

Innovation of Co – Production against Covid – 19 in Thailand: Case study of Community Health Charter at Na Pho Klang, Khong Chiam, Ubon Ratchathani

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Abstract

Innovation of Co – production is important because it is trying to solve local community problems, so this research article presents innovation on Co – production against Covid – 19 in Thailand as Na Pho Klang Community Health Charter which has been praised by the Ministry of Public Health (MoPH). This is a first model of community health charter against Covid – 19 in Thailand through the lens of New Public Governance (NPG) concept. The NPG emphasizes the importance of cooperation among government organization, private organization and volunteer organization to provide public services. The NPG concept also related to the “Triangle that moves the mountain” principle, which involves three sectors namely (1) the public, the bureaucracy, the local government, the political party, (2) the academic, the vocation and the philosopher and (3) the civil society or the private sector. These are consistent with the Co – production process, which consists of (1) Actors (2) Co - initiate (3) Co – design and (4) Co – evaluation. Co – production against Covid – 19 in Thailand a case study of Na Pho Klang Community Health Charter through co – thinking, co – design, co – execution, and co – decision – making, reflecting the collaboration between government, locality, academic, and civil society in dealing with Covid – 19 pandemics.

Keywords: Community Health Charter (CHC), New Public Governance (NPG), Co – production

Introduction

New Public Governance (NPG) is an alternative discourse that introduces the theoretical perspectives and operational methods of the government to be clear and consistent with the changes of the global society in the 21st century, the changes that make traditional government administration using “bureaucratic mechanisms” and New Public Management (NPM) concepts that use “market mechanisms” in administration to have weaknesses and unable to cope with such changes.

The NPG concept offers an analytical and understanding perspective on public activities that are not aristocratically hosted by the government either in

the formulation and implementation of public policies or the delivery of public services and/or other public activities that all have different sectors and actors beyond the government to participate, making it a pluralist and pluralistic society. Changing the role of the state under the NPG concept results in the government becoming smaller in powers and responsibilities while the society gets bigger.

Therefore, the NPG concept is used as “network mechanisms and partner partnerships” in propelling the implementation of public policy and the delivery of public services (Osborne, 2010). While the Co – production concept consisting of multiple stakeholders such as citizens, service users, consumers, volunteers, and/or

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community – level agencies offering public services, benefit from such services and can meet the people's needs.

And it is an acknowledgment of the people participation and the community which is essential to provide more efficient and better local public service (Needham, 2007). The objective of Co – production is to create an efficient public administration system and more effective than traditional public administration concepts that apply techniques from the private sector (OECD, 2011) through the community health charter process by co – thinking to solve problems under the context that faces with horizontal synergies (public implementation) to complement the vertical operation (government implementation). This research article will present a innovation on Co – production by using a case study of the community health charter. Objectives of the research: (1)To study the social joint production process. A case study of the community health charter to fight against Covid – 19, Na Pho Klang Subdistrict, Khong Chiam District Ubon Ratchathani Province. (2) To present social joint production innovations. A case study of the community health charter to fight against Covid – 19, Na Pho Klang Subdistrict, Khong Chiam District Ubon Ratchathani Province.

New Public Governance (NPG) concept

Amid social changes, causing diversity and complexity in various dimensions including economic, political, social, and environmental aspects that affect public administration in the 21st century. Stephen P. Osborne wrote an article entitled “The New Public Governance?” and published in 2006. Osborne proposes new principles of governance (New Public Governance: NPG). It is a concept used to create understanding, reflecting the current situations of public policy implementation and delivery of public services which focuses on the external environment and emphasizes the relationship between government agencies and other sectors (Osborne, 2010). Whereas Douglas F. Morgan & Craig W. Shinn (2014) proposed that NPG emphasizes the importance of cooperating in public service provision of public organizations, private

organizations, and voluntary organizations with a combination of characteristics and communication mechanisms of public, private, and volunteer sectors (cited in Asst. Prof. Dr. Grichawat Lowatcharin, 2021). According to the NPG concept, it is believed that complex social problems can be solved by diverse actors and civic capacities (Dunleavy et al., 2005), which enable citizens to participate at every stage from the inception to the formulation of public service guidelines, sharing responsibility for various matters which will lead to solutions of problems that are relevant and meet the needs of the public (Thanachai Samol and Kittipong Pearnpitak, 2020).

