



Policy Brief

Improving access to health services for Thais
in the context of increasing foreign investments
in the private health sector

Cha-aim Pachanee
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Bridging the Research-Policy Divide

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Background (1)

Research question

- How can increasing foreign investments in the private health sector improve access to health services for Thai population?

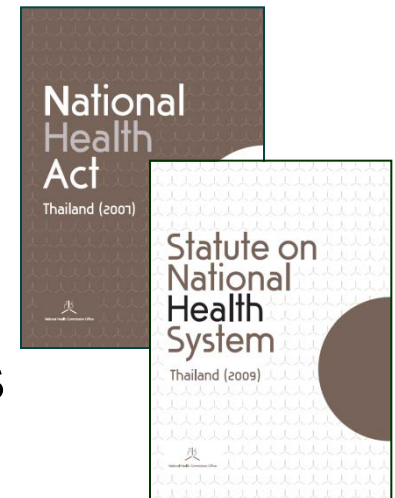
Research objectives

- To determine the magnitude of foreign investment in private health services in Thailand
- To utilise benefits of foreign investment in private health sector to improve access to healthcare of the Thai population

Background (2)

Importance of the research

- Foreign investment in private health services in Thailand is increasing
- It can stimulate brain drain of health personnel from the public to the private sector
- Advantages of medical technology and availability of services in the private sector can be beneficial to the Thai population
- Equal rights to access to health care services



What were the different ways to state the problems?

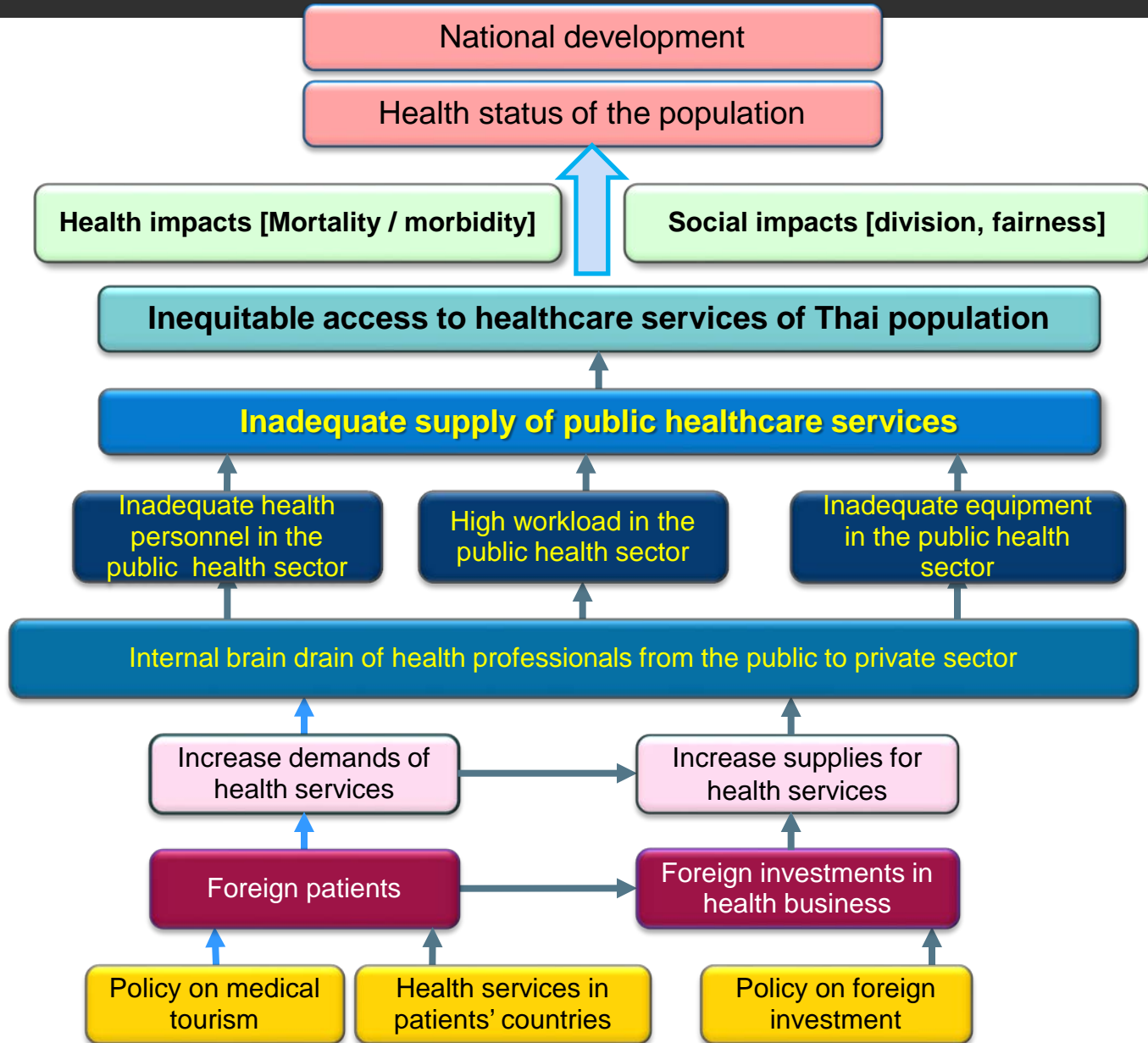
- Improving access to health services for Thais through the increasing foreign investments in the private health sector
- Using available resources in the private health sector to improve provision of services in the public health sector

