Executive Summary

Research Project: **An Evaluation of the National Health Examination Survey in Thailand**

1. Background, Objectives, and Methods

In Thailand, a series of National Health Examination Surveys (NHES) has been conducted every five years since 1991 until the most recent iteration, NHES V (2012-2015). Each cycle of the survey involves a large number of participants and requires a substantial amount of budget and collaboration with various institutes. However, a systematic evaluation of the survey has never been conducted. In 2016, the Thailand Health Promotion Foundation (ThaiHealth) commissioned the Health Intervention and Technology Assessment Program (HITAP) to assess the achievement of the NHES and provide recommendations for future development. Additionally, the research team was requested to evaluate NHES V against a ThaiHealth-approved proposal as well as analyze the obstacles and underlying factors. Qualitative approaches, namely document reviews, in-depth interviews, and questionnaire surveys were employed in the data collection. Twenty-six informants who participated in this study included executives and personnel of NHES funding agencies and health policy authorities as well as respective health experts, technical officers, and researchers in the survey network.

2. The findings of the NHES evaluation

The lack of governance and strategic direction on the country's health surveys has resulted in fragmented monitoring systems for the population's health status and risk factors. Conducted by different government organizations and universities, some survey topics are duplicated and hence a wasteful use of constrained public resources. Moreover, there is no capacity development plan for survey practitioners and their institutes. A concrete strategy to facilitate the utilization of survey results is also lacking. Similar problematic situations are faced by the NHES as this series of health surveys has yet to be institutionalized despite the recognition for its potential contributions to evidence-based policy development over the last two decades. Consequently, no long-term plan has been established for NHES development, and the survey has been managed as a research project - which requires the seeking of financial support for each cycle.

Regarding organizational involvement in this survey, the Ministry of Public Health (MOPH) played a leading role in NHES I and NHES II. From NHES III onward, a specialized office affiliated with the Health Systems Research Institute (HSRI) has since taken charge of the survey. A network of university lecturers in the country's four regions and Bangkok play an important part in data collection, coordination with hospitals' laboratories, and quality assurance at the peripheral level. During NHES V (2012 to 2016), the survey faced several challenges, namely changes in the HSRI's director in addition to policy, budget, and human resource constraints. As a result, the NHES Office was downgraded to a program under the Health Insurance System Research Office. At present, the HSRI plans to transfer the conduct of the NHES to the Faculty of Medicine, Ramathibodi hospital.

A key finding in this evaluation is on the limited utilization of NHES data in policy and further research. Technical officers in MOPH's departments argue that they usually use other surveys because the NHES cannot meet their demand for information to support policy decisions and monitoring of program implementation. NHES reports have been mainly cited for cross-sectional information, especially disease prevalence. For some survey topics, the use of NHES findings on health risk factors and long-term comparison of people's health is limited owing to inadequate data analysis and inconsistency in survey methods and tools. It should be noted that the data on certain elements were analyzed and published in academic journals after the main report of each survey had been publicized. However, there is no clear scope and timeline for releasing NHES-based information from each cycle of the survey. Another limitation found in this study is the difficulty in accessing the NHES database and specimens among researchers in different institutes. Three causes of this problem have been identified: ineffective management within the NHES office, the lack of an approval mechanism for the use of data and specimens, and inadequate communication with potential researchers.

3. Assessment of NHES V

ThaiHealth, HSRI, and MOPH granted a total of 60 million baht to NHES V, which was supposed to be conducted from October 2012 to June 2015. However, despite the same group of researchers and management staff responsible for NHES IV, there was a significant delay in the data collection, analysis, and report writing and the survey report was ultimately distributed in October 2016. Nevertheless, many items stated in the survey proposal were not addressed such as the use of computer tablets in data collection and analysis of urine sodium. Meanwhile, the results of the survey on children's health were not reported. Much like previous surveys in this series, NHES V neither identified health risk factors nor assessed the associations between socioeconomic characteristics and

people's health status. However, this raw data may be analyzed later on for publication in academic journals. Crucial impediments in this survey were changes in the HSRI's leadership, policy and organizational structure, as well as inadequate management and monitoring and evaluation of the NHES program.

4. Policy recommendations

(1) The MOPH and HSRI should take a leading role in the development of health survey governance and policy direction. This includes policy on priority setting of survey topics; frequencies, methodology, and levels of representativeness; responsible institutes; integration of health surveys in different aspects; capacity building for survey practitioners and managers; budgeting and grant seeking; and communication and public relations.

(2) The HSRI should be responsible for coordinating the implementation, monitoring, and evaluation of policy in (1) which includes NHES-related policy. All policy processes should be evidence-based and involve key players such as users of survey data, funding organizations, academic institutes, and other stakeholders. Efficient use of public resources should be adopted as a key principle in policy decisions.

(3) In the priority setting of NHES topics, the HSRI should consider if health examination is really needed, and also avoid unnecessarily duplicate topics in different surveys.

(4) The HSRI should be responsible for directing NHES programs in accordance with the country's health survey policy. In order to strengthen the NHES, collaboration should be sought with research funders, the National Statistical Office, academic institutes, clinical and public health experts, health organizations in the central and peripheral levels, and local government authorities.

For more information: http://www.hitap.net/documents/168898