The key elements of the NPG concept include:

(1) Decentralization to local governments and civil society and the devolution of political authority and resources to enable citizens to make decisions and participate in public affairs.

(2) Although the public sector is primarily responsible for public works, the state, however, will not monopolize public works as a mission of its own. In addition, civil society and communities are all involved in the implementation while the state acts as a directive without having to produce goods or services for the public directly.

(3) Working as a network, consisting of various parties such as government agencies, business sectors, communities, and academic institutions which may be established temporarily (e.g. Tsunami assistance partnership) or permanently established (e.g. water management committees or community forest management committee) without using hierarchy assignment and no chain of command, working together in a horizontal manner (Somsak Samukkethum and Preeda Wanichpum, 2013)

Loffler (2005) proposed the use of the NPG concept to improve local working methods by creating organizational leadership in a group of leaders in a form of a network focusing on developing the community, integrating the collaboration of each network in the locality linked by the policy. In addition, local government management requires maintaining a political balance between each network, planning

together, having labor market management to develop colleagues to work in every aspect, and giving priority to the results of services that affect the quality of life of all sectors. And there must be the management of knowledge and resources, preparation of local budgets with the participation of various sectors in the society with transparency and cost-effectiveness in conducting public activities. And such changes in the role of the government according to the NPG concept will make the government sectors smaller with more powers and responsibilities (Smaller Government, Big Society) with the participation of network mechanisms and partners in strengthening the power and strength of the community (Thaitat Mala, 2018)

Co – production Concept

Co – production comes from the words “Co” and “Production”, as stated by Tony Bovaird (2007) and John Alford (2014) where “Co” refers to where people are involved to work with the government, whether as citizens, customers, consumers or non-governmental stakeholders, and the word “production” represents the results of constraints arising from the delivery of public services and involve in co-producers or public service users.

The concept of Co – production arises in the context of a decentralized state with identification (Identify Actors), consisting of government, private sector, and citizens or public who are producers or service users. In this paper, Co – Production will be analyzed from 4 components as follows:

(1) Actors – consist of 3 sectors: state, private, and public or citizen sectors. Each actor can have the same or different roles.

(2) Initiated cooperation (Co – Initiate), with factors influencing the initiation of 2 groups including factors influenced by organizations and factors influenced by citizens (Voorberg, Bekkers & Tummers, 2014) as follows:

(2.1) Factors influenced by organizations

- Compatibility of public organizations with citizen participation

- Opening attitude towards citizen participation

- Presence of clear incentives for co – creation: win/win situation

- Risk a Avoidance of risk from management culture

(2.2) Factors influenced by citizens

- Citizen Characteristics: skills, intrinsic values, marital status, family composition, level of education)

- Customer awareness, feeling of ownership, being part of something

- Presence of social capital

- Avoidance of risk from customer, patient, citizen

(3) Co – design, where each actor participates in designing different activities. which may do either in some or all activities.

(4) Co – evaluation, where each actor participates in evaluating the process, results, and productivity during the upstream, midstream, and downstream phases of the Co – production.

Viroj Tangcharoensathien. (2021) stated that, in Thailand, Co – production is driven by the principle of the “Triangle that moves the mountain” and showed that Co – production is an important factor contributing to the formulation of public health policies with participation from all sectors in the society. Especially when conducted through tools following the National Health Act B.E. 2550, in which, this research article, will be an analysis of the community health charter, in a case study of the community health charter against Covid – 19 in Na Pho Klang Sub – district, Khong Chiam District, Ubon Ratchathani province according to the concept of Co – production which consists of actors, participation in the initiation (co – initiate), and co – design.

