Health Systems Evaluations in Thailand

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WG2: Priority 1

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Contents

Acronyms

CSO	Civil Society Organizations
EU	European Union
FFS	Fee for Service
HEFP	Health Economics and Financing Program
HSR	Health Systems Research
HSRI	Health Systems Research Institute
HSS	Health Systems Strengthening
HSSEC	Health Systems Strengthening Evaluation Collaborative
IHPP	International Health Public Program
LSHTM	London School of Hygiene and Tropical Medicine
MOPH	Ministry of Public Health
NHA	National Health Assembly
RRT	Renal Replacement Therapy
SRS	Senior Research Scholar
TRF	Thailand Research Fund
TRT	Thai Rak Thai
UCS	Universal Coverage Scheme
WHO	World Health Organization

Introduction

Health systems strengthening (HSS) is widely understood to be key to achieving universal health coverage and to ensuring robust responses to health emergencies. In recent decades, global health investors have put more attention and investment towards HSS, leading to accelerated efforts to evaluate HSS policies and programs initiated by those investments. Yet, a common definition and framework for how to evaluate HSS interventions remains elusive, hampering efforts to strengthen, coordinate and amplify HSS programs.

The Health Systems Strengthening Evaluation Collaborative (HSSEC) brings together key global and national stakeholders to suggest ways to strengthen the quality of evaluations of health systems strengthening (HSS) investments in LMICs and to improve coordination across stakeholders in this space. The Collaborative believes that to move HSS evaluation beyond its current fragmented form, leadership and commitment for advancing and changing ways of working must come at least partially from the joint action of three key groups of stakeholders: (i) country-level stakeholders, including governments, practitioners, and communities, (ii) donors that fund HSS and HSS evaluation, and (iii) evaluators and academics who are involved in HSS evaluation.

As part of the HSSEC, a working group was convened to look at HSS evaluations from a national perspective, and to identify lessons learned and opportunities for further strengthening HSS evaluations. The first priority of this group was to build a better understanding of the institutional structures and processes that support HSS evaluations, and opportunities to strengthen processes to enhance national HS evaluation capacity and to better respond to institutional needs. Two light-touch case studies, Thailand and Mexico, were identified as priorities for this work. This report presents findings from the Kenya case study.

Scope of the report

This report presents findings from the light-touch case study in Thailand. It is structured into four sections. Section 1 provides an overview of Thailand's current HSS evaluation ecosystem and priorities. Sections 2 and 3 provide an overview of the objectives of this light-touch case study and the methods utilised. Section 4 presents the results from this desk review and covers the evolution of health policy and system research, sources of funding, key actors involved, and factors that have enabled a strong HSS evaluation ecosystem. The report concludes with an overview of lessons learnt.

Background

Thailand is well known for its accomplished health system and is often cited as an example of a country that has achieved universal health coverage (UHC). 98.5% of the population are financially covered by the following three public health insurance schemes: (1) the Universal Coverage Scheme (UCS), (2) social health insurance, and (3) the Civil Servant Medical Benefit Scheme (Tangcharoensathien et al, 2019).

This success has been portrayed as an unequivocal contribution of the three power poles: government, people, and knowledge. This concept has been prominently recognised as the 'triangle that moves the mountain' by Prawase Wasi, a highly recognised health leader in Thailand, in 1997. The government sector represents policymakers, politicians, local administrative organizations and government services. The people's sector represents civil society, communities and citizens. The knowledge sector represents academia, think tanks and research institutions (Wasi, 2000). One example of the contribution of research to policy making was the UCS. Universal coverage was in high demand with the Thai people, as was evidenced by the people's evaluation (Wasi, 2000).

The research that backed up these successful steps of policy spans almost four decades. The perseverance of researchers has been maintained and they have been motivated by ongoing engagement with policymakers around evidence and large-scale policy reforms in Thailand.

Thailand has been successfully representing low and middle-income countries (LMIC) at the global health policy platforms through its capacity in policy analysis. The current priorities of HSS evaluation are equitable and fair access to health systems, improving the quality of information to inform policy making, and national and global health security.

Objectives

The key objectives of the case study were to:

- Understand the HSS evaluation agenda and the process of development.
- Identify the institutions, organizations and capacities that support HSS evaluation and research in Thailand.
- Review the processes and mechanisms through which HSS evaluation and research capacity is identified and utilised to address evaluative needs.
- Determine the enablers and barriers to HSS evaluation ecosystems in Thailand.

