, 2011). The emergence of Co-production in public services, especially, at the community level requires the citizens to participate in production (Bovaird & Loeffler, 2012). Although Co-production comes in many forms, Jakobsen and Voorberg, Bekkers, and Tummers agree that citizens are the co-initiators, co-designs and co-receive public services (Jakobsen, 2012; Voorberg et al., 2015). Co-production is a highlight of the new public governance because it gives the importance to other sectors, not only the government sector which play a role as part of policymaking under the decentralization to local government and civil society (Decentralization to Local Governments and Civil Society), and the transfer of the political authority and resources (Devolution of Political Authority and Resources) (Boyle & Harris, 2019). Therefore, the citizens have decision-making power and participation in public policy (Samakkhitham & Wanitchaphum, 2013).

In this regard, the context of Thailand towards Co-production in the public sector, especially the local administrative organizations expected to use a participatory process by people in the community by starting from co discussion, co decision making, and co operations including to share the benefits and to evaluate the output of the public services to meet the needs of the people (Lowatcharin & Stallmann, 2017). Co-production in Thailand is driven by the principle of the triangle that moves the mountain. It shows that Co-production is an important supporting factor that causes the formulation of the public health policy with the participation from all sectors in the society. Especially operations through tools according to the National Health Act 2007 (Tangcharoensathien, 2021). The Charter of the Kingdom of Thailand B.E. 2017, Section 14, Local Government, Section 250 stipulates that the local government organizations have duties and powers to oversee and to organize the public services and the public activities for the benefit of the local people according to the principles of sustainable development. The National Health Act 2007, Section 5, Section 46, Section 47 and Section 48 regarding the Charter on the National Health System is a tool and mechanism that gives the opportunities to the people. Local government organizations, the public sector, and the private sector are used to care for public health under the potential of resources appropriately consistent with the context of the area with the principle of the participation according to the readiness and needs of the people, and allow people to play a role in building their own health and strengthening their communities (The National Health Commission office, 2009).

Therefore, the Local Health Charter is an example of Co-production resulting from the decentralization to the local government, and the participation of all sectors in society. However, the local health charter can be pushed to become a plan, project, policy of the government, or related agencies in the area. It is an example of bottom-up problem solving which will have the results in the national level (Pinprathip, 2022).

3. Research Method

This study is qualitative research based on the determination of the participatory public health policy through the local health charter. According to the National Health Commission Office (NHCO) by using the indicators for determining the Co-production from Voorberg, Bekkers and Tummers (2015) which were consisted of three steps include (1) joint initiative, problem identification (Co-initiator) Public policy process (2) Co planning and design (Co - design) and (3) policy implementation. Outputs Results (Outcomes) obtained from joint public service (Co-implementation) to present the empirical evidence showing that the Health Charter supports the aged society in Bangduan Sub-district, Trang Province which reflects Co-production by comparing with the 9 steps of the Local Health Charter process as shown in Table 1.

Table 1. Guidelines for considering the Co-production health charter to support an aged society, Bangduan Sub-district, Trang Province.

