



**STUDY VISIT BY NATIONAL HEALTH  
INSURANCE AUTHORITY (NHIA), GHANA, ON  
UNIVERSAL HEALTH COVERAGE (UHC) AND  
HEALTH TECHNOLOGY ASSESSMENT (HTA):  
28 OCTOBER - 1 NOVEMBER 2024**

PREPARED BY: HEALTH INTERVENTION AND TECHNOLOGY ASSESSMENT PROGRAM  
FOUNDATION (HITAP)

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# List of acronyms

ADP	Access and Delivery Partnership
AI	Artificial intelligence
CCS	Country Cooperation Strategy
C-section	Caesarean section
CSMBS	Civil Service Medical Benefit Scheme
GEAR	Guide to Health Economic Analysis and Research
HAI	Healthcare Accreditation Institute
HITAP	Health Intervention and Technology Assessment Program Foundation
HTA	Health Technology Assessment
ICER	Incremental Cost-Effectiveness Ratio
IHPP	International Health Policy Program
MOH	Ministry of Health
MOPH	Ministry of Public Health
NCD	Non-communicable disease
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
NLEM	National List of Essential Medicines
NHSO	National Health Security Office
SSS	Social Security Scheme
UCBP	Universal Coverage Benefit Package
UCS	Universal Coverage Scheme
UHC	Universal Health Coverage
WHO	World Health Organization

# Acknowledgements

This report summarizes the study visit of delegates from the National Health Insurance Authority (NHIA), Ghana to the Health Intervention and Technology Assessment Program Foundation (HITAP), Thailand between 28 October to 1 November 2024.

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# Executive summary

The National Health Insurance Authority (NHIA), Ghana, in partnership with Thailand's Health Intervention and Technology Assessment Program Foundation (HITAP), organized a five-day study visit (October 28 – November 1, 2024) to strengthen Ghana's capacity in Health Technology Assessment (HTA), as a continued process to build capacities following the HTA Process Guidelines launch in 2022. Supported by the World Bank, NHIA, and Thailand's National Science, Research, and Innovation Fund, the visit aimed to explore Thailand's HTA system and its integration into Universal Health Coverage (UHC). Delegates engaged in sessions covering Thailand's benefits package design for pharmaceuticals (NLEM) and non-pharmaceuticals (UCBP), stakeholder engagement, and evidence-based decision-making, alongside hands-on prioritization exercises. Site visits to the National Health Security Office (NHSO) and Health Centre 66 facilitated learnings on the claims audit process and service delivery at the primary care level. Discussions on healthcare quality emphasized the role of hospital accreditation in improving patient outcomes, while telemedicine was presented as a tool for expanding access, with a focus on data governance and reimbursement models. Communication strategies for HTA dissemination, including targeted engagement and combating misinformation, were also explored. Through a leadership forum, the importance of strategic planning, committed personnel, and innovation in achieving UHC were emphasized. The feedback from the delegates from Ghana on the study visit was positive, and strengthened the partnership between HITAP and NHIA, setting a foundation for advancing HTA in Ghana's health system.

# Introduction

## Background

The Ministry of Health (MOH), Ghana, which includes the National Health Insurance Authority (NHIA), has been seeking to institutionalize Health Technology Assessment (HTA) to inform decisions. The Health Intervention and Technology Assessment Program Foundation (HITAP), a semi-autonomous research unit in the Ministry of Public Health (MOPH), Thailand, has been working with the MOH, to support the institutionalization of HTA. In 2022, a collaboration between the MOH, HITAP and the Access and Delivery Partnership (ADP) was forged to develop a five-year strategy and design appropriate governance structures for HTA in Ghana. As a result, Ghana launched the 1st HTA Process Guideline on 16 December 2022. Hon. Kwaku Agyeman-Manu, Minister of Health Ghana, in his remark, highlighted the importance of prioritization and acknowledge HITAP for supporting the institutionalization of HTA in Ghana.

In line with the MOH's five-year strategy for HTA, the NHIA as administrators of Ghana's National Health Insurance Scheme (NHIS), has expressed interest to continue building capacities in HTA and universal health coverage (UHC). This includes learning from Thailand's experience on the HTA institutionalization and governance process through a study visit in Thailand. Through the visit, professionals from the Ghanaian NHIA team can see these in action by partners in Thailand.

## Objectives

This study visit was facilitated by HITAP and held over a period of five days, and involved eight delegates from NHIA as well as collaborators from Thailand with the following objectives:

- To understand the HTA system in Thailand. Specifically:
  - the mandate, functions, and processes for HTA
  - institutional/organizational and governance arrangements for an HTA system
- To apply the knowledge of such platform to the Ghana's setting following the launch of Ghana HTA Process Guideline
- To discuss next steps on future collaborations

This collaboration was jointly supported by the World Bank, NHIA, and the National Science, Research and Innovation Fund (NSRF) via the Program Management Unit for Human Resources & Institutional Development, Research and Innovation [grant number B41G670025], Thailand.

This report provides a summary of the study visit. Supporting documents are provided in the Annexes (*agenda available in Annex 1, participant list available in Annex 2, AAR questions in Annex 3, and photographs in Annex 4*).

