Thailand case study
patient and public involvement in prioritization

Sripen Tantivess
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1. Overview of health system and approaches to prioritisation

- Population: 67 million
- THE: USD 11.2 billion; public: OOP 74%:18%
- Providers – government dominates; MOH-owned facilities from PCUs to tertiary care
- Benefit package: comprehensive, diverse across the three schemes
- HTA introduced in coverage decisions
  - National List of Essential Medicines (basic drugs package)
  - UCS benefits policy
2. Overview of degree and nature of public and patient involvement in prioritisation

Stakeholders: academics, professionals, policymakers, industry, patient groups, CSOs, lay citizens

**Topic submission**
- Propose new interventions, with evidence
- Consultations with constituencies are required
- Supports can be requested from the secretariat (independent research institutes)

**Topic selection**
- Working Group: consider the proposed interventions against criteria
- Deliberation among WG members: academics, professionals, patient groups, CSOs

**Assessment**
- Stakeholders meetings: determine scope and research questions; comments on preliminary findings and recommendations

**Appraisal**
- Members of UCS Subcommittee for Benefit Package and Services Development
- Members of National Health Security Board
3. Description of underlying rationale to approach taken to public and patient involvement

- To replace previous ‘non-systematic’ approach, 2002-2009
  - The better-off dominated
  - Behind-the-closed-doors discussion
  - Irregular use of evidence

- Current approach: explicit protocol and criteria
  - Systematic
  - Transparency
  - Participation
  - Evidence base
  - Contestability
    - Hearing from different interests, direct experiences
    - Understandings on the decision making process and associating factors – why their preferences and interests are not met
    - Ownership of the policy → collaboration to support program implementation
4. Overview of current successes and challenges

**Successes:**
- Commitment of patient groups and CSOs: actively participate in every step of benefit package development process
- Helpful experiences:
  - Understandings on problematic issues
  - Practical suggestions: proper design of service delivery programs for assessments

**Challenges:**
- Limited capacity to be involved in some activities
- Identifying/approaching “representatives”
- Conflict of interest management
Impact depends on HTA results and authority decisions

- New benefits: drug treatment for lupus nephritis, device for self-monitoring of blood glucose for DM type I and II
- Denied interventions: adsorbent materials, alternating pressure mattress
- Service delivery improvement: dialysis for ESRD, palliative care

Impact of the participatory processes

- Awareness and attention of policymakers, stakeholders and researchers
- Empowerment: exchange of experiences and information; spill-over effects
- Transparency → legitimacy; acceptability; “Easy to say NO”?
6. Issues highlighted by the case study(s)

Technologies proposed by patient groups, CSOs and lay people

- For patients interests: Tx for severe lupus nephritis, SMBG in DM, knee replacement
- Population-based screening: prostrate cancer, CVD risks
- Care for the vulnerable: absorbent materials (e.g., adult diapers), alternating pressure mattress
- Essential for existing services
  - Test of panel reactive antibody prior to liver transplantation
  - Spare battery for hearing-aid devices
  - Arrangement for patient transfer to receive home-based palliative care
- Against current policy:
  - Scaling-up hemodialysis units in district hospitals
  - Co-payment for dental services in private facilities
7. Country-specific ethical or social values questions that emerge from involving the public and patients in prioritisation debates

- Disparities in health benefits (and prioritization processes), payment methods and contribution among the three government schemes

- UCS: current priority setting process is fair and leads to equity?
  - Imbalance of technical expertise and information
  - No explicit decision making criteria (and HTA methodology) concerning ethical and social issues
8. Lessons learnt on improving equitable access to health care through increasing public and patient involvement in prioritisation decisions

- Past experiences: strong movement for HIV prevention & treatment (mid-1990s), extended to other health problems
- Current context: health system reforms and UHC → formal/official venues and rules for participation; evidence-informed policy
- Linking public and patient involvement to (improved) equity
  - Different levels and models of participation: information, participation, involvement, engagement
  - Relationships and interactions between stakeholders (power & interests)
  - Political commitment, strategy and stewardship
  - Availability of resources: agenda setting, formulation and implementation
9. Future plans in the country

- No explicit, long-term plans on patient and public participation in health prioritization

- Future trends:
  - Good governance & people-centered policy applied to all sectors
  - Participatory, evidence-informed health prioritization will be sustained
  - Harmonization of benefits packages of the three public schemes

- UCS: procedural guidelines and criteria revised according to evaluation results and feedback from stakeholders
10. References or papers for other delegates to look at in advance


Thank You! sripen.t@hitap.net