

Multi-stakeholder participations in priority setting processes: Thailand experiences

Walaiporn Patcharanarumol, PhD
Viroj Tangcharoensathien, MD, PhD

International Health Policy Program (IHPP)
Ministry of Public Health, Thailand

Thailand: three public health insurance schemes

99% of 67 million population

| UC Scheme | Civil Servant Scheme | Social health insurance |
|--|--|---|
| Act 2002 | Royal Decree 1980 | Act 1990 |
| 75% of pop, 50 mln pop (mainly reside in rural areas; Q1-2; children, elderly, informal workers) | 7 mln pop (urban; Q4-5; children, elderly, public sector) | 10 mln pop (city; Q4-5; Adult workers in private sector) |
| Tax funded | Tax funded | Tripartite contribution |
| Close ended budget | Open ended budget | Close ended budget |
| Capitation, DRG, fee schedule | Fee-for-service, DRG | Capitation, DRG |
| National Health Security Office (public independent body) | Comptroller General Department, MOF | Social Security Office, MOL |

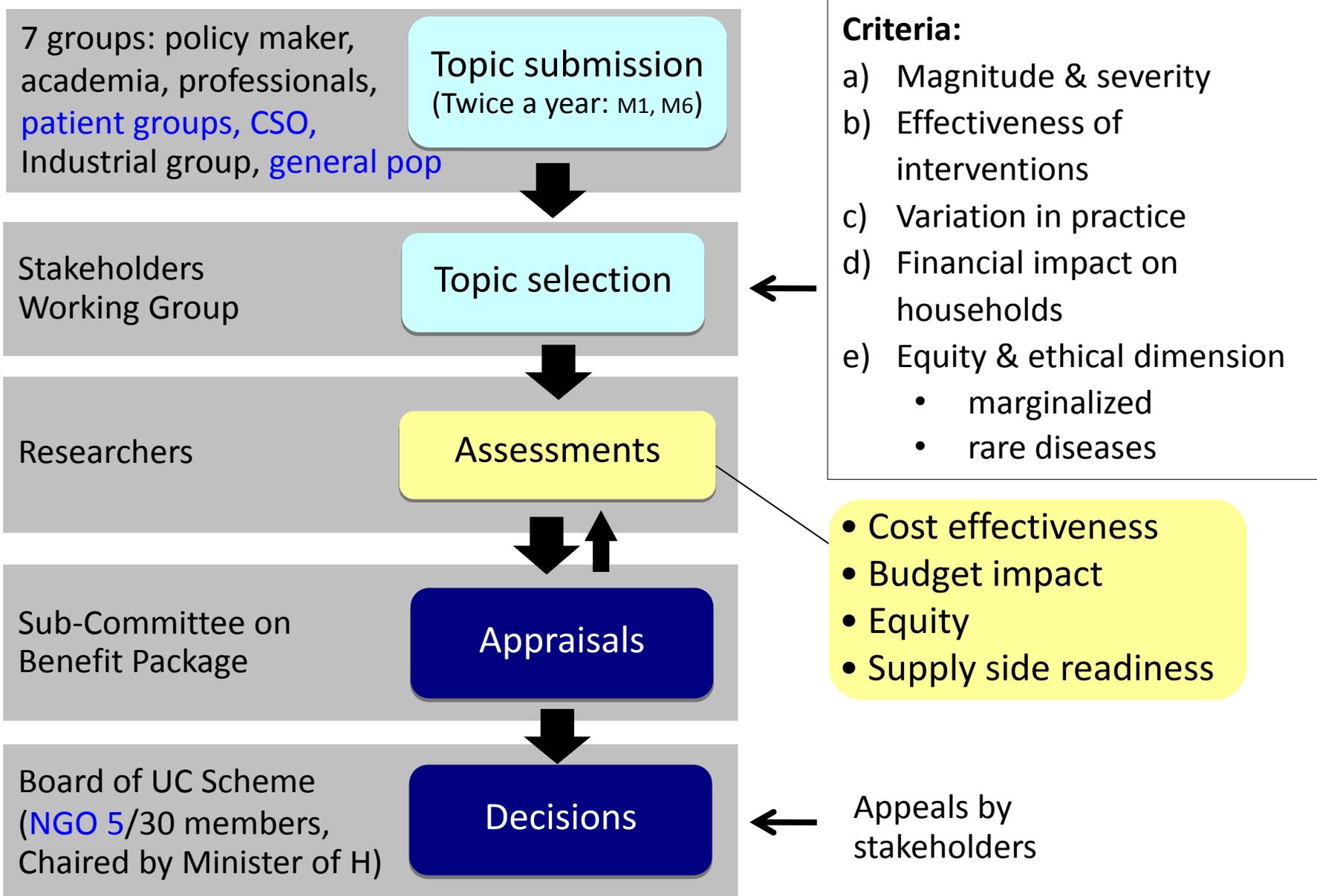
Public (75%) and private (25%) health facilities