# Study visit

This section summarizes the proceedings of each session during the study visit held between 28 October to 1 November 2024, by day (refer to agenda in Annex 1).

## Day 1: 28 October 2024

### Overview

The first day of the study visit focused on a knowledge exchange between NHIA and HITAP in terms of their respective health systems and status of HTA. It involved an overview and historical development of Thailand's UHC, as well as an overview of Ghana's health system and challenges.

### Key activities and lessons learned

#### Welcome remarks, and overview of Universal Coverage Scheme (UCS) and HTA in Thailand

The first day of the study visit at HITAP began with introductions, opening remarks, and an overview of the study visit's objectives and schedule by Dr. Wanrudee Isaranuwachai, Senior Researcher and Assistant Secretary General of HITAP. The delegates were also given an opportunity to discuss their expectations of the study visit, and key questions were also listed by the delegates to guide the discussions for the rest of the study visit.

The history and challenges of Thailand's UHC were discussed by Dr. Wanrudee Isaranuwachai and Ms. Saudamini Dabak. The approach of the "triangle that moves the mountain", which comprises creating relevant knowledge, political will and social movements, was discussed. The pivotal role of Prince Mahidol in introducing modern medicine, the establishment of the Prince Mahidol Award Conference (PMAC), and the maintenance of UHC despite political changes were also highlighted. Additionally, the three main health insurance schemes and differences in expenditure in Thailand were discussed: the Civil Service Medical Benefit Scheme (CSMBS), Social Security Scheme (SSS), and Universal Coverage Scheme (UCS), with the latter covering approximately 80% of the population. The discussions also touched on the integration of telemedicine and the need for standardization, regulation and greater health literacy as well as digital literacy among end-users.

Ms. Kinanti Khansa Chavarina from HITAP then presented on the history and development of HTA in Thailand and the lessons learnt in the past 17 years. These include building HTA capacity by empowering stakeholders, linking HTA research into policy and practice, having semi-autonomous status as a research unit within the MOPH, producing global public goods and mobilizing regional and global support. Mr. Ryan Sitanggang further discussed HITAP's capacity building efforts through production of public goods in collaboration with partners (e.g. Guide to Health Economic Analysis and Research or GEAR), research publications, conduct of technical trainings and facilitating of internships. HITAP's international and regional networks for collaborations were also highlighted. These include HTAsiaLink, SAPPHIRE, and PMAC.

#### Ghana's health system and UHC

In the afternoon, Mr. William Omane Agyekum from NHIA, presented on the current organization and service delivery of health system in Ghana. Under the Ministry of Health, are the service providers, regulatory bodies and the NHIA. Since 2003, the NHIA has managed the NHIS. Primary care is delivered by a mix of public, private and faith-based service providers; regional health by public facilities, while tertiary care is made up of teaching hospitals. In Ghana, the roadmap for UHC is defined as "all people

in Ghana have timely access to high-quality health services irrespective of ability to pay at the point of use". Services covered under UHC include curative, preventative, promotive, rehabilitative, palliative, emergency and mental health. Enrolment into the NHIS is required by end-users unlike Thailand where citizens are enrolled to the UCS by default. Although NHIS coverage has improved significantly over the years, it remains sub-optimal. Current initiatives include leveraging digitization to improve service delivery and population coverage of NHIS. The discussion concluded with a sharing of the challenges of the health system, which includes poor sensitization of HTA in mainstream decision making, and providers receiving reimbursement of lower levels of care tariff in the event where patients choose to utilize a higher level of care (e.g. secondary and tertiary care) without going through the appropriate referral at primary healthcare services.

## Day 2: 29 October 2024

### Overview

The second day of the study visit focused on the development of and processes for the benefits package in Thailand for the UCS. These include the National List of Essential Medicines (NLEM) for pharmaceuticals and Universal Coverage Scheme Benefits Package (UCBP) for non-pharmaceuticals. A hands-on exercise on prioritization of health interventions was also conducted to put into practice the lessons learnt from the discussions. A focused discussion on the role of evidence-based advocacy was also shared, with a case study on caesarean sections (C-sections) in Thailand.

### Key activities and lessons learned

#### HTA process for health benefits package in Thailand

Day 2 began with presentations on the HTA process and the development of the health benefits package in Thailand. The governance structure, decision-making process, role of stakeholder engagements and conduct of HTA were discussed. Ms. Chittawan Poonsiri from HITAP focused on the NLEM, while Mr. Manit Sittimart from HITAP focused on the UCBP.

For NLEM, the topic nomination is governed by the NLEM subcommittees. The different NLEM classifications for drugs were discussed (A, B, C, D, E1, E2), where category A drugs refer to basic medicines that are required for all health facilities, while E2 are high-cost drugs that are important for particular groups of patients and require economic evaluations to be conducted before including into the NLEM. The evaluation of Trastuzumab and Imiglucerase were featured as case studies.

For UCBP, the topic nomination process involves seven stakeholder groups each year. These include policymakers, health professionals, public health academics, healthcare industry, committees/sub-committees and other related Working Groups, medical innovation public organizations, and civil society/patient groups/general population. The discussions featured the reimbursement of screening school children for prescription eyeglasses, which involved an inter-ministry collaboration between the Ministry of Education and MOPH.

