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Interview with **Dr Piya Hanvoravongchai**

Dr Piya Hanvoravongchai is a physician with interests in international health policy and health economics. His work expands the area of health system development, healthcare financing, health workforce management, and health policy. He is currently the coordinator of the Asia-Pacific Action Alliance on Human Resource for Health and a research fellow at the International Health Policy Programme of Thailand Ministry of Public Health. His previous work includes health system performance assessment at the World Health Organisation in Geneva, global health workforce policy development at the Global Equity Initiative, Harvard University, and lectureship at the Faculty of Medicine, Chulalongkorn University.

Dr Hanvoravongchai received his MD from Mahidol University in Thailand and MSc from the London School of Economics in the UK. He is also a doctoral candidate in International Health Economics at the Harvard School of Public Health.

SMA News: How did you decide on a career in public health, health policy and health economics instead of, say, becoming a surgeon?

Dr Piya Hanvoravongchai: I was close to joining an orthopaedic residency training programme when I finished medical school. But after three years of working in a district hospital, my goal changed. Also as a hospital director, I was involved in a number of policy issues and became much more interested in health policy and management. So I joined the Health Systems Research Institute and started working on public health policy.

SMA News: What would be an ideal health system in your view and can it ever be achieved in today's societies?

PH: To me, an ideal health system should be the one that leads us closer to what many nations agreed when the World Health Organisation (WHO) was created over 60 years ago – the highest attainable standard of health for everyone. This goal is now accepted as one of the fundamental human rights. The word 'highest attainable' requires that the ideal health system be both

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effective and efficient and, at the same time, be equitable with no discrimination against gender, race, income, or nationality. This is quite a lofty goal that may seem unachievable but I think we are moving closer. Globally people are living better and longer. There are new technologies and more resources to improve health more effectively and efficiently. The worrying part, in my opinion, is the increasing gap between groups both within and across nations. I think we need to do better in helping the disadvantaged groups.

SMA News: What do you see as the greatest market failures in the history of modern healthcare economics? What are their lessons for future health policymakers?

PH: The United States' (US) experience is probably the most prominent example being frequently raised when you talk about market failure in healthcare. It is partly because US is the biggest economy and it is one of a few rich economies that favours market mechanisms in the health sector. So it could be the 'greatest' in terms of the perception to the problem but not necessarily in regards to the severity. You probably have heard of their stories of rising costs, unaffordability, and lack of insurance coverage in a big proportion of the population. The market failure in the health insurance sector is foreseeable when insurance is not mandatory. It also happened in Thailand before we had Universal Coverage, when voluntary health insurance was offered and a bunch of people bought it only when they were sick or pregnant.

SMA News: Is globalisation going to increase or decrease the health delivery and quality between the haves and have-nots?

PH: I think it could be both. Easier movement of people across national boundaries in the case of high-skilled health professionals is usually in one direction from poorer to richer countries and regions. A number of sub-Saharan African countries are suffering from medical brain drain such that their health systems are unable to provide essential services to the poor. In Thailand, the popularity of medical tourism led to what some senior health officials called a "virtual brain drain". More foreign patients with high capacity to pay promote growth of a premium hospital sector, which draws in specialists and doctors from other healthcare sectors. The result is a relative shortage of high-skilled staff in the public system especially in rural areas.

At the Asia Society's Asia 21 Young Leaders Forum.

Outpatient consultation at rural hospital in Northern Thailand.

At the same time, globalisation also has its advantages. Many countries in Asia are richer from increasing global trade. New knowledge and technologies to improve health could be transferred to a much broader population at a faster pace. Increasing cross-cultural exchanges could also increase awareness of global and developing countries' health issues and improve the search for solutions. The caveat is that many of what you call the "have-nots" also lack access to basic education or healthcare that will enable them to benefit from such opportunities. There are also questions about the fairness of the global trade and economic system and rising concerns over the imbalanced growth that some population groups are left out of.

SMA News: Can a country like the United States achieve universal health coverage?

PH: It is now a presidential-election year in the US and healthcare seems to be one of the top policy agendas. I believe the mounting pressure from the public will lead to universal coverage. The question is probably more of when will they achieve it, which depends very much on the politics more than anything.

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Laos

Nepal

"The worrying part ... is the increasing gap between groups both within and across nations."

SMA News: What is the situation with the universal healthcare coverage of Thailand today? What challenges does it face currently and can it work given the significant urban-rural divide?

PH: I think it is doing fine. The programme is still very popular among the public. It works because the reliance is on the tax system instead of premium collections, which could be difficult in a society with big agricultural / informal economy. The reliance is, however, a major concern due to its rising costs and long-term budgetary implications to the public finance system. Healthcare providers are also facing pressure from both low remuneration level from the UC programme (which currently pays hospitals per capita, not fee for service) and increasing demand from the patient to improve quality of services. So there is continuing pressure to seek additional sources of funds. Introducing co-payments and increasing tax on alcohol and tobacco, among others, are being studied as policy alternatives.

SMA News: How have super private hospitals like Bumrumgrad changed the health landscape in Thailand and do they result in significant social issues?

PH: Three areas, I think. First, it introduced additional aspects of medical care outside medical / technical competency into the market. Many hospitals in Thailand are more careful about the customer friendliness, service accessories, and the importance of a quality assurance system. Second, along with these premium services come the price level of private medical care that I believe grows higher than other sectors. Doctor fees, in particular, are at the level not believable to many, relative to five to 10 years ago. And as I said earlier, a major implication from medical tourism and the flourishing of premium hospital sector is on the shortage of high-skilled health professionals. A number of medical schools (almost all are public) could not compete to retain their specialists and experts so they needed to recruit more staff from other public hospitals and from the regions. So there are questions from some sectors of the society, on whether the increase in medical tourism benefits the country and big hospitals and their rich investors at the

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expense of the poor. There are policy responses from the government – the increasing number of medical schools and the class size – but it will take some time to see the effect.

SMA News: Thailand remains a significant source of cheap HIV medications for patients in Singapore. What are your views on this situation and should Thailand continue to allow this?

PH: This is an interesting question but I was not aware of the issue and have no idea of its scope. Do you have figures in terms of the market value and the people affected? In principle, it should not be a concern if these drugs are prescribed and sold openly in private markets.

SMA News: What strategies would you recommend to limit the spread of HIV, with particular reference to Southeast Asian societies like Singapore?

PH: I am not an expert on this so I cannot give a recommendation but I think the strategies need to be customised depending on each country's epidemiological characteristics and its determinants. In Thailand, strong public education and the 100% condom campaign, which targeted the commercial sex sector, was very successful. However, the change in sexual culture especially among the youth has undermined the country's success in controlling new incidence. New strategies and programmes have been implemented to target these new groups.

SMA News: What do you see as the areas where Singapore's healthcare system has done well? And more importantly, what should we be improving?

PH: I think your overall healthcare system is impressive. It is frequently referred to as an innovative model to improve system efficiency through the use of economic incentives and government stewardships to shape healthcare behaviours on both demand and supply side. But when I studied the Singapore's 3Ms financing model, while I was at WHO in 2001, there were a few concerns over the limited scope of risk pooling in the Medishield and the adequacy of Medisave in long-term protection especially among poorer sectors of the society given the underlying principle of individual responsibility. I have not followed how the system had evolved. It will be extremely interesting and useful for other countries though, if there is an evaluation performance in all aspects from efficiency, quality, and fairness in financial protection of the overall Singapore health system. ■