Path dependence: UC Scheme benefit package

- Comprehensive benefit package of previous schemes:
 - Low income card scheme (1975-2001)
 - Community Based Health Insurance (1984-2001)
 - Social Health Insurance (1990-now)
- Path dependence for UC Scheme in 2002
 - Simply applied comprehensive list
 - However, Anti-retroviral Therapy for HIV/AIDS (ART) and Renal Replacement Therapy (RRT) were not covered
 - Non-formal and formal discussion, including lobbying, between the key players (policy makers, academia, providers, NGO, patient groups) as an ad-hoc basis
 - ART included in 2003: political indication, local production of medicines, low cost triple ARV at 300 USD per patient per year
 - RRT included in 2007: non cost-effectiveness but prevent catastrophic of household

Formal priority setting process in UC Scheme, 2009

Participatory-Transparent-Evidence-based-Contestable



New interventions assessed for coverage decisions

Contribution by IHPP and HITAP

| Interventions (Indication) | Cost- effectiveness | Budget impact | UC Scheme coverage |
|---|------------------------|------------------|-----------------------|
| Lamivudine (Chronic hepatitis B) | Yes | Low | Yes |
| Cyclophosphamide + azathioprine (Severe lupus nephritis) | Yes | Low | Yes |
| Implant dentures [problem in delivery & equity concern] | Yes ICER= 5,147 | Low | No |
| Peg-interferon alpha 2a + ribavirin (Chronic hepatitis C) | Yes ICER=86,600 | High | No |
| Adult diapers (Urinary and fecal incontinence) | Yes ICER=54,000 | High | No |
| Anti IgE (Severe asthma) | No | High | No |

Note: * THB per QALY; Threshold: ICER \leq 1 GDP per capita/QALY; GDP per capita =130,000 THB

Peoples' voice in UC Scheme

1. Benefit package
2. UC Scheme governing body
3. Public hearing
4. Satisfaction survey
5. Call center 1330

Peoples' voice beyond UC Scheme

6. National Health Assembly

UC Scheme's governing body: broad-base representation

A. National Health Security Board

- Minister of Health, chair the Board
- 8 Government Ex-officio
- 4 Local Government Representatives
- 5 representatives selected from 9 NGO constituencies
- 4 representatives from four Professional Councils
- 1 representative from Private Hospital Association
- 7 experts appointed by Cabinet [insurance, medical and public health, traditional medicines, alternative medicines, financing, lawyer and social science]

B. Standard and Quality Control Board, similar structure

Citizens' representative in managing UC Scheme

| Nine constituencies by the Act of National Health Security 2002 | A. NHSB National Health Security Board | B. SQCB Standard and Quality Control Board |
|---|---|---|
| 1. Children and adolescents | - | Female |
| 2. Women | - | - |
| 3. Elderly people | Male | - |
| 4. Disabled or mentally-ill | Male | - |
| 5. PLWH or chronic diseases | Male | Female |
| 6. Labour/workforce | Female | - |
| 7. Slum/crowded community | - | Male |
| 8. Farmers and agriculture | Female | Male |
| 9. Minorities | - | Male |
| Total citizen representatives | 2F, 3M | 2F, 3M |
| % of total Board Members | 16% | 14% |
| Total members of the Board | 30 | 35 |