Comparisons between Thailand and Ghana were also made on prescribing rights, quality assurance of medications, and pooled procurement.

**Prescribing rights:** In Ghana, the level of service provision determines what can be prescribed. For example, medications that can be prescribed in tertiary care facilities cannot be prescribed in the primary care setting. In contrast, medications in Thailand are not tagged to the service level. However, medications in category C can only be prescribed based on the prescriber's specialty.



**Quality assurance of medication use.** In Thailand, quality assurance is part of registration of drug products. Separate mechanisms by National Health Security Office (NHSO) are also in place to conduct audits on the use of quality assured medication in health facilities. In Ghana, despite policies and regulatory bodies governing the use of registered medical products in health facilities, the use of substandard in the health system remains an issue, given the porous borders of Ghana.

**Pooled procurement:** In Thailand, NHSO serves as a central purchaser for health products. Hence, NHSO has the ability to aggregate demand and negotiate prices with suppliers using HTA evidence and principles. NHSO may also announce benchmark price for products, allowing hospitals the flexibility to procurement products of their choice. In Ghana, price negotiations of health products are under the purview of MOH, although NHIA was recently involved with negotiations of an oncology drug.

### **Evidence-informed advocacy, a feature on C-sections in Thailand**

Nann Vongpuapan from HITAP presented on HITAP's collaboration with the Thai Public Broadcasting Service (Thai PBS) and professional clinical societies to create awareness on the benefits of natural births, and rational use of C-sections in Thailand. HITAP has supported research and public awareness campaigns, including the Mother's Day campaigns to promote natural birth over C-sections.

Thailand has the third highest rate of C-sections in Asia, after Korea and China. Despite annual campaigns promoting the benefits of natural birth, C-section rates remain high due to cultural beliefs influencing both the general public's and health providers' behaviour. Fortune tellers play a role in advising parents on the best time to give birth, while health providers may also avoid scheduling deliveries on weekends or holidays, both of which can contribute to the high rates of C-sections. In Ghana, similar concerns on C-sections were observed. Since spontaneous vaginal delivery had a lower reimbursement value than assisted delivery, it was observed that hospitals often billed for assisted delivery even if spontaneous delivery occurred. To resolve this in Ghana, both assisted and spontaneous delivery were eventually combined into a single category for billing.

The potential consequences of C-sections were also discussed briefly. For example, in China, research has shown that C-sections are associated with the development of allergies and non-communicable diseases (NCDs) compared to natural birth. In Singapore, people born in the year of the Dragon were associated to have poorer employment and economic outcomes in the longer term possibly due to greater competitions faced among peers. Overall, the challenges of changing health practices and cultural beliefs were discussed, which highlighted the need for continued engagements with evidence-based advocacy.

### **HTA exercise on topic nomination and prioritization**

After the presentations, the Ghana delegates were divided into two groups and provided with six interventions to discuss for implementation in a hypothetical context, facilitated by Dr Brandon Chua and Mr. Manit Sittimart from HITAP. The six interventions involved a mix of pharmaceuticals and non-pharmaceuticals, and included information on the number of target population, current practice, age of target population, benefits of the intervention, incremental cost-effectiveness ratio (ICER), and annual budget.

The following guiding questions were also provided:

- Which interventions would you prioritize for implementation?
- On what basis have you selected your priorities?
- Is there any additional information you would like in order to improve your decision making?

Subsequently, the delegates shared their decision and rationale for each intervention and the differences between the groups were discussed further. Overall, prioritizations were based on health

benefits and annual budget, with the overall aim to maximize benefits and number of interventions for implementation. Other relevant information that could guide decision making include global pressures on health priorities, ethical consideration of investments, adherence to intervention, risk of downstream complications of the disease of concern, end-user preference and lifestyle behaviours. In particular, the effective target population size and age group accessible to the intervention were discussed considering the factors listed above.

## **Day 3: 30 October 2024**

### **Overview**

The third day of the study visit involved site visits to the NHSO, the administrators of the UCS in Thailand, to understand the claims processes for UCS. A visit to Health Centre 66 was also conducted to understand service delivery at the primary healthcare level, and its links to UCS.

### **Key activities and lessons learned**

#### **Visit to the NHSO to learn about the claims and audit process in the management of UCS in Thailand**

The NHIA and HITAP teams visited the NHSO office in the morning to learn about its experience of managing the UCS in Thailand. The session started with opening remarks by Ms. Chalarntorn Yothasmutra, Director of International Collaboration on UHC Division, NHSO, to welcome all delegates from NHIA. She shared NHSO's mission and vision to create health security for everyone and provided information on the history of the development of UCS, implementation of UCS (including the system design and stakeholders involved), NHSO's role in managing UCS, and an overview of NHSO as an organization.