Co-production phase	Area health charter process	Factors that influence Co – production according to the concepts of Voorberg, Bekkers and Tummers	Guidelines for considering Co-production Health charter supports an aged society
<p>Input factors</p> <p>Identification of co-initiators that corresponds to the issues (Co - initiator)</p>	<p>1. Prepare (1)</p> <p>2. Establish a mechanism (2)</p> <p>3. Collect area context information (3)</p>	<p>X1. Attitude towards civic participation (Attitude)</p> <p>X2. Social capital</p> <p>X3. Understanding of co-production (Clear incentives)</p> <p>X4. Sense of ownership</p> <p>X5. Compatibility in working together between the government sector and citizens (Compatibility)</p> <p>X6. Sense of ownership</p> <p>X7. Compatibility in working together between the government sector and the public (Compatibility)</p>	<p>X1: The government, academia, and civil society have an opportunity to participate in the process of creating a health charter to support an aged society (1)</p> <p>X2: The government, academia, and civil society share resources such as people, money, places, and knowledge in creating a health charter to support an aged society (1)</p> <p>X3: There is the communication and public relations. All sectors in the area should be informed about the process of creating a health charter to support an aged society (1)</p> <p>X4: There is a health charter working group mechanism to support an aged society with elements from all sectors (2)</p> <p>X5: The government sector, academia, and civil society join as a working group mechanism. or as a coordination point in the area (2)</p> <p>X6: Government, academic and civil society sectors join together to reflect on the problem. and express opinions on issues of the aged society together (3)</p> <p>X7: There is a consultation meeting between the government, academia, and civil society to jointly understand the process of a health charter to support an aged society (3).</p>
<p>Process</p> <p>Collaborative planning/design</p> <p>(Co – design)</p>	<p>4. Draft health charter (4)</p> <p>5. Listen to opinions (5)</p> <p>6. Update the draft health charter (6)</p>	<p>X8 – X10. Sense of ownership</p>	<p>X8: The government, academia, and civil society join the process of drafting a health charter to support an aged society (4)</p> <p>X9: The government, academic and civil society sectors listen to opinions on the health charter to support an aged society (5)</p> <p>X10: The government, academia, and civil society join together to improve the draft health charter to support an aged society (6)</p>
<p>Output/Outcome</p> <p>Implementation</p> <p>(Co-implementation)</p>	<p>7. Announcement of health charter (7)</p> <p>8. Advocating the health charter (8)</p> <p>9. Follow up and evaluate (9)</p>	<p>X11. Sense of ownership</p> <p>X12 – X13. Avoid proactive work (Risk aversion).</p> <p>X14. Compatibility in working together between the government sector and citizens (Compatibility)</p>	<p>X11: Government, academic and civil society sectors participate in promulgating a health charter to support an aged society (7)</p> <p>X12: Government or academic sector or civil society Leading the health charter to support an aged society (8)</p> <p>X13: Health charter supports an aged society can meet the needs of the area (8)</p>

Co-production phase	Area health charter process	Factors that influence Co – production according to the concepts of Voorberg, Bekkers and Tummers	Guidelines for considering Co-production Health charter supports an aged society
			X14: Government or academic sector or civil society Jointly monitor and evaluate the progress of the health charter to support an aged society (9)

Source: Compiled by the researcher

From Table 1, it shows the guidelines for considering Co-production, health charter to support an aged society, Bangduan Sub-district, Trang Province which starts from input factors, identifying co-initiators that are consistent with the issues (Co - initiator), process (Process), joint planning/design (Co - design) and output and results (Output/Outcome) and even implementation (Co - implementation) according to Voorberg, Bekkers and Tummers (2015) and the co-production framework which is consistent with the charter process by involving various sectors in the community through guidelines for considering Co-production, totaling 14 points, such as joining the process of making a health charter to support an aged society. Participate in a working group mechanism or a health charter to support an aged society can meet the needs of the area, etc.

Key informants were considered from 3 sectors: (1) the government sector, (2) the public and civil society sector, and (3) the academic sector (The National Health Commission office, 2022). The inclusion criteria are those key informants who have the qualifications to be knowledgeable and understanding in the process of drafting a health charter to support an aged society, Bangduan Sub-district, Trang Province, totaling 9 people from 3 sectors.

Table 2. Key informants in the study

Target group	Key informants
Government sector	
Deputy Permanent Secretary of Sub-district Administrative Organization	
Deputy President of the Sub-district Administrative Organization	MPBa – 01
Chairman of the Community Organization Council	
	MPBa – 02
	MPBa – 03
Public sector and civil society	
President of the Elderly Club	MSBa – 01
Public health volunteers	MSBa – 02
women group leader	MSBa – 03
Academic department	
President of the Elderly School	MKBa – 01

Professional nurse	MKBa – 02
Folk philosopher	MKBa – 03

Source: Compiled by the researcher

The tools used in the study is the semi-structured interview questions for the in-depth interview questions which is a study tool suitable for the qualitative research (Cheawjindakarn, 2018). It consists of questions as shown in Table 1. The researcher takes into account the researcher's ethics in strictly protecting the rights of the informants. Before collecting data, the researcher introduced himself, and explain the purpose including details of the in-depth interview, it takes approximately 60 to 180 minutes to collect data. The researcher does not reveal the names and surnames of the key informants. Permission to use the audio recorder is also requested and the audio tape will be destroyed after the data analysis is complete.