- Changing crisis to opportunities





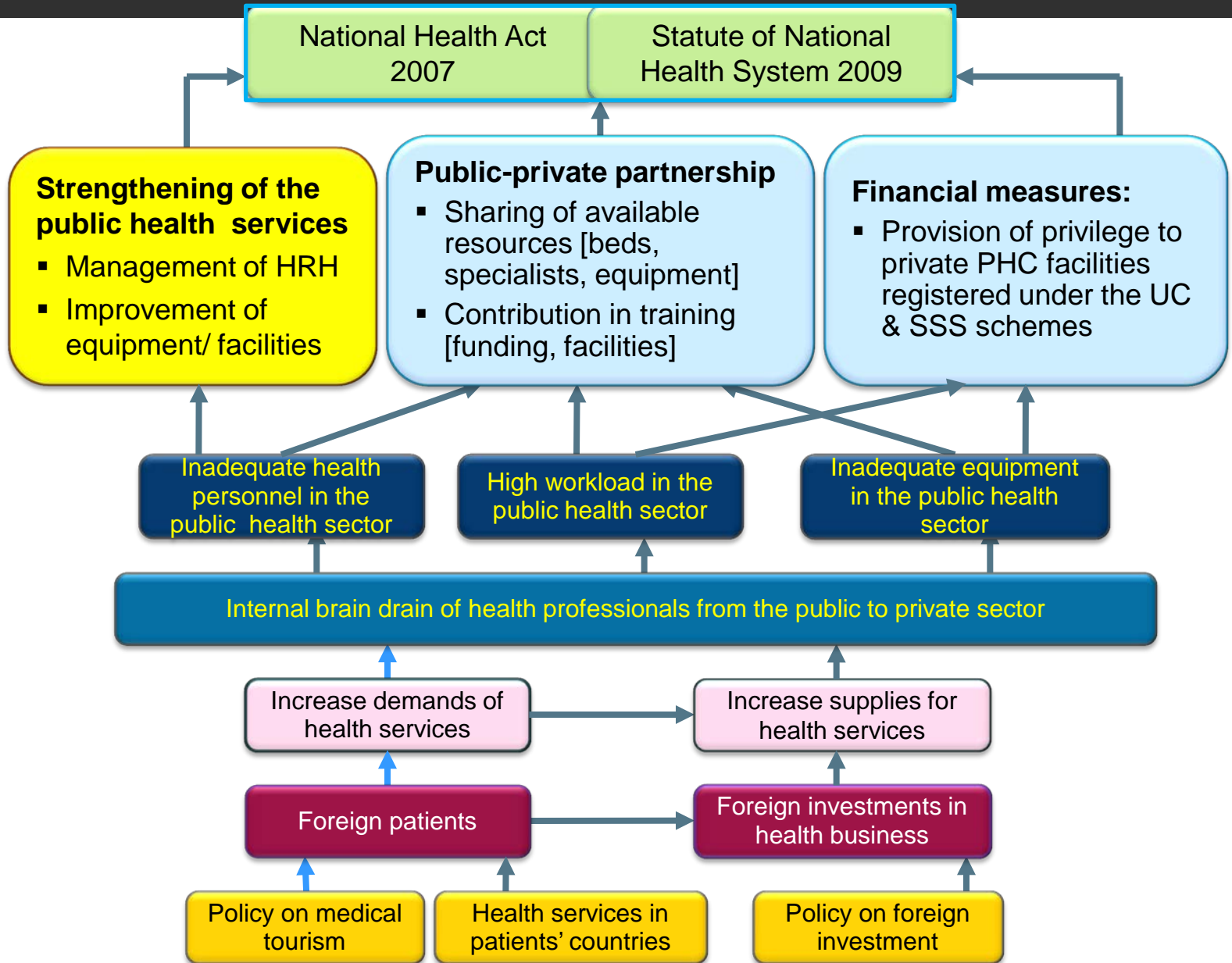
Problem tree and my focus





Solutions

Causes



Stakeholders



Force field analysis

Force for change

Supply of public health services is inadequate (insufficient staff and equipment)

Private health sector has high supply of health services (attracting resources from the public sector)