This was followed by presentations on audits of the claims process which sought to improve operational efficiency, data quality and quality of medical services in Thailand. The topic of pre-claims audit was presented by Dr. Sawitree Visanuyothin; IT claims by Mr. Akarat Yangphaibulon; while the post-audit process was presented by Ms. Sumontha Sophaphan. The NHSO Digital Development Action Plan emphasized the use of technology to improve efficiency and effectiveness. The plan includes the development of a single digital platform for NHSO functions, integrating various systems and services. The action plan aims to enhance cybersecurity, data governance, and smart linkages to monitor and evaluate operations, and includes measures to ensure data security, efficient data management, and the use of big data and AI for decision-making. There are measures to ensure quality and prevent fraud in the healthcare system in Thailand. The NHSO conducts audits and surveillance centrally and regionally to identify abnormal data and ensure compliance with guidelines. A rule-based artificial intelligence (AI) system is used to support surveillance efforts, and may include variables such as age, sex, and other relevant information for specific health services. Items flagged up by AI will still require staff to review for further actions. Health providers are trained and monitored to ensure they understand and adhere to the rules and criteria, and auditors go through standardized training and testing each year. It was emphasized that relevant information on the audit processes was only shared strategically during trainings, to prevent misuse of the information. Overall, the NHSO uses a combination of legal education, monitoring, and penalties to enforce compliance and prevent fraud. Closure of services, although possible, is only used as a last resort as it affects service provision to the general public.

## **Visit to Health Centre 66 to learn about service delivery at primary care level and linkages to payment in Thailand**

Health centre 66, led by Dr. Chitralada Butrangamdee, received the Ghana delegates warmly. Dr. Chitralada Butrangamdee covered the organization's structure, services, and operations. The health centre offers services on general medicine, health promotion, chronic disease management, physical therapy, mental health and social care. The health centre's role in public education and community involvement was also highlighted. The centre employs government officers and medical professionals and is the area manager for the cooperative network for public care in the Lat Phrao District. The cooperative network consists of secondary/tertiary care hospital, private clinics, community health centres, and branch health centres.

The management of medical records is facilitated by an integration of the Health Centre Information System (HCIS) and the service eligibility verification system and authentication service request system of the NHSO. For health promotion, the KTB Health portal is used for claim submission instead. Overall, patients' identification cards are used for registration and retrieval of relevant medical history and service eligibility. However, it was highlighted that this posed a challenge for community outreach events, which also required patient identification for claims submission. Telemedicine services are available for consultations and has been helpful to facilitate access to care especially during the COVID-19 pandemic.

## **Day 4: 31 October 2024**

### **Overview**

The fourth day of the study visit involved focused topics of interest that were highlighted by the Ghana delegates. These include quality in service delivery, and health system reform with support from collaborators from Healthcare Accreditation institution (HAI) and International Health Policy Program (IHPP), and telemedicine and communications in HTA by resource persons from HITAP.

### **Key activities and lessons learned**

#### **Quality in healthcare service delivery**

The session was opened by Dr. Piyawan Limpanyalert, Director of HAI, on the development of the Thai health system, including the establishment of quality improvement programs. The historical context of the Thai health system was provided, highlighting the lack of infrastructure and the introduction of quality standards in the past. In 1996, the first hospital accreditation standard was developed, with a pilot project involving 35 hospitals. The hospital accreditation program has since been voluntary in nature, with the first hospital accredited in 1999. Three step-wise approach of quality improvement were highlighted: reactive, proactive, and quality culture. The significance of continuous quality improvement and the impact of hospital accreditation on patient safety was discussed, because positive impacts of hospital accreditation on health outcomes have been observed, with examples provided on outcomes for stroke and acute myocardial infarction. Overall, the importance of a collaborative, non-punitive approach to hospital accreditation involving multiple stakeholders and focusing on continuous improvement and learning, was emphasized.

The discussion concluded with a sharing on the quality assurance process and governance in Ghana. The NHIA is responsible for ensuring that healthcare providers under the NHIS implement policies that guarantee quality healthcare to members of the scheme and carry out clinical audits, grant credentials to healthcare providers and health facilities, and provide safeguard to prevent over or underuse of healthcare services.

## Health system reform and financing

The session was facilitated by Dr. Somtanuek Chotchoungchatchai, Researcher at IHPP. Dr. Somtanuek Chotchoungchatchai discussed Thailand's health system and financing reforms, which summarised and contextualised the learnings from the previous sessions of the study visit. Additional areas of discussion include:

**Health workforce and policy:** Mandatory rural health service policies were introduced to ensure health workers in rural areas, with three-year service requirements. In 1994, a policy was also implemented to bring teenagers from rural areas to medical school with scholarships.

**Role of village health volunteer:** Recruited by the health authorities based on their attributes such as community involvement and willingness to serve. Their roles in providing basic knowledge of public health, changing behaviour, disease screening (blood sugar, blood pressure), disease control, home health care, and health education. A token sum of 2,000 THB per month is provided for their services, and training is provided by the Provincial Public Health Office and local government.

**Role of traditional birth attendants:** Traditional birth attendants still have a role in rural areas, especially in areas with limited access to modern medical services. This is because some centres have the capacity to perform routine check-ups but not facilitate deliveries.

