

# Context Based Learning (CBL) in Thailand for district health system integration and better people-centeredness

Yongyuth Pongsupap, Surakiat Archananuparp, Tawekiat Boonyapaisarncharoen, Somchai Phanumaswiwat, and Patrick Martiny

## Background and Objectives

Health system integration reinforces people-centeredness, which is necessary to address health of vulnerable populations: people in need must often be actively identified, informed and taken care of where they stay by proximity health units in close partnership with hospitals. "Context Based Learning" (CBL) aims at reinforcing workforce capabilities according to health system integration requirements, by making staff in health and other sectors learning together as well as actively learning with people in a process of "Participatory Interactive Learning through Action".

## Methodology

CBL follows an implementation research approach: the intervention takes place in the "real world". It relies on several learning activities (e.g. on-the-job holistic inter-service practice, follow up of special families, implementation of the projects, etc.) on the basis of integration with ordinary working activities. Learning is based on identification of gaps between expected capabilities and existing performances of individuals, teams, and health systems. The process is supported by networks within the district and beyond its borders: learners interact with concerned actors in the district; in addition, learning process is supported by exchanges with other districts and with academic institutions. Stress is laid on self-control, reflection in the field, and transformative learning.



**Primary Care Practice Learning:** reinforcing health centre staff clinical skills (since 2007)



**Family Practice Learning:** enhancing cooperation between levels of care: district, sub-district, village, and family (since 2012)



**District Health System Management Learning :** strengthening decision-makers' partnership (since 2014)

## Major Findings and Results

Beyond improving the situation in the field, the main finding of CBL is a clearly defined concept supported by evidence in the field: CBL is the development of functional and sustainable relationships between district hospital, first line health services staff and other partners (from even beyond the district limits), as well as within hospital, health centre teams, communities, and families with reference to shared concepts (primary health care, family and community medicine, patient-centeredness, integrated health system), for **better working together** (functional relationship), for **continuously learning together** (learning relationship), for **strengthening the organisation together** (managerial relationship), in order to make the health system responsive to people's current and emerging demands and needs. It is progressively referred to the CBL concept nationwide in Thailand for capacity building and health system strengthening.

## Conclusion and Lessons Learnt

CBL can reinforce not only individual capacities but also fuels main DHS organisational components, i.e. functional unit teams (health centres, wards, and others), the matrix team (care providers connected within and between levels of care), the extended district matrix teams/links/networks (with involvement of not-health professional actors for inter-sectoral health interventions), the district techno-structure (for technical support) and the district health board. Involvement of academics in CBL bridges teaching and research institutions and the field, with a double benefit: support to the local learning process and improvement of teaching. Launching communities of practices, bringing several districts together, is effective for reflecting on selected issues identified at district level.

**Contact Information** - full paper on demand -

Yongyuth Pongsupap. National Health Security Office. Thailand. E-mail: [yongyuth.p@nhs.go.th](mailto:yongyuth.p@nhs.go.th)