Private sector needs to share resources to improve access to public health services (contribution to the society)

Public-private partnership for resource sharing to improve access to public health services

Force against change

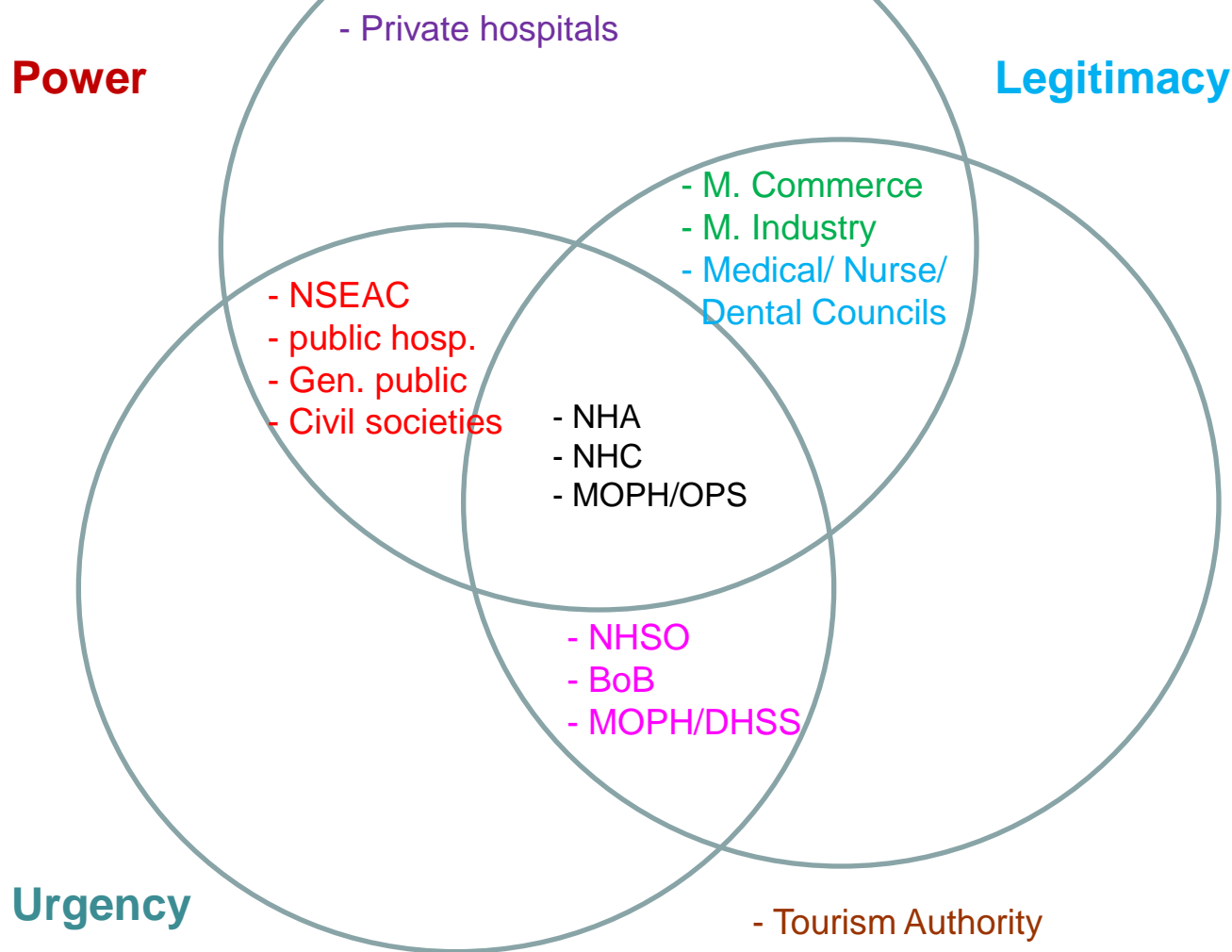
Cost implications for the private sector