**Primary Health Care Reforms and Local Government Involvement:** reforms in primary health care have seen health centres being managed by the local government. The concept of a contracting unit for primary care (CUP) helmed by a district hospital was introduced, which involves a network of hospitals and health centres known as primary care unit (PCU). A CUP, with its network of sub-district health facilities (PCU), covers services in each district.

**Contributions to health insurance and its benefits:** The Ghana delegates discussed the contributions and level of service provision at length, especially because CSMBS provides different level of services despite being funded by the same source as UCS. Although there are challenges in integrating all three schemes in Thailand into a single scheme with similar benefits, extensive efforts have been made to align on the basic service provision that would be common across all schemes.

The session concluded with challenges in maintaining UHC in Thailand, such as disruptive health technologies, aged society, global warming, rise in NCDs, and financial sustainability.

## Telemedicine and reimbursement

Dr. Kwanputtha Arunprasert from HITAP provided an outline on digital health in Thailand. She highlighted the significance and the current landscape of digital health in Thailand, particularly through a case study of the One ID card initiative. Digital health technologies, encompassing eHealth and mHealth, are crucial for enhancing healthcare delivery and efficiency. Data governance, standards, and interoperability are essential components, guided by the national and eHealth strategies from the MOPH, although there is no specific digital health legislation in place. The One ID card smart hospital project, aligned with MOPH's strategic plan for 2024, was piloted on 7 January 2024, allowing citizens to access medical services across networks. After seven months, the initiative achieved significant reductions in service time and out-of-pocket expenses, with ongoing plans for future enhancements.

Dr. Kwanputtha Arunprasert from HITAP introduced the World Health Organization-Royal Thai Government Country Cooperation Strategy (WHO-CCS) 2022-2026 which includes digital health as one of the priority programmes, comprising the following focus areas, namely, convergence workshop, data standards, open data, and telemedicine. Ms. Panchanok Muenkaew from HITAP shared about

the telemedicine project, under WHO-CCS 2024. This project aims to understand provider and patient experiences and utilization of telemedicine services, assess national readiness. It also aims to make key policy recommendations, such as standardizing applications and enhancing accessibility for the low-digital literacy and remote populations using support model that provides services through local health facilities. The presentation emphasized the rising use of telemedicine due to the implementation of MoPH's telemedicine policy in early 2023 compared to previous years, which showed the impact of policy. It is suggested from the study that telemedicine services should complement in-person visits rather than replace them. Dr. Kwanputtha Arunprasert shared that despite the benefits of increased access, cost-effectiveness, and improved health outcomes, challenges persist for telemedicine. This includes the digital divide, regulatory issues, and concerns about privacy and quality of care. She further highlighted the need for a clear regulatory framework and that data-driven decision-making is critical for sustaining digital health systems. Confidentiality remains a priority, with legislation like the Personal Data Protection Act in Thailand supporting data confidentiality measures.

## **HTA dissemination and communication**

The presentation by Ms. Serah Clarence and Ms. Pattranit Pohnatchariyagul from HITAP focused on enhancing communication strategies in health policy, emphasizing the importance of building trust, facilitating health policy acceptance, and addressing misinformation. Target audiences include policymakers, health professionals, media, and the public, each engaged through tailored channels such as stakeholder consultations, workshops, and social media campaigns. Key insights highlighted the use of platforms like Facebook and in-person visits for rural populations and the involvement of volunteers, supplemented by a subscription program. The communication approach favours a single language for clarity. Hence, the Ghana delegates highlighted challenges in health-related communications in Ghana given there are 85 languages available.

Tools for audience analysis, such as the Buffer application, help monitor engagement across platforms. Enablers of effective communication include a multichannel approach, simplification of complex information, and capacity building, while challenges involve stakeholder engagement and resource limitations. Post-surveys will assess the effectiveness of communication channels, with a focus on increasing public awareness of HITAP and HTA in Thailand through media collaboration. Cultural considerations will be addressed through engaging localized volunteer efforts, for example, to promote natural birth, while scientific evidence will support discussions on health interventions. Overall, the meeting underscored the need for strategic, inclusive communication in health policy to reach diverse audiences effectively.

## **Day 5: 1 November 2024**

### **Overview**

The final day of the study visit involved a leadership forum with Dr. Suwit Wibulpolprasert from the MOPH, and a review of the lessons learnt by the Ghana delegates facilitated by Dr Yot.

### **Key activities and lessons learned**

#### **Leadership forum with Dr Suwit Wibulpolprasert**

Dr. Suwit Wibulpolprasert, advisor to the MOPH and a former deputy permanent secretary in Thailand, discussed the implementation of UHC in Thailand, emphasizing the importance of committed and competent health workforce. He highlighted that when UHC was initiated, Thailand's GDP per capita was around \$2,000, and the doctor-to-population ratio was one doctor per 3,000 people. Dr. Suwit

stressed the concept of "C plus C equal R" - committed and competent health workforce resulting in a resilient health system. Committed leadership is also critical to enable a resilient health system, and examples were drawn from Prince Mahidol who is regarded as the father of modern medicine and public health in Thailand who put the public's interest first. Value-based healthcare, such as strategic purchasing, bundled payments, and central bargaining, may be assessed for their applicability in Ghana's health system. He also touched on the challenges of integrating new health technologies (e.g. telemedicine, new drugs/devices, etc) and the impact of climate, geopolitics, and demographic shifts, on health in the health systems, while continuing to allow for local innovations to thrive.