Analysis of data obtained from the data collection by content analysis and in-depth interview data from key informants.

4. Results

The findings from the study were presented according to the stages of Co-production, namely inputs, processes, outputs and outcomes according to the guidelines for considering Co-production.

Co-production inputs: Co-initiating (X1 – X7)

Consistent with the study of the origins of the health charter to support an aged society, Bangduan Sub-district, Trang Province, consisting of 3 steps: Step 1: Prepare (X1 - Deputy Permanent Secretary of Bangduan Sub-district Administrative Organization. It is a working group for the Trang Provincial Health Assembly (Civil society sector). Advocating provincial public policy to support an aged society which Bangduan Sub-district is one of the operational areas, and received funding to support the preparation of plans for an aged society from outside agencies. When people in the area participated in the Provincial Health Assembly process, they gained knowledge and understanding, and was aware of the importance of supporting the aged society, so preparations and public policies have been made to support the aged society both in and outside the area. The department participated in the process and provided the suggestions for the public policy making while the Sub-district Administrative Organization supported the budget for holding the meetings to create an atmosphere for learning together, and to support the personnel to facilitate processes and information. There was the public relations communication to make all sectors in the area aware of the process of creating a health charter to support an aged society. The public relations vehicle of the Sub-district Administrative Organization Discussion in the coffee house Community representatives would communicate further, and to communicate through various Line groups. Step 2: Establishment of Mechanisms (X4 – X5) pursuant to Bangduan Sub-district Administrative Organization Order No. 204/2565, a committee for preparing for an aged society in Bangduan Sub-district (Year 2) was established, comprising 33 members from three sectors: government, academia, and civil society. The committee's roles and

responsibilities were clearly defined. Step 3: Data Collection on the Local Context (X6 – X7) The committee for preparing for an aged society in Bangduan Sub-district collected the data on the local context. Various platforms as well as the district's senior school would be used to create the knowledge, to understand of supporting an aged society with all sectors, and to listen to problems raised by (1) Sub-district Administrative Organization and other government agencies in the area present spatial data and being a facilitator of the process (2) civil society, citizens, public health volunteers, community leaders collect data in each village and (3) the academic sector contributes information consistent with what key informants said:

“...in the process of making a health charter to support an aged society. There were local sectors, localities, and sub-district health promotion hospitals. Civil society had a community and elderly school. There was also a team of village headmen joining initially invited to be a committee member since started. The committee members communicated in each village to make a community meeting, and informed the villagers that a charter would be formed. More and more people were interested in participating. At the end of the activity, there was a private sector supported the budget...” (MPBa – 01 11 January 2024)

Co-production process: Co – design (X8 – X10)

Consistent with the study of the process of preparing a health charter to support an aged society, Bangduan Sub-district, Trang Province, consisting of 3 steps: Step 4, draft a health charter (X8), step 5, listen to opinions (X9), step 6, improve. Draft health charter (X10) in the process of preparing a charter to support the aged society of Bangduan Sub-district. There was a process of drafting a health charter to improve the draft health charter by listening to opinions from all sectors in the area through the village community, and monthly community meetings throughout the process. Each meeting had approximately 50 - 80 participants from all sectors in the area consistent with the statement from the key informants:

“...in organizing the charter-making process each time, we received the cooperation from every sector. We worked together. People were interested in starting to exercise it. Local also was supported by the Academic departments by bringing the knowledge. Therefore, it made our team strong, and allowed the charter of Bangduan to move forward...” (MKBa – 02 11 January 2024)

Co-production outputs and outcomes: Co-implementation (X11 – X14)

Consistent with the study of the results of the health charter to support an aged society, Bangduan Sub-district, Trang Province, consisting of 3 steps: Step 7, announcement of the health charter (X11), charter to support the aged society of Bangduan Sub-district. Announced on May 31, 2023 at Bangduan Sub-district Administrative Organization. There were participants in the announcement of the charter from all sectors, including: (1) The state includes administrators and officials of the Sub-district Administrative Organization, kamnans, village headmen, and community organization councils. (2) Civil society and citizens include the Provincial Health Assembly. public health volunteers, community leaders, the elderly, the public, and (3) the academic sector, including educational institution administrators professional nurse and schools in the area, step 8, advocating the health charter (X12 –X13) at Bangduan Sub-district from every section, such as Citizens, Elderly Club where it was the main host for advocating the social