Community Health Charter

Community Health Charter is a part of the national health system charter (2016), which is a framework and guidelines for formulating strategic health policies for the country. It is like a blueprint

where different sectors jointly determine the desirable future picture of Thailand's health system. Every agency, organization, and local community, thus, can apply it as a reference in formulating policy planning including community rules or measures. The national health system charter is established according to the National Health Act B.E. 2550 (National Health Commission Office, 2022).

Community Health Charter is a community framework or mutual agreement that community members use as a guideline for promoting well – being at the local level. This charter may cover a wide range of health issues in the area or only focus on specific issues as agreed upon by the community. The heart of the community health charter is the participation of all sectors in the community including the government, civil service, local government, academics, public sector, mass media, and private business sectors in joining to design, develop, drive, and review the community health charter together systematically. The process of establishing community health charter (National Health Commission Office, 2022) consists of 4 processes and 9 steps as follows:

Process 1: Preparation in 3 steps:

Step1 - preparation of people, setting up work and communication systems; Step 2 - establishes working mechanisms and Step 3 - collects and analyzes the data.

Process 2: Establishment of community health charter in 3 steps:

Step 4 - drafting a community health charter; Step 5 - listening to opinions and finding consensus and Step 6 - improving the draft of a community health charter.

Process 3: Driving the community health charter in 2 steps, namely,

Step 7 - the official promulgation of the community health charter and Step 8 - driving the community health charter into practice.

Process 4: Follow – up and evaluation, namely,

Step 9 - a follow – up, evaluation, and review of the community health charter.

Thailand's community health charter is an example of community participation and consultation

in co – creating health policy and it is an example of a tool that connects mechanisms between different sectors in a manner that supports each other's operation perfectly (Weerasak Putthasri, Nanoot Mathurapote and Orapan Srisookwattana, 2017) While the government empowers the people as citizens of the country to encourage them to become active citizens, creating participation of the public sector synergizing to work horizontally (social power) supporting vertical work (power of state mechanisms), and connecting the collaboration of each level to achieve the transfer of information and knowledge supporting the work between each sector (Phruksa Sinlueam and Korarit Chumnoorak, 2021)

Research Methodology

This research article based on qualitative research with an analysis of information from documents and random group discussions (Focus Group) by key informants, including government representatives, academics and civil society who participated in the production of community health charter, amounting 12 persons by specific random sampling.

Result

The study found that Covid – 19 pandemic which spread globally in late 2020, has presented a significant challenge to policy makers in determining effective policies and measures to prevent its spread. To tackle this challenge, policymakers must facilitate cooperation among different sectors to seek knowledge and appropriate measures to cope with the pandemic. (Robert Marten, 2021). Therefore, this led to the Co – production of public services according to the concept of NPG so that people participate in public services together with government agencies. These efforts align with key principles of the community health charter, stating that “communities can develop a community health charter as a guideline for establishing common measures or objectives contributed to the community's well – being by giving priority to the way of life and social capital and sustainable health system

management as well as giving priority to the process of participation of all sectors in the community” (National Health Commission Office, 2017). Therefore, it comes, as the background of the health charter to fight against Covid – 19, at Na Pho Klang Sub – district.

Na Pho Klang Sub – district located in Khong Chiam District Ubon Ratchathani Province. It has a population of 8,414 people, consisting of 10 villages and 1,963 households. Most of the population is engaged in agriculture and general employment. Some of community members travel to work in big cities like Bangkok and some of them travel aboard for work. Regarding the public health service system, it has 2 Sub – district Health Promoting Hospital (HPH) namely Na Pho Tai health hospital and Khan Tha Kwian Health Promoting Hospital, and 1 community public health center with 119 village health volunteers (VHV). It also has a Surveillance and Rapid Response Team (SRRT), whose leaders are the administrators of the Sub – district Health Promoting Hospital along with the chief executive of the Sub – district Administrative Organization (SAO) and a network of volunteers operating to resolve dengue fever problems in the area. In addition, it has many local social networks such as the Million Bath Fund, a youth network, and the groundwork of kinship and cultural relations (Na Pho Tai Sub – District Health Promoting Hospital, October 28, 2021).