### **Final reflections from the Ghana delegates facilitated by Dr Yot**

First, the significant progress of Thailand in institutionalization of HTA and multidisciplinary involvement of HTA to support evidence-based decision making in mainstream health has served as an inspiration for Ghana. NHIA will have to continue advocating for deliberate inclusion of HTA in its healthcare processes to realize similar benefits as Thailand. Second, the use of mix payment methods by NHSO to both incentivise and control costs and behaviour of providers through a network of providers has been successful for Thailand, where the audit processes have been supported with the use of big data and AI. Similar payment mechanisms may be explored for Ghana, especially the use of capitation to reduce the cost of health care and improve quality of care. Continued engagement with the NHIA executive management is required to explore different payment mechanisms, while continued engagements with policy makers is required for the use of advanced technology such as AI to support with the claims review and audit process. Third, the use of one ID card has facilitated in achieving UHC in Thailand, and traditional medications are also considered for coverage in addition to western medication. In Ghana, a similar mechanism as the one ID card has been rolled out, and HTA of traditional medicines could be explored to inform coverage decisions. Lastly, telemedicine should be considered for specific diseases and groups of people, and may be explored as a compliment but not a substitute to usual care.

Besides providing inputs to the presentation by the Ghana delegates, Dr. Yot discussed the political dynamics of funding arrangements, with examples from the different health insurance scheme and the role of village health volunteers in Thailand. While there are challenges of multiple ministries responsible for different schemes and inequities in resource allocation, there needs to be more public debate and transparency in funding arrangements. The success of HTA in Thailand can also be attributed to strong political backing, which was not possible without continued stakeholder engagements.

# Outcomes of the study visit

## Participants' feedback

The feedback from the study visit was overwhelmingly positive. Through an online feedback form, the delegates were asked about the study visits' objective, contents, activities, and logistics and follow-up actions after the study visits. The delegates, including the facilitators, expressed great satisfaction with the visit and its outcomes. The delegates were thankful for the commitment and expertise of the staff and facilitators, and among the activities organized, enjoyed the site visits and the insightful leadership dialogue the most. It was also noted that there were challenges in understanding some speakers due to language barriers. Additionally, future visits can explore having more perspectives from other countries in the sessions organized. The following areas were also identified as areas for further action by NHIA:

1. Harmonize NHIA credentialing tools with those of Health Facilities and Regulatory Authority
2. Continuously recommend and advocate for incorporating HTA in decision making and design of benefits package
3. Effectively implementation of telemedicine, particularly for NCD management

## HITAP team reflections

An in-person After-Action Review (AAR) was conducted with the HITAP team to reflect on what went well and what could have been done differently (see Annex 3 for AAR questions). In general, the organizing team had a positive reflection on the outcomes of the visit. They were able to assist the delegation from Ghana to meet the visit objectives, while forging new collaborations with HAI and health centre 66, and maintaining engagements with long term partners such as NHSO and IHPP. The organizing team also acknowledged the importance of careful planning and execution of study visits, while remaining flexible to changes in logistical requirements.

## Looking forward

HITAP will continue to engage with NHIA to build capacities and advocating for HTA in decision making. Information on existing HTA materials, including websites, guidelines, and access to publication journals may also be facilitated by HITAP. Furthermore, HITAP can offer additional communication training to develop a knowledge and dissemination strategy for HTA decisions. This process is crucial to raise awareness and disseminate information effectively for the development of HTA institutionalization in Ghana.

# Annexes

## Annex 1: Agenda

### Agenda for Study Visit to Thailand

**Dates:** 28 October – 1 November, 2024

**Venue:** Nonthaburi, Thailand

**Study visit objectives:**

- To learn about Universal Health Coverage (UHC) and Health Technology Assessment (HTA) in Thailand. Specifically:
  - The mandate, functions, and processes for HTA and UHC
  - Institutional/organizational and governance arrangements for an HTA and UHC system
- To develop plans for implementing lessons to Ghana’s context
- To identify potential areas for collaboration

**Participants:** 8 representatives from National Health Insurance Authority (NHIA)

**Facilitators:** Staff from the Health Intervention and Technology Assessment Program (HITAP) Foundation; partners from the National Health Security Office (NHSO), International Health Policy Program (IHPP), Healthcare Accreditation Institute (HAI) and Health Centre 66 for selected topics.

**Structure:**

The study visit will be covered over five days and will cover the following topics: overview of health systems and HTA; health benefits package design; topics on health systems and the road ahead for HTA including digital health and telemedicine. Participants will be asked to present on the status of UHC and HTA in their countries and actively participate in discussions as well as group activities. On the final day, participants will be asked to share their reflections and plan for applying lessons learned in their context.