dimension. Bangduan Sub-district Elderly School was established. The private sector in the area supported the budget for the activities of the school for the elderly. Public health volunteers became a moving leader in the health dimension by involving in the area to inspect the houses for the elderly patients and the bedridden patient as well as the communicating information coordinate network partners in the area. Sub-district Administrative Organization Responsible for coordinating with external agencies such as the Trang Provincial Administrative Organization, and Bank for Agriculture and Cooperatives supported the movement of the economic dimension regarding savings and career promotion as well as supporting the movement of a charter to support an aged society by including activities in the local development plan (2023 - 2027), such as training projects to develop the potential of the elderly. Project to prepare to support an aged society while the department supported various information and knowledge and co-designs the curriculum for the school for the elderly, then it was officially announced consistent with what key informants said:

“... after having a charter to support an aged society, villagers also had the better health both physical and mental health, as can be seen from their personal identification books. It's all been sent to show in group lines... I think it's good that we worked together. No need to let anyone force you. It is our own free will ...” (MSBa – 01 11 January 2024).

“... The Charter made clear changes in all matters. There were common rules. It could be extended to other events. After the charter was made, many people came to see the work at Bangduan. At first, I was confused, but I'm glad that our school for the elderly was an example for other areas to use...” (MKBa - 01 11 January 2024).

“... It was good to have a charter to support an aged society. The results from the process can help the Sub-district Administrative Organization, such as waste separation. We facilitated the learning space. Villagers joined together in thinking and acting. The Sub-district Administrative Organization has greatly reduced the budget for garbage disposal. Many of the Sub-district Administrative Organization's plans come from the charter. It was really policy setting with the participation of everyone in the community...” (MPBa – 02 11 January 2024).

And step 9, follow up and evaluate (X14), because the evaluation period has not yet arrived for advocating the health charter to support an aged society, Bangduan Sub-district, Trang Province, so there was still no evaluation information.

Discussion and Conclusion

This study shows the co-production of a health charter to support an aged society in Bangduan Sub-district, Trang Province which was initiated by the civil society and citizen, co-designer and co-operators with other sectors in the area. The researcher has summarized the co-production levels of various sectors in the health charter process as shown in Table 3.

Table 3. Summarizes the co-production level in the health charter process to support an aged society, Bangduan Sub-district, Trang Province

Actor Public Policy Cycle	State, producer (Service provider)	Regular	Civil society, Citizens (Service recipients)	Academic	Private
Input					
1. Preparation	***		***	**	N/A
2. Establishment of mechanism	***		***	***	N/A
3. Collection of area context information	***		***	***	N/A
Process					
4. Drafting a local health charter	***		***	***	N/A
5. Listening to opinions	***		***	***	N/A
6. Improving the draft local health charter	***		***	***	N/A
Output/Outcome					
7. Announcement of the Area Health Charter	***		***	***	N/A
8. Advocating	***		***	***	*
9. Evaluation	N/A		N/A	N/A	N/A

Source: Compiled by the researcher

Note:

*** (A lot) means participation throughout the process. Share your opinion join a working group and join in advocating

** (Moderate) means participation in the process Share your opinion and join as a working group

* (Little) means Participation in the process or join in expressing opinions or join a working group or join in advocating

From Table 3, it showed the level of the policy production factors (Input) including the government, civil society, citizens, and academics participating in the initiatives, and the resources were shared. All sectors have seen the importance of the issue of supporting an aged society. Showing the joint ownership of the issue is the starting point for Co-production of the area. Process level: Participate in designing a health charter that all sectors participated, especially the public sector shared their opinions. And finally, the level of output (Output) can announce a health charter to support the aged society in Bangduan Sub-district and the outcome (Outcome) of putting the health charter into practice with all sectors participating. It reflects that the government, academic and civil society sectors have the opportunity to jointly formulate

public policies that are consistent with the needs of the area which can meet the needs of the people, and will lead to sustainability in the community participation process.

