



Australian
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Medical Tourism Policy in Thailand

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Bridging the Research-Policy Divide

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The Australian National University

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– inadequate 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

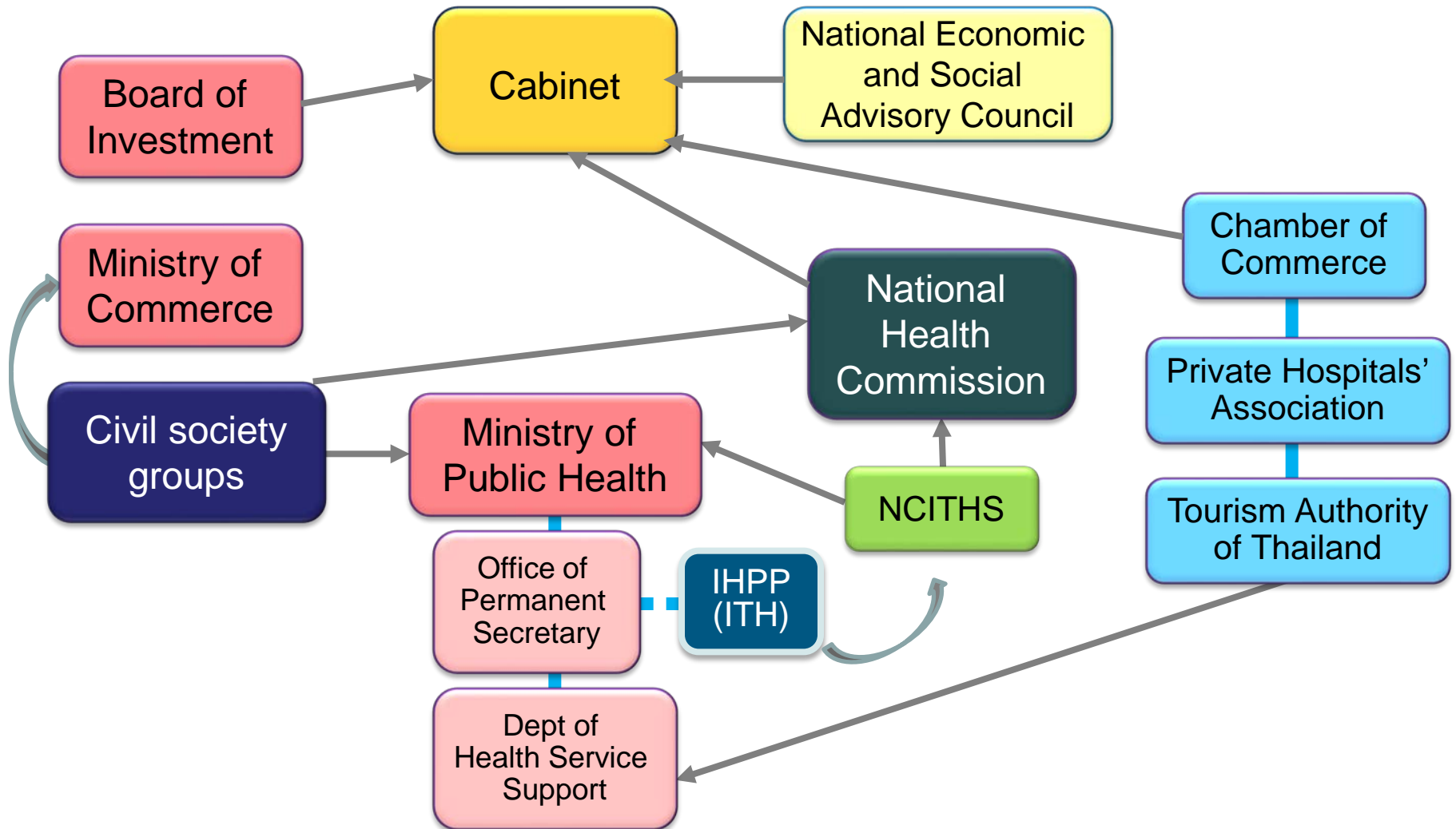
What did the research aim to achieve?

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- **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



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



Private hospitals



VS

Public hospitals



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

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

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)

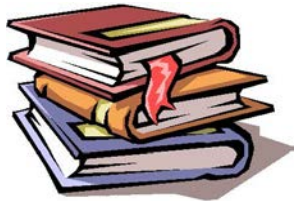
Barriers

- 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

July 2010

Ongoing implementation

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



Draft resolution



Adopted NHA resolution on medical hub policy

17 December 2010



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

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...



Endorsed by the Cabinet
12 April 2011





*Thank you
for your attention*