Public hearing of UC Scheme

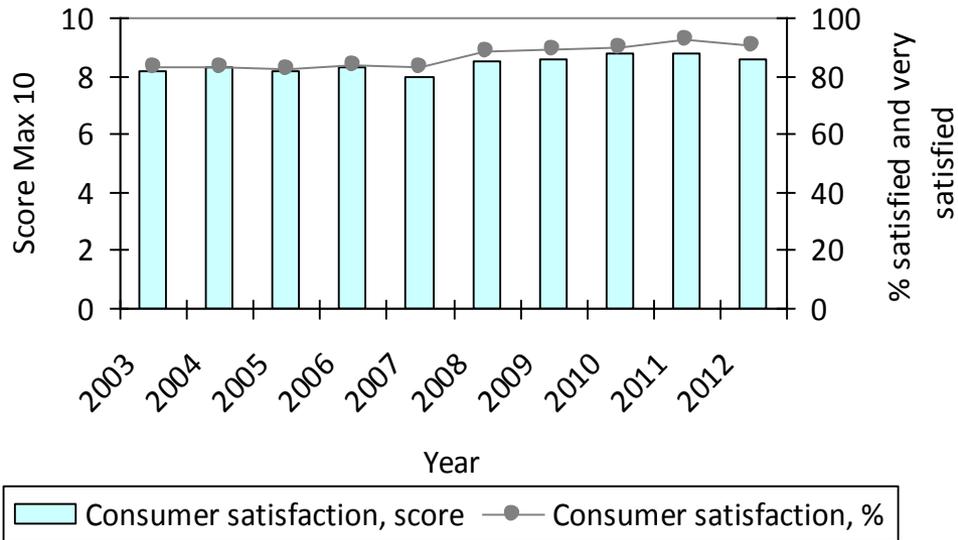
- By law, annual public hearing on UC Scheme is indicated in the National Health Security Act 2002
- Various topics
 - Benefit package
 - Quality of services
 - Administration
 - Public participation
 - Right protection
 - Fund management
- Stakeholders
 - Providers
 - Beneficiaries
 - Public health officers
 - Local government officers
- A total of more than 10,000 participants nationwide per annum

*“The public hearing has been conducted every year since the NHSO was established. At the beginning, the public hearing held annually at **regional level**. After that, it was expanded to **provincial level**. We would like to extend to **district and sub-district levels** focusing on quality of services in the near future.” [NHSO staff]*

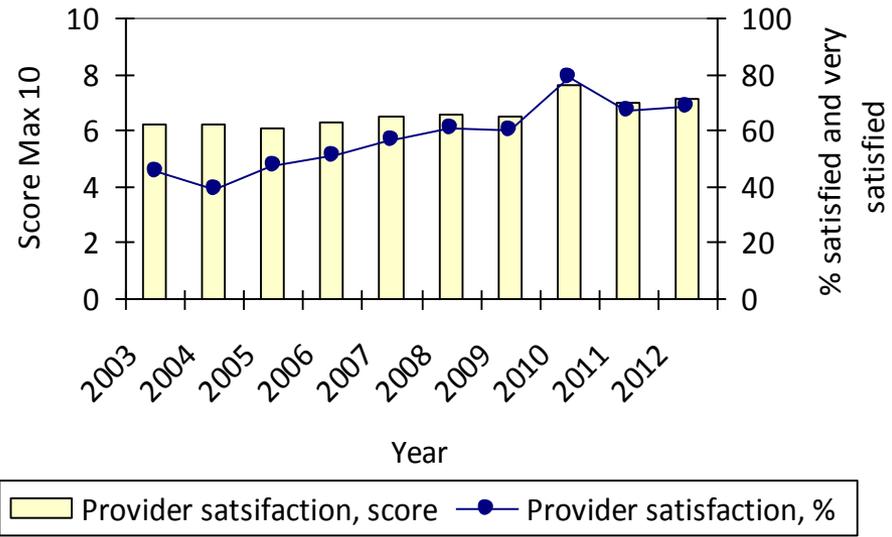
Satisfaction survey

- Annual satisfaction survey of providers and UC beneficiaries conducted by an independent body, a private university in Thailand