**Agenda overview**

Date	Program highlights
28 October 2024	Overview of health systems and HTA in Thailand and Ghana
29 October 2024	Health benefits package design; Welcome dinner
30 October 2024	Health systems perspectives and service delivery, including site visits to NHSO and Health Centre 66
31 October 2024	Health financing and health system reform, healthcare quality assurance, digital health and telemedicine and communications in HTA
1 November 2024	Leadership dialogue; reflections and summary of next steps



Agenda in detail:

Time	Session	Description	Person(s) responsible
<b>Day 1: Overview of health systems, HTA and UHC</b>			
Transport from IWISH hotel to HITAP Foundation Office (08:15 – 9:00)			
9:00 – 9:30	Introduction and administration	<p><b>Introduction (30 mins)</b></p> <ul style="list-style-type: none"> <li>Opening address by Assoc Prof Wanrudee</li> <li>Objectives and expected outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Assoc Prof Wanrudee, Assistant Secretary-General, HITAP Foundation</li> </ul>
9:30 – 10:30	Overview of Universal Health Coverage (UHC) and Health technology assessment (HTA) in Thailand	<p><b>Presentation (30 mins)</b></p> <ul style="list-style-type: none"> <li>Introduction to HTA</li> <li>Overview of the public health system in Thailand</li> <li>Role of HTA in Thailand · Overview (very brief) of Universal Coverage Scheme Benefits Package (UCBP) and National Essential List of Medicines (NLEM), institutions involved (roles &amp; responsibilities) and process (committee composition, roles, responsibilities, workflow)</li> <li>Key issues for consideration</li> </ul> <p><b>Discussion (30 mins)</b></p> <ul style="list-style-type: none"> <li>What have been the factors that have facilitated UHC to succeed in Thailand? What have been the barriers?</li> <li>What types of institutional arrangements were developed to introduce and support implementation of UHC in Thailand?</li> <li>What are some of the on-going challenges for UHC in Thailand?</li> <li>What are the similarities and differences between Ghana's and Thailand's health systems?</li> </ul>	<ul style="list-style-type: none"> <li>Assoc Prof Wanrudee, Assistant Secretary-General, HITAP Foundation</li> <li>Saudamini, Head of International Unit, HITAP Foundation</li> </ul>
Break for 15 mins			

10:45 – 12:00	<ul style="list-style-type: none"> <li>• Overview of HTA In Thailand</li> <li>• Introduction to HITAP Foundation and its international work</li> </ul>	<p><b>Presentation (45 mins)</b></p> <ul style="list-style-type: none"> <li>• Brief history of HITAP Foundation and key milestones of HTA development in Thailand</li> <li>• Elements of HTA infrastructure in Thailand including guidelines, HTA databases, costing menu, HTA trainings, value sets for quality of life, organizations involved, legal arrangements, and its use to inform policy</li> <li>• HITAP Foundation’s role in HTA in Thailand and the healthcare system</li> <li>• HITAP Foundation’s experience in supporting international HTA capacity building efforts</li> </ul> <p><b>Discussion (45 mins)</b></p> <ul style="list-style-type: none"> <li>• What are the processes for healthcare decision making in Thailand?</li> <li>• What were the factors that enabled the development of HTA in Thailand?</li> <li>• What were the initial challenges of setting up HTA in Thailand?</li> <li>• How were these overcome?</li> <li>• How has HTA evolved to meet changing demands of the health system?</li> <li>• What would be the key takeaways from Thailand experience for HTA institutionalization in Ghana?</li> </ul>	<ul style="list-style-type: none"> <li>• Ryan Jonathan Sitanggang, International Cooperation Officer, HITAP Foundation</li> <li>• Kinanti Khansa Chavarina, Associate, HITAP Foundation</li> </ul>
Lunch			
13:00 – 16:00	Overview of the health system, UHC and HTA in Ghana, including discussion on areas for collaboration in Ghana	<p><b>Presentation (60 mins)</b></p> <ul style="list-style-type: none"> <li>• Universal Health Coverage in Ghana</li> <li>• Health financing system in Ghana</li> <li>• Overview of strategy plan for HTA in Ghana</li> <li>• Current HTA process in Ghana</li> <li>• Overview of the mandate and governing structure for HTA process in Ghana</li> <li>• Essential medicines list (EML) process and other priority setting processes applied by the Ministry of Health</li> <li>• Ghana’s Process Guideline and implementation progress to date</li> </ul> <p><b>Discussion to identify areas for HTA support (45 Mins)</b></p>	<ul style="list-style-type: none"> <li>• Ghana delegates</li> </ul>

		<ul style="list-style-type: none"> <li>• What are the features of the health system in Ghana, particularly, the delivery system for healthcare, financial schemes, and payment mechanisms?</li> <li>• What are the similarities and differences between Ghana's and Thailand's health systems?</li> <li>• Who are the key stakeholders and what are their roles in the HTA implementation in Ghana?</li> <li>• What are some of the resources required for the HTA strategy?</li> <li>• What are some of the specific activities to achieve the HTA strategy plan?</li> </ul>	
16:00 – 16:30	Recap and plan for next day	<p><b>Discussion (30 mins)</b></p> <ul style="list-style-type: none"> <li>• Summary of discussion and key take-home messages</li> <li>• Overview of the next day's program and additional questions/focus areas to explore</li> </ul>	<ul style="list-style-type: none"> <li>• All</li> </ul>
Transport from HITAP Foundation Office to IWISH hotel (16:30 – 17:15)			