Key review questions included:

- How has the domestic health system research agenda evolved in Thailand?
- Who are the key actors involved?
- How has Thailand funded the development of HSS research capacity domestically?
- What factors have enabled the development of an HSS research and evaluation ecosystem?

Methods

Data collection primarily involved document review and mapping.. The main method of searching documents was by following the chain of references in articles. Key documents were also identified by the Working Group members of the HHSEC. In addition, a thorough search was conducted using Google Scholar, PubMed and manual searches for the terms "*health system*", "*health policy", "universal care scheme"* and *"Thailand".*

Altogether, 20 articles were retrieved, and eight articles that included a description of the HSS evaluation agenda were reviewed for the study. A thematic analysis was carried out in Microsoft Excel to understand the evolution of the HSS evaluation agenda, the actors involved, the funding, the role of and the relationships with national government and the lessons learnt.

Results

Evolution of Health Systems Research (HSR) in Thailand

The importance of research about health systems, policies, economics and financing started to be realised in Thailand in the early 1980s. However, there is no record of any significant research published during that time, due to the lack of good research management mechanisms. To overcome this, in 1992 Thailand established two research-promoting and funding agencies: (1) the Thailand Research Fund (TRF), and (2) the Health Systems Research Institute (HSRI). Both were established by special acts that allowed them to use the government budget and maintain independence. They are not bureaucratic organizations, but are governed by independent boards (Wasi, 2000).

The HSRI was mandated to support research into health systems and to facilitate the reforms of the health system. Since 1998, the HSRI has recruited senior research scholars (SRS), young

professionals with strong public health backgrounds, for research apprenticeships, in which they conduct policy-relevant research under the mentorship of senior researchers before their placement for doctoral training (Pitayarangsarit & Tangcharoensathien, 2009). The International Health Policy Programme (IHPP) emerged from the TRF's SRS program in health economics and financing and was formally established through a memorandum of understanding (MoU) between the HSRI and the Ministry of Public Health (MOPH) in 2001 (Pitayarangsarit & Tangcharoensathien, 2009).

The IHPP is the current leading agency for HSR in Thailand. This agency has strengthened health policy and systems research capacity in the MOPH of Thailand since 1998. The main contributions of the IHPP have been cost studies, the estimation of budget requirements for the UCS in its implementation phase, and a manual for the analysis of hospitals' financial status and performance. The IHPP has grown into the Health Intervention and Technology Assessment Programme (HITAP), a sister agency of the IHPP in 2007.

Regarding the political support for HSR, Dr Sanguan Nittayaramphong, a pioneer advocate of UHC in Thailand, and civil society organization (CSO) partners strongly advised the political parties that UHC was the only way to reinstate the health and economic status of Thai citizens (as evidenced by studies) prior to the January 2001 general election. The only political party who was convinced by them on this point later won the election: Thai Rak Thai (TRT). The success of the TRT party in the election, with the UCS as one of their three major mandates, allowed for trust in research to be built up. In 2002, the design of the UCS and its implementation was influenced by evidence from HSR (Tangcharoensathien et al, 2004).

The national capacity for generating evidence on HSR has risen steeply in Thailand since 1995. The HSRI had published nine papers in 1995, and 93 papers in 2000. The publication of evidence about HSR has particularly increased in international journals, rising from two papers in 2001, to 13 papers in 2006 (Pitayarangsarit & Tangcharoensathien, 2009).

Funding

The major funding for HSS evaluation in Thailand comes from public funds. The government provides funding for HSR through the HSRI and the TRF. Other sources of funding include the apprenticeship and the long-term fellowship program of the SRS. The long-term fellowship program has been jointly managed by the World Health Organization's (WHO) country office and by the IHPP since its start in 2000. The two rounds of three-year institutional grants to the SRS from the WHO was another source of funding to build capacity in health policy and systems research in Thailand (Wasi, 2000).

The MoU between the HSRI, the Health Economics and Financing Programme (HEFP) and the London School of Hygiene and Tropical Medicine (LSHTM) in 1999 had some guidance on funding, including the HEFP's role to provide assistance in accessing funds and funding some low-cost activities (Mayhew et al, 2008).

Considering the sponsorship of the SRS to study PhD programs at the LSHTM, who later returned and served the IHPP, the HEFP has also made modest contributions to funding the HSS evaluation capacity of Thailand.

HSR actors

The major actors of HSR in Thailand are the HSRI (government), the WHO (supporting the HSRI), The Rockefeller Foundation and the Centres for Disease Control and Prevention. Other actors have included international donors and academic institutions, such as the European Union (EU) and The Pew Foundation.