Consumer satisfaction, score and %, 2003-2012



Provider satisfaction, score and %, 2003-2012



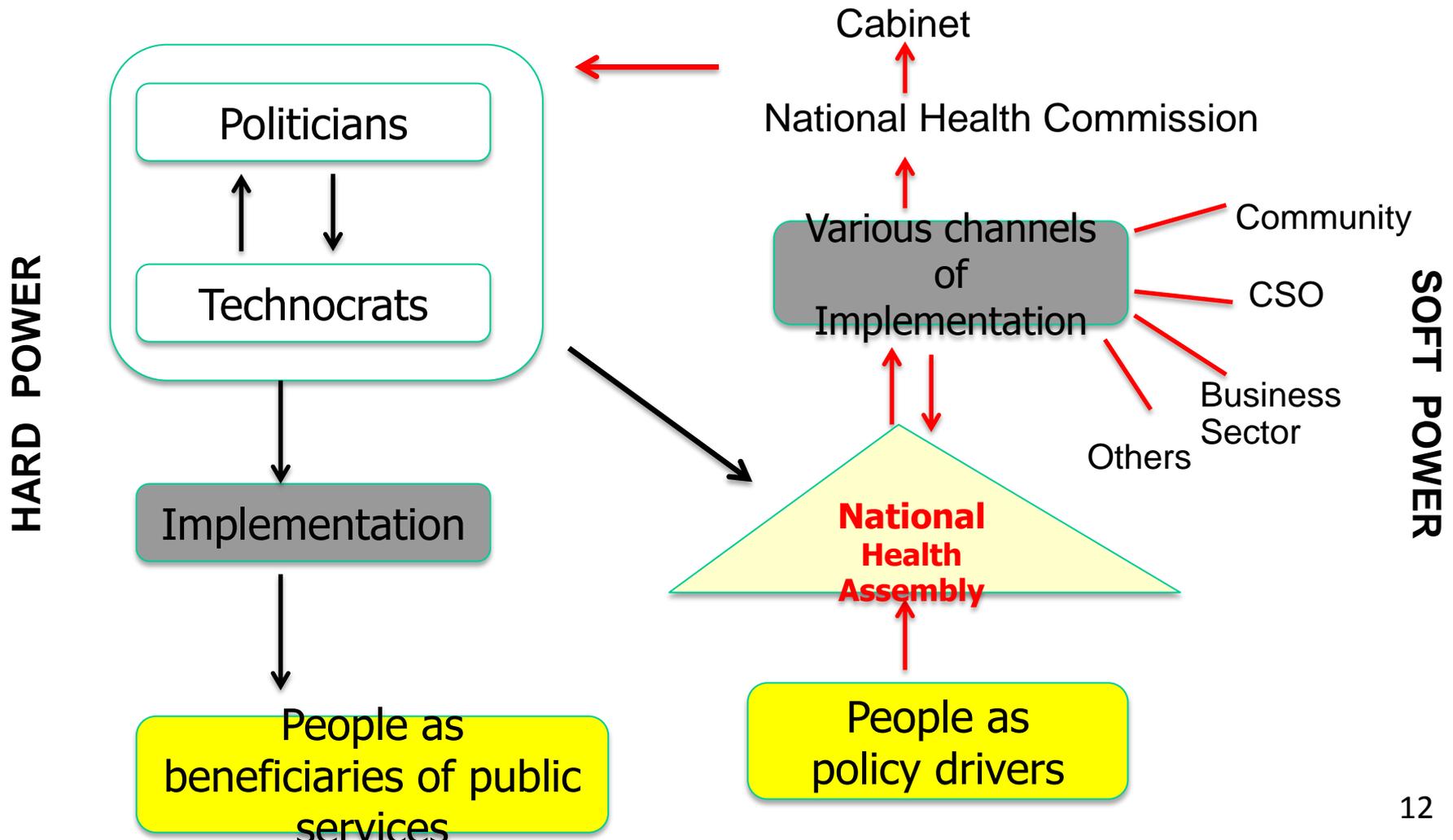
Customer service, call center 1330 24/7 service



| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---------|---------|---------|---------|---------|---------|---------|---------|
| 1. Total calls a year | 806,002 | 875,661 | 783,487 | 819,163 | 729,320 | 607,050 | 612,502 | 601,426 |
| 2. Average calls/month | 67,167 | 72,972 | 65,291 | 68,264 | 60,777 | 50,588 | 51,042 | 50,119 |
| 3. Number of OP Visits (million in a year) | 119 | 129 | 141 | 150 | 154 | 164 | 154 | 154 |
| 4. Calls as % of OP visits | 0.68% | 0.68% | 0.56% | 0.55% | 0.47% | 0.37% | 0.40% | 0.39% |
| Type of calls | | | | | | | | |
| 5. Information, Q&A | 786,820 | 852,003 | 769,082 | 808,793 | 719,178 | 596,356 | 601,372 | 587,305 |
| | 98% | 97% | 98% | 99% | 99% | 98% | 98% | 98% |
| 6. High attention cases | 19,182 | 23,658 | 14,405 | 10,370 | 10,142 | 10,694 | 11,130 | 14,121 |
| | 2.4% | 2.7% | 1.8% | 1.3% | 1.4% | 1.8% | 1.8% | 2.3% |
| 6.1 Complaint | 16,386 | 19,419 | 10,107 | 6,184 | 5,756 | 6,324 | 6,710 | 10,293 |
| 6.2 Request solution | 2,796 | 4,239 | 4,298 | 4,186 | 4,386 | 4,370 | 4,420 | 3,828 |

