Health Policy and Planning Advance Access published July 25, 2008

Published by Oxford University Press in association with The London School of Hygiene and Tropical Medicine

Health Policy and Planning 2008;1–11
doi:10.1093/heapol/czn023

The role of state and non-state actors in the policy process: the contribution of policy networks to the scale-up of antiretroviral therapy in Thailand

Sripen Tantivess[1]* and Gill Walt[2]

Accepted 22 June 2008

Antiretroviral therapy (ART) is difficult in poor settings. In 2001, the Thai government adopted the policy to scale-up its treatment initiative to meet the needs of all its people. Employing qualitative approaches, including in-depth interviews, document review and direct observation, this study examines the processes by which the universal ART policy developed between 2001 and 2007, with the focus on the connections between actors who shared common interests—so-called policy networks. Research findings illustrate the crucial contributions of non-state networks in the policy process. The supportive roles of public-civic networks could be observed at every policy stage, and at different levels of the health sector. Although this particular health policy may be unique in case and setting, it does suggest clearly that while the state dominated the policy process initially, non-state actors played extremely important roles. Their contribution was not simply at agenda-setting stages—for example by lobbying government—but in the actual development and implementation of health policy. Further it illustrates that these processes were dynamic, took place over long periods and were not limited to national borders, but extended beyond, to include global actors and processes.

Keywords Policy networks, policy process, policy analysis, antiretroviral therapy, HIV, Thailand

KEY MESSAGES

- In Thailand, networks of government and non-government actors working within the country and globally have been key to scaling-up antiretroviral therapy in order to achieve universal access to treatment.
- Mapping and tracking the resources of state and non-state actors can help to understand the roles and contribution of policy networks to the development and implementation of public policies, and help to plan future strategies.

Introduction

Scaling-up antiretroviral therapy (ART) in low and middle income countries has been hindered by several factors: the high costs of antiretrovirals (ARVs) and laboratory tests, complexity of treatment administration, and lack of health system capacity including inadequate financial resources, infrastructure and an experienced workforce (Bogaards and Goudsmit 2003; Steinbrook 2004). The HIV epidemic in Thailand started in the late 1980s, and had affected almost 1 million of its 60-million population by the mid-1990s (Thai Working Group on HIV/AIDS Projections 2001). The Ministry of Public Health (MoPH) instigated a public-subsidized ART programme in 1992

[1] International Health Policy Program, Ministry of Public Health, Nonthaburi, Thailand.
[2] London School of Hygiene and Tropical Medicine, London, UK.
* Corresponding author. International Health Policy Program, Ministry of Public Health, Nonthaburi 11000, Thailand. Tel: +66-2–5902366. Fax: +66-2–5902385. E-mail: sripen@ihpp.thaigov.net