Policy factors of production (Input) are consistent with preparation. Establishment of mechanism and the collection of information on the local context in the health charter process to support an aged society, Bangduan Sub-district, Trang Province showed empirical evidence that stakeholders in the area, including government, academia, and civil society, (at the provincial level and area level). There was working together on the issue of supporting an aged society which all sectors have seen as a common problem. According to the guidelines for considering Co-production, items X1 - X7, where every sector has communication, and joined the process resources, including personnel, knowledge, and budget. A committee has also been appointed to prepare for an aged society. There were the elements from every sector in the area. The committee was a process facilitator who served as an intermediary in coordinating agencies both inside and outside the area to create a health charter to support an aged society.

The process is consistent with the drafting of the local health charter by listening to opinions and improving the draft area health charter according to the guidelines for considering Co-production, items X8-X10, with all sectors participating in the process. Contributing information and sharing the opinions arose the awareness of the ownership of the health charter to support an aged society that was able to meet its own needs.

The output and outcome are consistent with the announcement of the Area Health Charter and its implementation. According to the guidelines for considering Co-production, points X11-X14 showed that after the health charter has been officially proclaimed. The Health Charter has been put into practice in all 4 dimensions: society, health, environment, and economy with main agencies including government, academia, and civil society or even the private sector in the area which did not participate in the process from the beginning. They gave the importance and supported the various projects arising from the Health Charter to support an aged society. Results from implementing the Health Charter to support an aged society, currently, the local government has allocated a budget to carry out various activities, which were included in the strategic plan of the sub-district. People in Bangduan Sub-district are alert in preparing for entering the elderly. As well as being established as a learning center to support the aged society in Bangduan Sub-district as a study area for the agency and other areas.

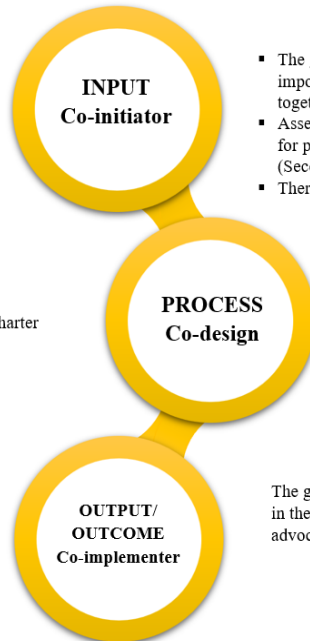
The results of the study emphasize that an important facilitating factor for Co-production must arise from the readiness of the people in the area which was a volunteer and the leaders with vision (Lowatcharin & Stallmann, 2017).

Co-production and Health Charter process in Bangduan Sub-district

- Preparation
- Establishment of mechanism
- Collection of area context information

- Drafting a Local Health Charter
- Listen to opinions
- Improving the draft local health charter

- Advocating the Health Charter to support the aged society
- Announcement of the Local Health Charter



Results

- The government, citizens, and academic sector see the importance of the issue of supporting an aged society together.
- Assemble the group, order the appointment of “A committee for preparing for the aged society of Bangduan Sub-district (Second Year)”.
- There is data collection on the local context.

- Co-drafting the local health charter by every stakeholders in the sub-district. “The Health charter for support aged society of Bangduan Sub-district, Trang province”
- Listening to opinions and improving the draft local health charter

- The government, civil society, and academic sector in the area are able to use the health charter for advocating the policy and activities.

Figure 1. The finding conclusion of co-production and the health charter

In the context of Co-production, participatory health public policy In Thailand, operations were carried out through tools in accordance with the National Health Act of 2007, and driven by the principle of the triangle moving mountains (Tangcharoensathien, 2021). The government sector, as a service provider was responsible for promoting, supporting, and facilitating the open space for discussion from all sectors. The public sector in the area was involved in starting line to think together, define together, plan together, practice together, and follow up. This will create the awareness of people's participation (Sinluenam & Chumnoorak, 2021). Ultimately, the benefits of Co-production that arose would lead to the social innovation. This is due to the collaborative process between the various parties (Pestoff & Brandsen, 2010) through the Area Health Charter in which the citizens participated in the production of public services and determine public policy by themselves and will be beneficial to all sectors in solving problems or applying for other situations in the future.

Suggestions (Future study)

Because the limitations of this study were advocating the health charter to support the aged society in Bangduan Sub-district, Trang Province has not yet reached the evaluation period. Future studies should also study the evaluation process for advocating the health charter.

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