National Health Assembly since 2008: Public Participation in the Policy Process

National Health Act 2007 mandates National Health Commission Office to convene annual national health assembly



9th National Health Assembly 21 – 23 December 2016 at IMPACT, Bangkok

10th National Health Assembly December 2017

Organized by
The Organizing Committee

Participated by

- Constituencies (280)
 - 77 provinces' rep
 - Government agencies, political parties
 - Academia /Professions
 - Civil Society, Community, Private Sector
- Resource Persons incl. international guests
- Media
- People as observer



For more info www.en.nationalhealth.or.th

72 Resolutions of 9 National Health Assemblies (2008-2016)

Health Systems and UHC

- Equal access to basic health services
- Universal access to medicine
- Protecting health budget during economic crisis
- Emerging Infectious Diseases
- Medical Hub
- AMR

Security and justice

- Self-managing area
- Overcoming crisis of injustice

Agriculture and Food

- Agriculture and food in the era of crisis
- Food safety: agricultural chemicals

Specific Population Groups

- Long-term care for dependent elderly people
- Teenage Pregnancy
- Access to h services by the disabled
- Occupational Health for Workers

Environment & health protection

- Total ban of asbestos
- Sub-watershed management
- Natural disaster management

Trade and Health

- Impact of free trade agreement



Peoples' participation in UC Scheme

1. Benefit package
2. UC Scheme governing body
3. Public hearing
4. Satisfaction survey
5. Call center 1330

Peoples' participation beyond UC Scheme

6. National Health Assembly

Experience of Civil Servant Scheme

(source: Jongudomsuk et al. 2011)

- Dec 2010, cost-ineffective of four nonessential drugs for the treatment of osteoarthritis
- Glucosamine = 45% of total drug expenses among the same class
- Glucosamine was in the negative list; two months later, consumption dropped
- **Interest groups** e.g. orthopedic surgeons, pensioners their opposition through **mass media** and put pressure to the government to withdrawn enforcement
- July 2011, Glucosamine could be reimbursed from the Civil Servant Scheme; decision as a result of political pressure

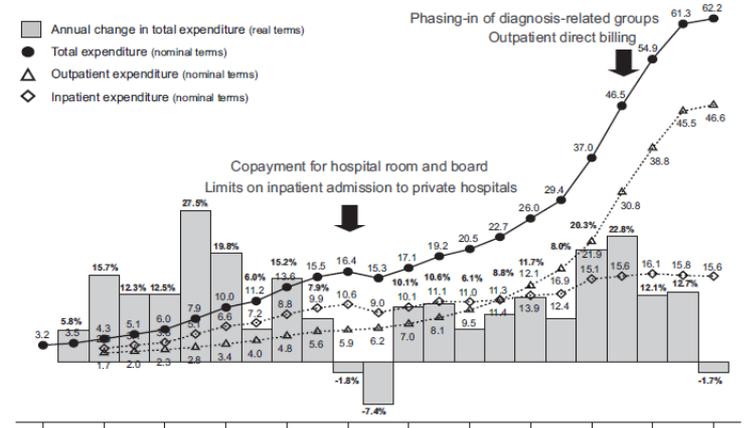


Figure 16.3 Total, Outpatient, and Inpatient Expenditures and Annual Growth in the Civil Servant Medical Benefit Scheme, 1988–2010 (Thousands of millions of baht)
Source: Ministry of Finance, Comptroller General Department (various years).

Lessons

- Stakeholders who are parts of the problems are also parts of the solutions; it is wise to bring them on board into a deliberative process based on evidence
- Increased CSO capacities and active citizenship are key enabling factors
- Building and sustaining national capacities on health systems and policy research are critical
- General good governance of the whole government contributes to health of the population

Thank you for your attention

