

Social Values and Health Priority Setting Case Study

Title of Case Study	Absorbent Products for Adult Disabled and Elderly Incontinence in Thailand
Author	Dr Sarah Clark, School of Public Policy, UCL Dr Utsana Tomayakul, Health Intervention and Technology Assessment Programme (HITAP), Thailand
Author Contact	s.l.clark@ucl.ac.uk
Date of Submission	11 July 2012
Case Summary (approx. 350 words) Please include information here about why the case is of particular interest	This case concerns ‘adult diapers’ on which many elderly and disabled people in Thailand rely to enable them to cope with the problem of incontinence. Currently these products must be purchased by individuals or by households at some cost (an estimated \$1200 per year). The imposition of such costs on groups who are already vulnerable and socially disadvantaged raises issues of equity and solidarity. Despite being proven to be well below the Thai cost-effectiveness threshold and decision-makers recognizing the important solidarity values implied in the case, the products were not ultimately included in the UC package on the grounds of the large numbers of those eligible for coverage, leading to a budget impact which was considered unacceptably high.
1. Facts of the case	Facts of the case
Please include information on as many of the following as are relevant to the case: <ul style="list-style-type: none"> • At what condition is the intervention, program or service aimed? • What are its effects? Eg. Is it curative, preventative, palliative, life-prolonging, rehabilitative? • Is there a relevant comparator? If so how does this intervention, service or program compare to the alternative? Include ICER estimates/QALY costs if relevant. • What are the significant features about the condition and/or about the patient population in this case? Eg. patient population is very young, very old, condition is rare, life-threatening, life-limiting etc. • How are the benefits of the intervention distributed across the patient population and/or across time? • What is the cost or budget impact of the intervention/service/ programme? • What is the nature and strength of 	<p>The use of absorbent products - ‘diapers’ - are necessary on a daily basis for those with incontinence, often occurring as a result of age or disability. Without these products, the quality of life of people with incontinence is impaired, and normal life hindered in a significant way. Catheterisation is an alternative approach to incontinence but carries the risk of complications.</p> <p>Currently in Thailand, absorbent products are purchased privately. However given the daily, ongoing use of these products, their cost can be considerable for the elderly or disabled and for the families who support them. It has been estimated by HITAP (Health Intervention and Assessment Program) assessment that on average families spend around \$1200 (37,000 Thai Baht) per year on these products and that around 360,000 people need to use them (Tantivess et al, 2012).</p> <p>To put these costs in perspective and to give an indication of affordability, in Thailand the average teacher annual net income is 192,000 THB, that of a dentist/GP is 375,000 THB, and that of a bus driver is 96,000 THB. The costs of these absorbent products at least for lower income families is therefore likely to form a significant portion of household expenditure.</p> <p>A HITAP assessment estimated that provision of adult diapers to disabled people with incontinence produced a positive and statistically significant 32% improvement in quality of life scores of over 10 weeks.</p> <p>The cost effectiveness of including provision of adult diapers for the disabled within the Universal Coverage package was estimated at \$1200 per</p>