Lessening capacity of the private sector to provide services to patients

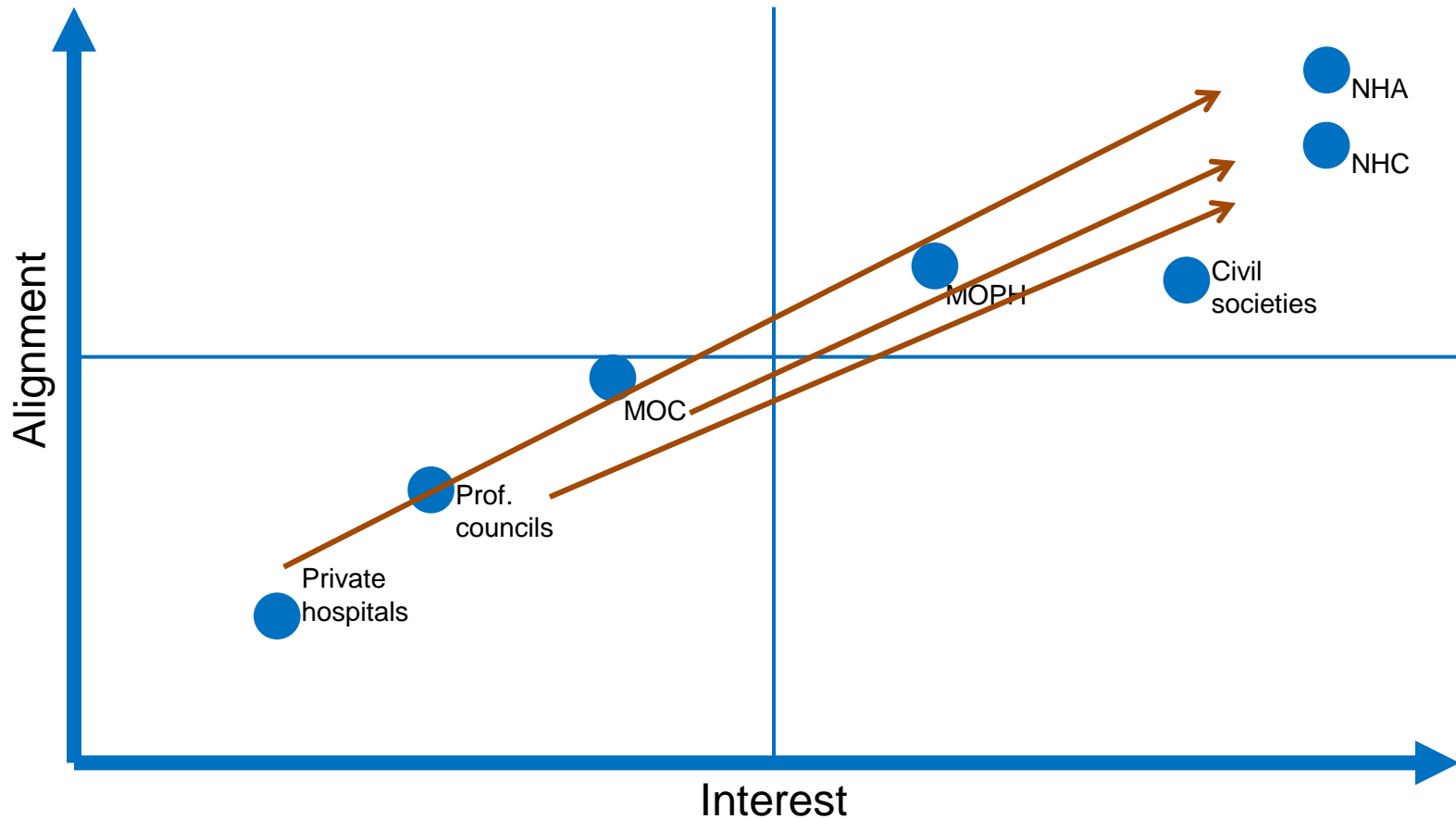
Lose of profits of the private sector

Who is who?

Who is what?



Alignment-Interest and Influence Matrix



Policy influencing plan