Community health charter a case study of Na Pho Klang Subdistrict, Khong Chiam District Ubon Ratchathani Province according to the Co – production concept

(1) Actors

The situation of Covid – 19 spreading is an opportunity to figure out the process of Co – production in Thailand, especially at the community level since all

sectors are required to work together in helping limit the spread, reducing the number of cases which will affect various aspects accordingly. In this regard, with the context and social cooperation in the Na Pho Klang Sub – district area that has been initiated since 2020 by the mechanism of the Ubon Ratchathani Provincial Health Assembly and the Public Health District Committee in Area 10 to create a participatory process, either thinking and acting together, participating in decision-making and integrate with network partners from all sectors including public, private sectors and locality.

In response to Covid – 19 spreading in the Khong Chiam district, Ubon Ratchathani Province, community members and related stakeholders began to focus on strengthening the area through community health charter process. This became necessary when infected people returned from Bangkok, and high – risk people return from aboard, making local people aware of the importance of protection and prevention measures of Covid – 19 spreading.

There are actors from three sectors: government, academic, civil society, and private sectors in the area, including monks in ecclesiastical Sub – district chief level and local temples the, Chief District Health Officer, Chief Executive of the Sub – district Administrative Organization (SAO), Sub – district Health Promoting Hospital, director of schools, director of public health hospital, president of the Million Fund, youth group president, chairman of the Tambon administrative organization council, president of Village Health Volunteers (VHV), with all sectors performing their roles according to their potential related to either routine tasks and volunteerism (volunteer) shown in Table 1:

Table 1. Cooperation roles of Sub – district working groups for managing the quality of life of Na Pho Klang Sub – district

Cooperation Partners	Roles
Chief District Health Officer	Advise the Sub – district working group to support their work, connecting all parties
Administrative monks at the ecclesiastical Sub – district chief level and local temples	Donate food and fabrics for making masks. Donate mattresses for the community isolation center
Staff from the Sub – district Health Promoting Hospital	Prevent and control the spread of Covid – 19. Academic agencies collect various information related to the public health system
Chief Executive of the Sub – district Administrative Organization (SAO)	Coordinate with all sectors, organize the working team, and support budgets for the operations.
Village Health Volunteers (VHV)	Collect information, serve the public, arrange a duty to buy stuff, delivering food and medicine.
Suppression Inspector	Inspect and maintain public order, such as detention, surveillance of illegal gambling at the funeral.
Village Chiefs and School Directors	Publicize, communicate, and create awareness and participation of people in the community.

(2) Initial participation (Co – Initiate)

Since all sectors have assembled to establish a special working group from many sectors under the name entitled “Sub – district Working Group for Quality of Life Management of Na Pho Klang Subdistrict” (Table 1), which consists of various sectors with social capital from various collaborations, director of the Na Pho Tai Health Promoting Hospital then coordinated with the chief of the Na Pho Klang SAO to jointly arrange a consultation meeting to draft a community health charter against Covid – 19 and to prevent the pandemic spreading with will effected lives of the people in the sub – district.

They are divided into village working teams, visiting the area of 10 villages to survey the problems, make understanding with people in the community, and villages, and create awareness. At the beginning of the process, there was a challenge as some people were panicking about the spread of Covid – 19. The village working team would report any problems that happened once the meeting of the sub-district working group was held to manage the quality of life of Na Pho Klang Sub – district and to jointly find a solution.

(3) The process of co – designing (Co – designer)

People in community drafting the Covid – 19 charter which is a community measure for preventing Covid – 19 started by conducting fieldwork for the village community and gathering information to draft the Covid – 19 health charter. It has the communication of information throughout the process through the village broadcast tower by the headman, village headman, and director of educational institutes and makes it accessible to all people in the community. A platform was provided for understanding, jointly reviewing the draft of the Covid – 19 community health charter and adjusting the measures of the government to fit with the context of the area. For example, traveling in and out of the Na Pho Klang Sub – district area requires permission to enter and exit using a specific permission form of the Sub – district. Delivery vehicles, or any other vehicles entering the area, all drivers and passengers must always wear masks. And a disinfectant in the car must be required and drivers must sign the form for the benefit of disease investigation. Administration of food is done by using a single dish or lunch box or wrapped in a plastic bag provided to the