<p>the evidence about the outcomes of the intervention, service or programme? Eg. randomized clinical trials, evidence on patient-related outcomes.</p> <ul style="list-style-type: none"> • How did the issue about this case arise - for example, from clinical practice, from a policy setting, from a topic selection process? 	<p>QALY or 37,000 Thai Baht. The cost threshold in Thailand (based on societal willingness to pay) is between 100,000 and 300,000 Thai Baht (\$3,000 - 9,000) which approximates to one to three times per capita GDP. The WHO suggests that technologies below the per capita GDP are very cost-effective, those between one and three times GDP are cost-effective, and above three times are not cost-effective (WHO, 2002). The per QALY cost of adult diapers for the disabled therefore made them cost-effective, and well below even the lower threshold.</p> <p>However, owing to the large numbers of people who would be eligible for provision of these products under the Universal Coverage package, the budget impact was estimated to be very large - around \$0.6 billion per year.</p> <p>If the products were provided under the Universal Coverage package, it is estimated that their cost could be reduced from \$0.65 per unit to \$0.47 due to economies of scale.</p> <p>The issue about this case arose out of proposals by civil society groups that absorbent products such as diapers be provided under the Universal Coverage package due to the hardships endured by the disabled and elderly with incontinence (HITAP-IHPP 2011).</p>
<p>2. Policy decision: process</p> <p>Please include information on as many of the following as are relevant to this case:</p> <ul style="list-style-type: none"> • What stages/institutions were involved in the decision making process? • Is legal context important in this case? If so, in what way? • Who was involved? Eg. key stakeholders, the public, professionals, industry, patients, governmental or non-government policy actors. • How were they involved, and at what stages of the process? • Was there disagreement between any of the parties involved in the decision process? • Do any rules or frameworks exist to guide decision making? If so, were they followed in this instance? • Do mechanisms exist for challenging the decision at any stage of the process? • How, if at all, is the decision process or the decision itself publicized? 	<p>Policy decision: process</p> <p>The policy decision in the case of adult diapers for incontinence related to whether they should be included in the Universal Coverage (UC) scheme, upon which 80% of the Thai population rely for provision of healthcare. The National Health Security Office (NHSO) manages the Universal Coverage scheme and decides what it will include.</p> <p>Stakeholders from civil society groups were involved in this decision process in so far as it was they who proposed the topic for consideration by HITAP on the grounds of the hardships suffered by population groups who rely on incontinence products.</p> <p>HITAP conducted a quality of life study to consider provision of diapers for disabled people, thought to be the most vulnerable group who use absorbent products. This study was carried out in collaboration with practitioners at two rehabilitation hospitals, and this was followed by an evaluation of cost-utility and budget impact implications.</p> <p>HITAP's research methods, process and policy recommendations for each of the interventions it assesses are available from its website, and additionally it regularly publishes its research in peer-reviewed journals.</p> <p>HITAP presents its findings and recommendations to the NHSO Subcommittee for Development of the Health Benefit Package and Service Delivery. The Subcommittee meets in closed sessions, although representatives from HITAP and from the public health agencies involved in the topic selection process are invited and a record of the summary of the sessions is available on request from the NHSO, but this usually includes only the decision made, not the content of discussion. As an assessment body, HITAP cannot appeal against a decision of the NHSO if it goes against its recommendations.</p>

<p>3. Policy decision: content</p> <p>Please include information on as many of the following as are relevant to this case:</p> <ul style="list-style-type: none"> • What decision was made about the intervention, service or program, if any? • What values were relevant in the case or in the decision itself? For example, values of cost-effectiveness, clinical effectiveness, justice/equity, solidarity or autonomy. How did they affect the decision itself? • Was the way in which these values were balanced affected by any specific features of the case? For example, end of life considerations, age of patients, impact on carers, disease severity, innovative nature of the intervention, social stigma or cultural sensitivity? • Did the case challenge established guidance or 'decision rules'? Eg. on cost-effectiveness, cost thresholds, age discrimination etc. If so, in what way? • Were any health system-wide considerations influential in the decision? For example, displacement of old technologies, professional practice issues, or infrastructure/feasibility considerations. 	<p>Policy decision: content</p> <p>HITAP recommended to the Subcommittee of the NHSO that the provision of adult diapers be included in the Universal Coverage package. Although diapers incurred substantial expenditure without prolonging life, HITAP recommended that the SCBP subsidise this intervention because of the improvements in quality of life that it would provide for the disabled - one of the most vulnerable groups in society (Tonmukarakul, Khampang, and Teerawattananon 2011). According to HITAP's assessment, the absorbent materials could reduce the risk of complications from catheterization, relieve the financial burden on households of around \$1,200 per capita annually and also improve quality of life (Tantivess et al, 2012).</p> <p>Initially, the Subcommittee concurred with HITAP's recommendations on the basis of solidarity with vulnerable groups and on the basis that products were available locally.</p> <p>However, the Subcommittee's final decision was that these products could not be provided under the Universal Coverage package, owing to the large budget impact which they would represent.</p> <p><i>Issues of Social Values</i></p> <p>Issues of equity were of great importance both in the decision to consider the topic for UC coverage and in the recommendations made by HITAP: absorbent products for incontinence are relied on by some of the most vulnerable sections of society, both in terms of health and socio-economic status - the disabled and the elderly.</p> <p>Feasibility and logistical issues were also of relevance in this case. Getting the products to disabled people could be challenging: the products are bulky and required in large amounts and therefore not easy to store or transport, and this could be problematic and costly especially in rural areas.</p> <p>One alternative to supplying the products directly to those eligible for them which was informally considered by HITAP was the possibility of making cash payments to households to enable them to buy the products themselves. However this leaves open the possibility of mis-use, for example where households might use the money for other purposes rather than to buy the diaper for the family member for whom the payment is intended. It was also considered that vouchers might be provided for purchase of the products, but such a scheme could be very complex to administer at both local and national levels.</p> <p>The related issue of disposal may also be relevant. Currently, there is an absence of data on the volume of waste created by these products and how that waste is managed at a local level. However, it is likely that use of these products would increase if they were available for free under the Universal Coverage package. It is possible, therefore, that cost-effectiveness may be negatively affected if disposal costs combined with increased use costs are factored in.</p>