Objectives of the Policy

Objective 1

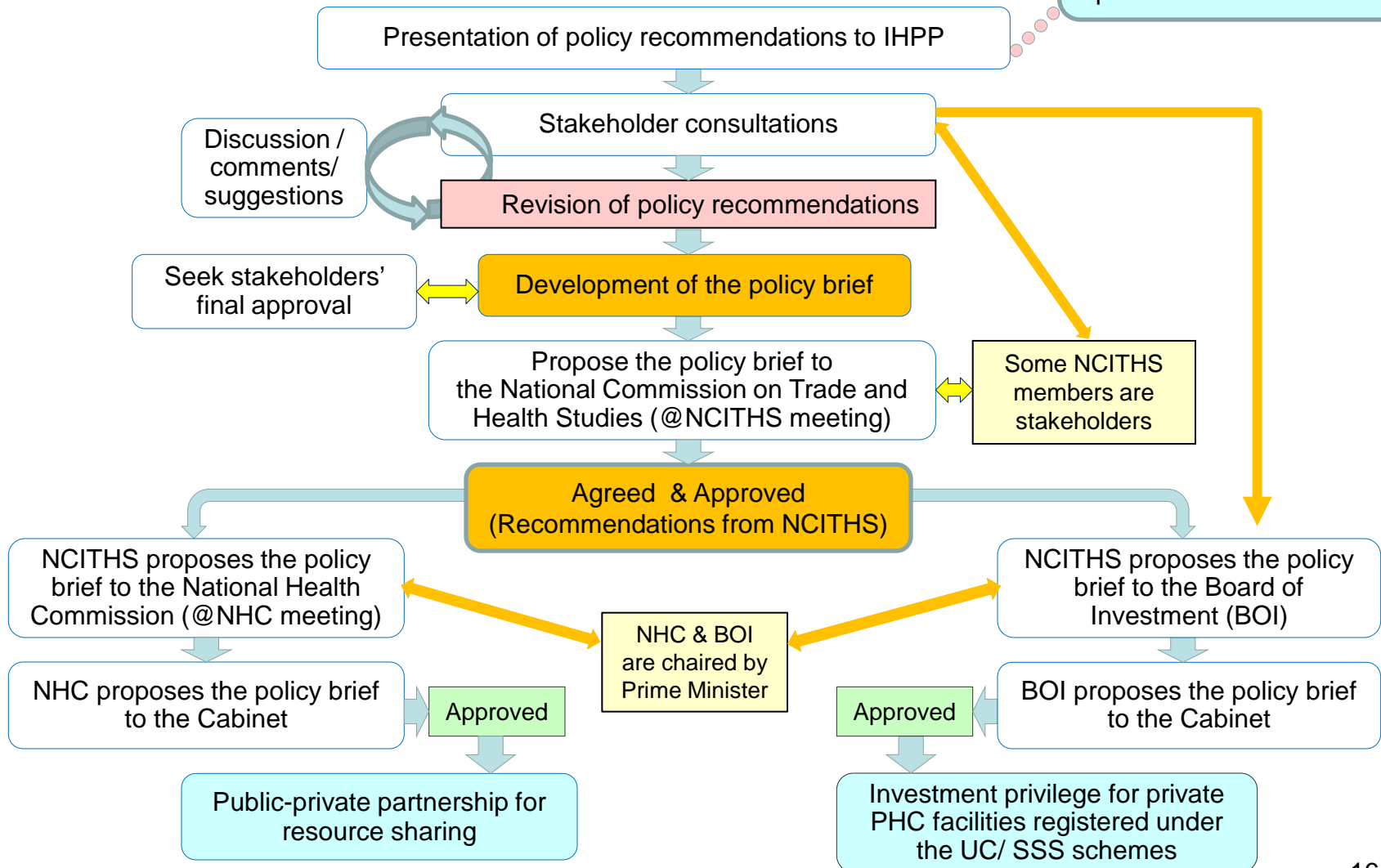
To create a public-private partnership for resource sharing to make more resources available in the public health sector and that will improve the access to health services of the Thais