participants. Drinking water should be either in a cup or a personal bottle. In addition, there is also planning and design of public services that are included in the charter, such as community isolation detention centers by having the Tambon Administrative Organization as the administrative party issuing a business license in the Na Pho Klang Sub – district area, entry-exit record form for the Na Pho Klang area for general people or government officials who visit to contact agencies, shops, markets or government officials' houses. These include permits for the necessary case to travel outside the Na Pho Klang area and an event license. And these are also useful for investigations, disease control, or community lockdown order when there is an outbreak

within the community by the community leaders under the support of the health promoting hospital.

The Na Pho Klang community health charter was promulgated regarding the measures to prevent Covid – 19, the first announcement was issued on April 7, 2020, and was revised to the second announcement on October 20, 2021, to comply with the measures of the central state and the current situation of the Covid – 19 pandemic with revision in 6 major section namely: Section 1 General, Section 2 Promotion, Section 3 Prevention, Section 4 Treatment, Section 5 Rehabilitation, Section 6 Punishment as shown in the table.

Table 2. Summary of the key points of the Na Pho Klang charter on the measures to prevent the spread of the Coronavirus 2019 (Covid – 19)

Category	Key points
Section 1 General	The Office of Na Pho Klang Sub – district Deputy Chief is responsible.
Section 2 Promotion	Public health agencies educate the public on how to act.
Section 3 Prevention	<ul style="list-style-type: none"> ■ General measures following the government regulations such as social distancing, wearing a mask. ■ Specific measures for the Na Pho Klang context, such as no solicitation of funds. Shipping vehicles or vehicles entering the area must be signed for the record. ■ Specific log forms of Sub – district such as entry records, and permission to organize an event must be provided. ■ Detention of high – risk cases, defining the quarantine area with clear schedules and announcing to inform the public. ■ Village lockdown in case the state or province does not close the village, the village leader can consider closing the village. ■ To organize an event, permission is required. One-dish meal or a boxed meal for guests is preferable. Gambling and drinking alcoholic beverages must abstain.
Section 4 Treatment	<ul style="list-style-type: none"> ■ Community Isolation at the Sub – district level, the SAO is responsible for the administration. ■ Home Isolation, the village headman assigns village committees to inspect detainees, providing public health knowledge and facilitation.
Section 5 Rehabilitation	Local Quarantine and Home Quarantine
Section 6 Penalty	<ul style="list-style-type: none"> ■ A minor offense, reducing the credit of the village's finances, public service, recording the offense according to circumstances as evidence, keeping documents in the village. ■ Repeated offense, report, and record in the blotter as evidence at the police station. ■ Frequent offenses, prosecute following Communicable Diseases Act B.E. 2558 (2015) or related laws and regulation.

The result after the people of Na Pho Klang Sub – district seriously and continuously complied with the Na Pho Klang charter on measures to prevent the spread of the Corona virus 2019 (Covid – 19) indicated that the Na Pho Klang Sub – district area has no fatalities from Covid – 19, data as of October 27, 2021 (Na Pho Tai Sub – district Health Promoting Hospital, October 28, 2021), while there was no large cluster as well. And the working group presented the results of implementing the health charter of Na Pho Klang to the meeting of the District Quality of Life Development Committee of Khong Chiam every month and the group has expanded the operational area to Sub – districts, districts, and provinces in the area of the 10th health zone until resulting in the promulgation of the charter of Sub – Districts to Fight Covid – 19, in total 11 districts, 58 Sub – districts (Ubon Ratchathani Foundation For Civil Society, 2022).