4. Discussion	Discussion
<p>Please use this space to reflect on, for example:</p> <ul style="list-style-type: none"> • The reasons or values explicitly used in making the decision. Do these reflect any institutional decision rules or statements of value, for example commitments to equality, non-discrimination or fairness? Do they reflect wider social, moral, cultural, religious values, and if so how? • Considerations not explicitly taken into account in the decision, but which may nonetheless have been important ‘background’ factors. These might include, for example, public opinion, political sensitivity, moral sensitivity, and international reputation, as well as cultural, social, moral, religious or institutional norms. • The impact of the decision making process on the decision itself, if any. • Any issues relating to implementation. For example, whether access may be restricted by capacity issues, even if the intervention, service or programme is provided on a ‘universal’ basis. • Anything else you think significant or interesting about the decision. 	<p>The social values issues most prominent in this case centre around challenges of equity.</p> <p>One of the motivations in undertaking assessment of adult diapers for incontinence amongst the disabled was concern around the vulnerability and social disadvantage of many in this group, and around the hardships they and their families faced as a result. It could be argued that requiring people who are already disadvantaged in these ways to incur financial costs for interventions necessary to maintaining a decent quality of life is to disadvantage them further by imposing (further) financial hardship on them.</p> <p>One common interpretation of equitable treatment is the Rawlsian ‘difference principle’, whereby it is the worst off in society who should benefit the most from resource allocations, in order to minimize the gap between the best off and the worst off in society (see Rawls, 1970). Indeed, part of the philosophy behind the Universal Coverage package in Thailand is precisely to minimize the gap between the less and more advantaged in society (see, for example, Mohara et al. 2012). This could be interpreted as an expression of solidarity with the worst off, and indeed ‘solidarity’ was the term used by the NHSO subcommittee in recognizing the value of including incontinence products in the Universal Coverage package. Seen in these terms, the decision against covering the products in the UC package may be thought to go against the Rawlsian different principle and against the basic philosophy of the Universal Coverage scheme. In this case, such commitments were over-ruled by practical concerns about budget impact.</p> <p>However, it could be argued that budget impact considerations are another way of talking about opportunity costs, rather than being a reason in and of themselves. So, in this case, it might be argued that the opportunity costs of providing free adult diapers to the relevant populations were judged to be greater than should be borne by other patient populations who would, as a result, be denied the interventions they might need. That is to say that a judgement was made here that spending \$0.6 billion might be better spent on other interventions for other patient groups than on adult diapers for the disabled. If that is so, then the question remains as to how that balance of opportunity costs is justified.</p> <p>Efforts are currently ongoing in Thailand for the Ministry of Welfare to take on the issue of adult diapers for the disabled, and for that department to consider ways to overcome the relevant feasibility issues, and perhaps to incorporate some kind of cash payment into the welfare support payments that disabled people currently receive.</p>
5. References/Links to relevant documents	
	<p>Tonmukarakul, U, R Khampang, and Y Teerawattananon. 2011. <i>Economic evaluation of absorbent products for urinary and faecal incontinence among disabled and elderly in Thailand</i>. Nonthaburi: HITAP (in Thai)</p>

Tantivess, S, Perez Velasco, R, Yothasamut J, Mohara A, Limprayoonpong H, Teerawattananon Y (2012) Efficiency or Equity: Value judgments in coverage decisions in Thailand, *Journal of Health Organisation and Management*, *Journal of Health Organization and Management*, 26: 3

Mohara, A, Youngkokng, S, Velasco, R, Werayingyong, P, Panchanee,K, Prakongsai, P, Tantivess, S, Tangcharoensathien, V, Lertiendumrong, J, Jongudomsuk, P, Teerawattananon, Y (2012) Using health technology assessment for informing coverage decisions in Thailand, *Journal of Comparative Effectiveness Research* 1:2