Objective 2

To provide tax privilege for private primary health care facilities registered under the universal health coverage scheme

Problem: Inadequate supply of public healthcare services

- public-private partnership
- investment privilege for private PHC facilities



Objective 1 and 2

Activity	Stakeholders	Timeline	Indicators		Risk prevention / control
			Process	Output	
1. Series of in-house discussions	<ul style="list-style-type: none"> - IHPP director & seniors - ITH members - MOPH seniors 	Nov 2012	- Discussion notes / minutes	- Recommendations used to revise the policy recommendations	- Providing sufficient evidence and both for & against arguments
2. Two stakeholder consultations	- All stakeholders	Dec 2012 - Feb 2013	<ul style="list-style-type: none"> - Full participation - Minutes 	- Recommendations used to revise the policy recommendations	<ul style="list-style-type: none"> - Sending invitation with discussion paper at least 2 weeks in advance - Providing sufficient evidence and both for & against arguments - Selection of a skillful chair
3. Development of the policy brief	- All stakeholders	Feb/ Mar 2013		- Policy brief	<ul style="list-style-type: none"> - Taking into account all comments from stakeholders - Providing reason for inclusion/ exclusion of comments
4. Seeking approval from stakeholders via formal letter	- All stakeholders	Mar 2013		- Approval from majority of stakeholders	<ul style="list-style-type: none"> - Providing sufficient time - Regular email follow up - call for a meeting in case of disapproval from majority of stakeholders
5. Proposing the policy brief to NCITHS	- NCITHS members	NCITHS meeting (quarterly)	- Included in the meeting agenda	<ul style="list-style-type: none"> - Accepted/ approved by NCITHS - Revised policy brief 	- Need to influence stakeholders (activity 1) in order to influence NCITHS members from private sector

Objective 1 (continued)

To create a public-private partnership for resource sharing to make more resources available in the public health sector and that will improve the access to health services of the Thais