In addition, Dr. Kiattiphum Wongrajit, the Permanent Secretariat of the Ministry of Public Health gave an interview on the situation of the Covid – 19 epidemic in Thailand which had spread into many areas including Bangkok, its vicinity, and other provinces causing every area to be managed, prepared for the prevention, disease control, and providing care if the infected person is found. And he admired the case of Na Pho Klang Sub – district, Khong Chiam District, Ubon Ratchathani Province in the awareness and discussion with all sectors to find measures to prevent an epidemic in the area and solving problems saying that “I would like to compliment the team of Na Pho Klang Sub – district from all sectors that actively takes care of people in the area during the Covid – 19 outbreak situation and successfully control to prevent Covid and be a model for other areas for study and apply”. And he also praised the health charter of Na Pho Klang as “The first model community health charter of the Sub – district to fight against Covid – 19 in Thailand” (Royal Thai Government, 2021). The result of this Co – production process will be the cost of the Na Pho Klang Sub – district area to jointly solve other problems of the district in the future.

Conclusion and Discussion

In the study of the Co – production process: community health charter to fight against Covid – 19, at Na Pho Klang Sub – district, Khong Chiam District Ubon Ratchathani Province, it truly indicated the process of participation of all sectors according to the principle of the “Triangle that moves mountains” (government, academic, civil society, and private sector). Everyone in the community realized the importance of the problem together, thus leading to the establishment of a community health charter to fight against Covid – 19, which is in line with the NPG concept based on the assumption that policy formulation and effective public services are the results of the collaboration of diverse actor networks with horizontal relationships (Rhodes, 1996).

NPG is believed that complex social problems can be solved by diverse actors and civic capacities (Dunleavy et al., 2005). In solving complex problems, it must start by resolving the relationship between the organization and the regulatory process where the government is not the main actor but only those contributing to the network (Peters & Pierre, 1998).

The study of the social Co – production process: community health charter to fight against Covid – 19, at Na Pho Klang Sub – district, Khong Chiam District, Ubon Ratchathani Province, confirmed the principles of NPG in the appearance of participation of all sectors and linked to the principle of Co – production in joint production a process that allows the actors to think together and as part of the process activities conducted following to the area context. In addition, there are supporting factors from outside the area which can be considered in driving the community towards the desired goal together as well as the coordination between various sectors conducive to the creation of public benefits. As a result, the Na Pho Klang community health charter was established as a measure to prevent corona virus 2019 (Covid – 19), which is considered a concrete social Co – production innovation to cope with the situation of Covid – 19

In terms of the sustainability of the Co – production, the study indicates that interactions between actors contributed to the sustainability of