The Centre for Disease Control supported the formation of the National Epidemiology Board and the establishment of the College of Public Health, at Chulalongkorn University in Thailand. Other important actors were the EU's support of the Health Care Reform project, conducted by the

Centre for Health Equity Monitoring, Naresuan University and the HSRI. This has pioneered research and development in health care system reform in Thailand (Wasi, 2000).

Several of the actors involved in the capacity building in health systems and policy research were as follows:

- USAID supported the Health Care Financing Program in the 1980s.
- The Pew Foundation supports the IHPP.
- The health planning division of the MOPH has been in collaboration with the LSHTM's Health Economics and Financing Program since the 1990s (Tangcharoensathien et al, 2007).

HSS evaluation ecosystem

The critical factors that enabled a strong HSS ecosystem can be described under three broad subheadings:

Development of national capacity

The SRS program which enrolled young professionals for apprenticeships and long-term fellowships was a win-win for Thailand. The program supported fellows in acquiring a PhD, developing HPSR competencies, and provided them with the opportunity to work with qualified HSRI researchers upon returning from their PhD training. They also provided mentoring to junior researchers, thus maintaining the cycle of enrolment. This supported the development of a pool of human resource for HSR in Thailand. The successful return rate and their retention was an asset for enabling a strong HSS ecosystem (Pitayarangsarit & Tangcharoensathien, 2009).

The long-term trust and comradeship between the research community and the policy elites was an important aspect in the development of HSR capacity. Having senior academics who were respected by politicians, bureaucrats and the media was deemed crucial in helping the organizations to steer through policy decision making (Tangcharoensathien et al, 2007). This was reinforced by the delivery of comprehensive and relevant answers through policy-relevant research to support decision making, which was more convincing than theoretical recommendations (Pitayarangsarit & Tangcharoensathien, 2009).

Linkages between actors and institutions

The health minister chairs the governing board of the HSRI, the institute that is mandated to support research into health systems and to facilitate reforms of the health system. This allows the HSRI to remain in reasonable proximity to policy circles, and to maintain their scientific integrity whilst also being independent from political influences (Pitayarangsarit & Tangcharoensathien, 2009).

Reformists worked with researchers to ensure that changes were guided by strong evidence: 'In the case of universal coverage, political commitment was the fuel, evidence was the compass and the social movement was the catalyst of reform' (Tangcharoensathien et al, 2004).

Meeting evidence needs and use of evidence in Thailand

Thailand has demonstrated the importance of HSR in meeting their health priorities and in maintaining transparency and good governance. An example of this is the country's experience in renal replacement therapy (RRT). RRT was not included in the UCS in 2002. The evidence regarding the cost of therapy, its cost effectiveness and budget implications, and the study of people's experiences successfully convinced the cabinet to include RRT in the UCS in 2007 (Tangcharoensathien et al, 2021). The annual UCS budget, which used to be confirmed by the bilateral negotiation of the Bureau of Budget with the MOPH, was later made evidence-informed, based on the utilization rate of the benefit packages.

The National Health Assembly (NHA) of Thailand offers participatory public policy making, which involves inclusive participation from the government, academics, research organizations, CSOs and citizens. The agenda for the NHA is set in response to persistent health systems and policy challenges, which require multistakeholder input and action. Researchers have a major role in identifying the social, economic and ecological context of the health system and the policy gaps to address them (Tangcharoensathien et al, 2021).This is an important platform that offers the HSS evaluation researchers the opportunity to present their evidence and provide recommendations to policymakers.

Lessons learnt

The experiences in Thailand around building a continuous loop of generating evidence and utilising evidence in policy making, is a good lesson for LMIC globally. Key factors that have facilitated this ecosystem include, the self-initiation and local ownership of learning, and an investment in institutions and resources to train and sustain a cadre of national health systems research capacities. In addition, international collaborations and partnerships, the retention of the researchers, evidence-informed policy making and their reflection on outcomes are other positive aspects of Thailand's experience. Scientific links with stronger partner institutes also played a crucial role in sustaining capacity (Pitayarangsarit & Tangcharoensathien, 2009).

Conclusions

Thailand's HSR has had a more direct impact on policy, often responding to the national and policy commitments. The effective evidence generation bolstered policy making and also fed the growth of HSS evaluation capacity in turn. Trust was built up with the outcomes from the evidence-informed policies. The experience of HSS evaluation capacity in Thailand highlights that government support is essential for the development of HSR, the support should make them resourceful, independent, and help them use evidence in policy making.

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