Medical Tourism Policy in Thailand

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Bridging the Research-Policy Divide
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Overall context

Medical tourism in Thailand

- Has a long history
- Has generated reputation and high income for the country
- Movement of health personnel from the public sector to the private sector—inequitable supply of health services in the public health sector
- No significant policy to address the negative impacts

National Health Assembly (NHA)

- Forum for public policy development
- Policy change in medical tourism was selected as one agenda of the National Health Assembly in 2010
Research and Policy Change

**Research:**
- Impacts of medical tourism
  - Positive and negative impacts on the health system
  - Policy implications
  - Recommendations for policy decision

**Policy change:**
- Resolution on ‘Medical Hub Policy” adopted by the National Health Assembly, 17 December 2010
- The resolution endorsed by the Cabinet, 12 April 2011
What did the research aim to achieve?

- **Equity in access to health services**
- Improve the access to health services through the well-managed medical tourism policy
- Policy development
- Policy recommendations
- Identifying positive and negative impacts of medical tourism
Who was intended to benefit?

- Thai population with inadequate access to health services
- Policy makers
- Private health sector
Structure – medical tourism policy

- Board of Investment
- Ministry of Commerce
- Civil society groups
- Ministry of Public Health
  - Office of Permanent Secretary
  - Dept of Health Service Support
- Cabinet
- National Economic and Social Advisory Council
- National Health Commission
- NCITHS
- IHPP (ITH)
- Chamber of Commerce
- Private Hospitals’ Association
- Tourism Authority of Thailand
Process

• **Multiple streams model**
  – The group of public, researchers, civil society (the **problem** and **policy** streams) created the window of opportunity to propose the policy change to the National Health Assembly

• **Rational/ comprehensive model**
  – The Working Group identified the problem, goals and objectives, solutions
  – Agreed on the best solution → Draft resolution
Scoping

• Overall positive and negative impacts of medical tourism on the country

• Positive and negative impacts of medical tourism on the health system of the country

• How the negative impacts on the health system should be alleviated and prevented

• What actions are needed for better medical tourism policy
Boundary setting

- Better management of human resources for health for better provision of public health services
- How the positive gain from medical tourism (revenue, profit, technology) can help improving access to health services among people with inadequate access
- Improve the access to health services through the well-managed medical tourism policy
- Improving health knowledge [self-care, health services] of the public for the best health decision
Framing

Public hospitals
- short of staff
- crowded
- high workload
- long waiting time
- ...

Private hospitals
- luxurious
- less crowded
- more time with doctors
- expensive
- ...

VS
Taking values into account

• Thai population should have equal access to health services and stay in good health

• Medical tourism is good for the economy but the negative impacts on the health system should be taken into account
Harnessing ‘good’ differences and managing ‘bad’ differences

- Utilised support from the like-minded groups (create alliance) for more negotiation power
- Making use of available services of the private health sector to improve access to health services of those with inadequate access
- Managed the working group with members from different interests to work together to develop the policy
- Managed to reach the conclusion
How did the research contribute to policy development?

- **Engaged** with the Working Group throughout the process
- **Enlightened** the public through media and public seminars
- **Communicated** with the NHA constituencies (the policy makers) through the public hearing sessions
Who in the research team provided support for policy development?

• All members of the team provided information from compilation of research to the Working Group

• The NHA Organising Committee provided information and support through several occasions
When was the research used to influence policy development?

- When findings and recommendations were available
- Additional research was conducted when needed as recommended by meetings, public hearings and public opinion
Authorisation

International Health Policy Program (IHPP)

- A research office under the Ministry of Public Health
- Multiple funding sources – national and international

My role

- A researcher - ‘medical tourism’
- Appointed by the National Health Assembly Technical Subcommittee as lead secretariat for the NHA Working Group to develop the draft resolution on medical tourism
Organisational facilitators and barriers

**Facilitators**

- IHPP and senior officials had high interest in this issue and were very supportive
- Chair of the Working Group (charisma, leadership, negotiation & management skills)

**Barriers**

- Private health sector / private hospitals’ low interest in this policy
- Public understanding on the negative impacts of medical tourism on the public health services

**Barriers turned facilitators**

- Working Group members - multi-sectoral (government, private sector, academic, researchers, civil societies)
Research and policy change

Compilation of research

Draft resolution

Adopted NHA resolution on medical hub policy

Resolution

- Not providing investment privileges to business-oriented health services
- Promoting health tourism without affecting public health services provided to the Thais
- Develop appropriate system on production, management and retention of human resources for health
- Develop the information system to monitor the movement of HRH
- Etc...

Ongoing implementation

- Improvement of the HRH management plan
- Information system to monitor the movement of HRH
- Additional research on financial measures, etc...

October 2011: New framework for investment privilege for private health business

Endorsed by the Cabinet

12 April 2011
Thank you for your attention