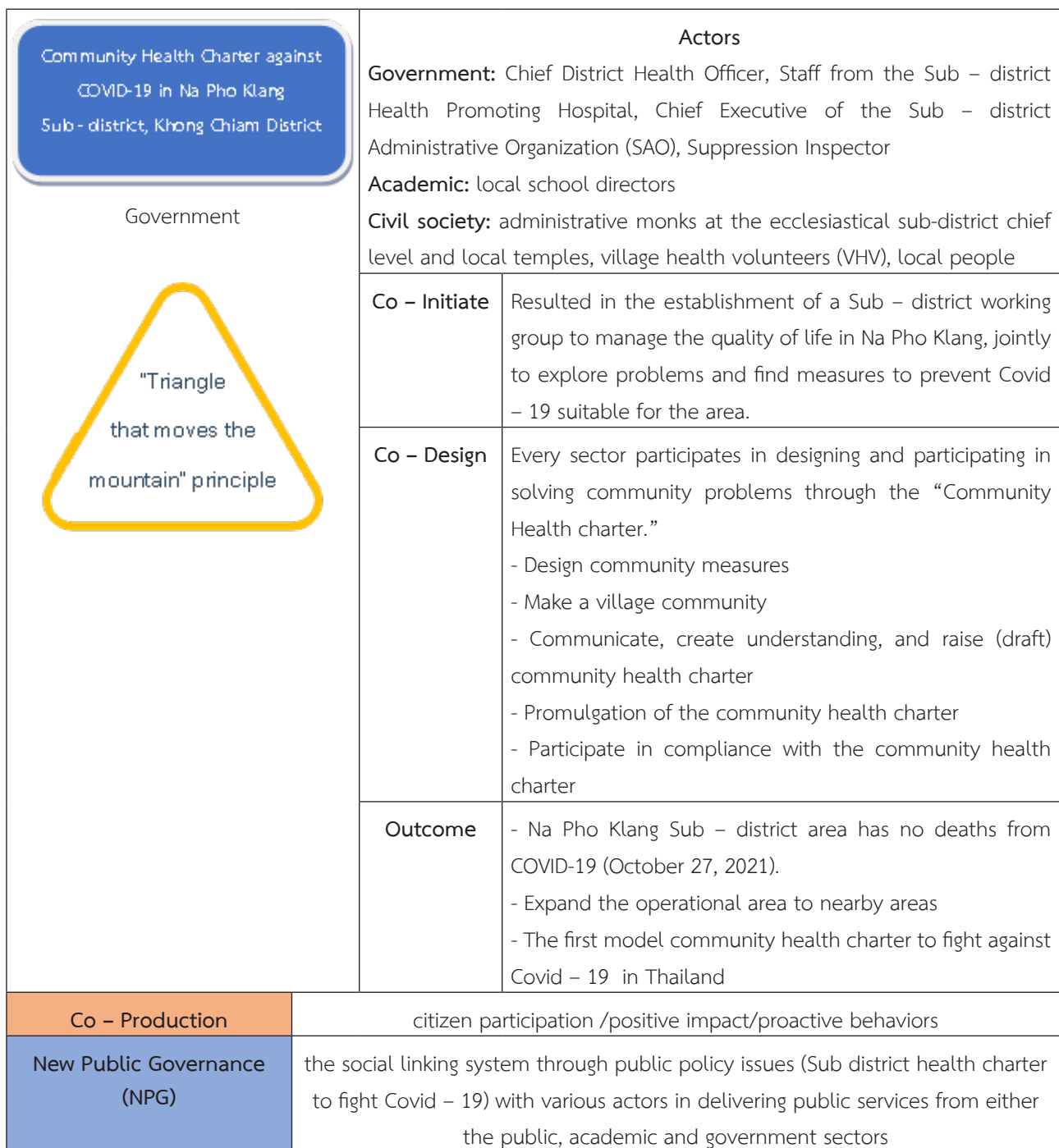


Figure 1. Diagram of the social Co – production process: community health charter against COVID-19, Na Pho Klang Subdistrict, Khong Chiam District Ubon Ratchathani Province

Co – production through the participation of community members and the roles of the actors working together to achieve the same goal. Thanachai Samol and Kittipong Pearmpitak (2020) indicated the factors involved in the Co – production between the public sector and civil society in the provision of public services, namely: (1) People are resources or assets. Changing people’s perception into citizens as a form of asset that is partners in the design of public services, not just a beneficiary only (2) Capacity of civil society by

changing the role of the state from being the main actor in providing public services into civil society in demonstrating their capabilities even more (3) Mutuality creation is an opportunity to exchange experiences between experts and other sectors of society (4) Networking by encouraging the engagement of groups and networks between experts and civil society; and (5) Reduction of regulations (Blur roles), reducing rigorous regulations to be more flexible and easy to implement. This is consistent with the study of

the social Co – production process: health charter to fight against Covid – 19 at Na Pho Klang Sub – district, Khong Chiam District, Ubon Ratchathani Province which indicated the role of social capital in the dimension of participation, the potential of actors who play a role in driving together in government, academic, civil society and private sectors, focusing on creating knowledge and understanding and mutual awareness, resulting in social Co – production in the establishment of the Na Pho Klang community health charter on the measure to prevent the corona virus 2019 (Covid – 19). Though it was only a mutual agreement of the people in the Na Pho Klang Sub – district area that was not legally enforceable, however, the people jointly followed it strictly. Anyway, once the central government’s measures were relaxed, some groups of people began to disobey such charter. It is therefore one of the challenges that should be further studied. In addition, there should be a joint assessment of the results to further develop the Co – production process in the future.