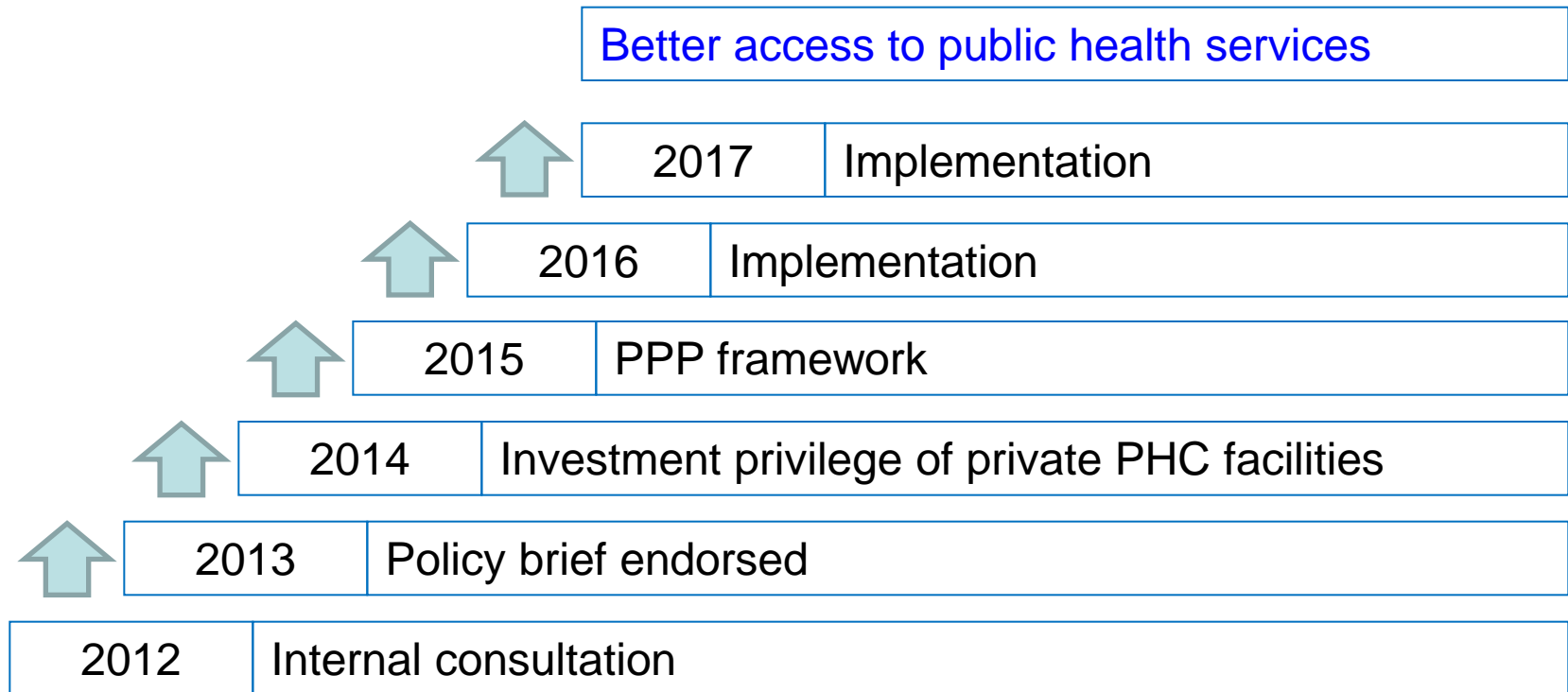
Activity	Stakeholders	Timeline	Indicators		Risk prevention / control
			Process	Output	
6. NCITHS proposes the policy brief to the National Health Commission (NHC)	- National Health Commission (chaired by Prime Minister)	NHC meeting schedule	The policy brief is proposed and included in the meeting agenda	- Approval by the NHC	- Standby to provide additional information if requested
7. NHC proposes the policy brief to the Cabinet	- Cabinet	Cabinet meeting schedule	The policy brief is proposed and included in the meeting agenda	- Cabinet approval of the policy brief - Cabinet resolution - Enforcement for implementation	- Standby to provide additional information if requested

Objective 2 (continued)

To provide tax privilege for private primary health care facilities registered under the universal health coverage scheme

Activity	Stakeholders	Timeline	Indicators		Risk prevention / control
			Process	Output	
5. NCITHS proposes the policy brief to the Board of Investment (BOI)	- Board of Investment (chaired by Prime Minister)	BOI meeting schedule	The policy brief is proposed and included in the meeting agenda	- Approval by the BOI	- Standby to provide additional information if requested
6. BOI proposes the policy brief to the Cabinet	- Cabinet	Cabinet meeting schedule	The policy brief is proposed and included in the meeting agenda	- Cabinet approval of the policy brief - Cabinet resolution - Enforcement for implementation	- Standby to provide additional information if requested

What impacts will these actions have in five years?





*Thank you
for your attention*