References

- Alford, J. (2014). A Public Management Road Less Travelled: Clients as Co – Producers of Public Services. *Australian Journal of Public Administration*, 57(4), 128 – 137.
- Bovaird, T. (2007). Beyond Engagement and Participation: User and community coproduction of public services. *Public Administration Review*, 67(5), 846 – 860.
- Dunleavy, P., Margetts, H., Bastow, S., & Tinkler, J. (2005). New Public Management is Dead – Long Live Digital – era Governance. *Journal of Public Administration Research and Theory*, 16(3), 82 – 102.
- Grichawat Lowatcharin (2021). Public Administration: Concepts for Public Administration in the 21st Century. Khon Kaen: The College of Local Administration. Khon Kaen University.
- Löffler, E. (2005). *Governance and Government: Networking with External Stakeholders*. In *Public Management and Governance*. Tony Bovaird and Elke Löffler (eds.) London: Taylor & Francis Group.
- Na Pho Tai Health Promoting Hospital. (2021). Na Pho Klang Sub – district. Presentation to The National Administration Committee, Senate. Ubon Ratchathani: Na Pho Tai Sub-district Health Promoting Hospital.
- National Health Commission Office (2017). Charter on the National Health System, No. 2, B.E.2559. (2nd edition). Bangkok: E&I Create Plus Co., Ltd. (2022). Guidelines for Participatory Public Policy Development: Community Health Charter. Nonthaburi: Pim Siri Pattana.
- Needham, Catherine. (2007). Realising the Potential of Co – production: Negotiating improvements in public services. *Social Policy & Society*, 221 – 23.
- OECD. (2011). *Together for Better Public Services: Partnering with Citizens and Civil Society*. OECD Publishing.
- Osborne, S. P. (2010). *Introduction: The (New) Public Governance: A Suitable Case for Treatment? In The New Public Governance?: Emerging Perspectives on the Theory and Practice of Public Governance*. Stephen P. Osborne (ed.). London: Routledge.
- Peters, B.G., & Pierre, J. (1998). Governance without Government? Rethinking Public Administration. *Journal of Public Administration Research and Theory*, 8(2), 223 – 243.
- Phruksa Sinlueam and Korarit Chumnoorak. (2021). New Public Service by using Area Health’s Charter a Case Study of COVID 19. *The Journal of Research and Academics*, 4(4), 283 – 293.
- Rhodes, R. A. W. (1996). The New Governance: Governing without Government. *Political Studies*, 44(4), 652 – 667.
- Robert Marten (2021). [Online]. *Co – producing the covid – 19 response in Germany, Hong Kong, Lebanon, and Pakistan*. Access from <https://www.bmj.com/content/372/bmj.n243> (6 November 2022).
- Royal Thai Government. (2021). [Online]. Na Pho Klang Sub – district, the first model using the “Tambon Charter to fight against Covid – 19” in Thailand. Accessible from <https://www.thaigov.go.th/news/contents/details/45975> (11 November 2022).

- Somsak Samukkethum and Preeda Wanichpum. (2013). New Public Governance: Its Meaning and Significance. *Journal of Political Economy*, 1(1), 183 – 214.
- Thanachai Samol and Kittipong Pearnpitak. (2020). Co – Production in Public Services between Public Sector and Civil Society. *Journal of Political Science and Public Administration Journal Khon Kaen University*, 5(1), 143 – 184.
- Titus Mala. (2018). New Public Governance (NPG): Concept and Application for Local Governance. *Valaya Alongkorn Review (Humanities and Social Science)*, 8(1), 179 – 193.
- VirojTangcharoensathien. (2021). [Online]. *Co – production of evidence for policies in Thailand: from concept to action*. Access from <https://www.bmj.com/content/bmj/372/bmj.m4669.full.pdf> (5 November 2022)
- Voorberg, W Bekkers, V & Tummers, L. (2014) *A Systematic Review of Co – Creation and Co - production: Embarking on the Social Innovation Journey*. Access from https://www.researchgate.net/publication/262726174_A_Systematic_Review_of_Co-Creation_and_Co-Production_Embarking_on_the_Social_Innovation_Journey.
- Weerasak Putthasri, Nanoot Mathurapote and Orapan Srisookwattana. (2017). Population Engagement and Consultation at the Local Level: Thailand Experience. *World Health & Population*, 17(2), 22 – 26.