<b>Day 2: Health benefits package design</b>			
Transport from IWISH hotel to HITAP Foundation Office (08:15 – 9:00)			
9:00 – 9:15	<ul style="list-style-type: none"> <li>Overview for day</li> </ul>	<ul style="list-style-type: none"> <li>Introductions, as applicable</li> <li>Agenda and expected outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Dr Brandon Chua, Senior Associate, HITAP Foundation</li> </ul>
9:15 – 10:45	<ul style="list-style-type: none"> <li>Development of the non-pharmaceutical benefits package – the Universal Coverage Scheme Benefits Package (UCBP)</li> </ul>	<p><b>Presentation (60 mins)</b></p> <ul style="list-style-type: none"> <li>Development process, execution and governance of UCBP</li> <li>The institutions involvement and governance structure (committee composition, roles, responsibilities, workflow) of UCBP in Thailand</li> <li>UCBP case study, featuring key processes (school-based eye screening)</li> </ul> <p><b>Discussion (30 mins)</b></p>	<ul style="list-style-type: none"> <li>Manit Sittimart, Senior Associate, HITAP Foundation</li> </ul>
Break for 15 mins			
11:00 – 12:30	<ul style="list-style-type: none"> <li>Development of the pharmaceutical benefits package - National List of Essential Medicines (NLEM)</li> </ul>	<p><b>Presentation (60 mins)</b></p> <ul style="list-style-type: none"> <li>Development process, execution and governance of NLEM</li> <li>The institutions involvement and governance structure (committee composition, roles, responsibilities, workflow) of NLEM in Thailand</li> <li>NLEM case study, featuring key processes (management of introduction of new medicines in the national list)</li> <li><b>Discussion (30 mins)</b></li> </ul>	<ul style="list-style-type: none"> <li>Chittawan Poonsiri, Senior Associate, HITAP Foundation</li> </ul>
Lunch			
13:30 – 14:15	<ul style="list-style-type: none"> <li>Media engagement for caesarean section in Thailand</li> </ul>	<p><b>Presentation (30 mins)</b></p> <ul style="list-style-type: none"> <li>Showcase of HITAP’s collaboration with Thai Public Broadcasting Service (PBS) to create awareness on rational use of caesarean section in Thailand</li> </ul> <p><b>Discussion (15 mins)</b></p>	<ul style="list-style-type: none"> <li>Nann Vongpuapan, Head of Communications, HITAP Foundation</li> </ul>
14:15 – 15:00	<ul style="list-style-type: none"> <li>Exercise on priority setting</li> </ul>	<ul style="list-style-type: none"> <li>Group exercise on prioritization of health technologies to fund in the health system</li> </ul>	<ul style="list-style-type: none"> <li>Manit Sittimart, Senior Associate, HITAP Foundation</li> <li>Dr Brandon Chua, Senior Associate, HITAP Foundation</li> </ul>
15:00 – 15:30	<ul style="list-style-type: none"> <li>Discussion and application</li> </ul>	<ul style="list-style-type: none"> <li>Focused discussion on application of learnings from exercise <b>(30 mins)</b></li> </ul>	<ul style="list-style-type: none"> <li>All</li> </ul>
15:30 – 16:00	<ul style="list-style-type: none"> <li>Recap and plan for next day</li> </ul>	<p><b>Discussion (30 mins)</b></p> <ul style="list-style-type: none"> <li>Summary of discussion and key take-home messages</li> <li>Overview of the next day’s program and additional questions/focus areas to explore</li> </ul>	<ul style="list-style-type: none"> <li>All</li> </ul>

Transport from site visit to dinner (16:00 – 17:00)

**Welcome dinner (17:00 – 19:00)**

**Venue: O-Yua, 47/1 Ngam Wong Wan Road, Lat Yao Subdistrict, Chatuchak District, Bangkok**

Transport from dinner to IWISH hotel (19:00 – 20:00)

<b>Day 3 : Health systems perspectives and service delivery</b>			
Travel from IWISH hotel to NHSO (7:30 – 9:00)			
9:00 – 9:15	Welcome address	<ul style="list-style-type: none"> <li>• Introductions, as applicable</li> <li>• Agenda and expected outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Mrs. Waraporn Suwanwela, Deputy Secretary-General, NHSO</li> </ul>
9:15 – 10:30	Management of the Universal Coverage Scheme (UCS)	<p><b>Presentation</b></p> <ul style="list-style-type: none"> <li>• Organizational structure, and role of NHSO in UCS</li> <li>• Process and governance structures of NHSO</li> </ul> <p><b>Discussion</b></p> <p><i>*Coffee break will be served during the session</i></p>	<ul style="list-style-type: none"> <li>• Ms. Chalarntorn Yothasmutra, Director of International Collaboration on UHC Division, NHSO</li> </ul>
10:30 -12:00	UCS quality assurance	<p><b>Presentation</b></p> <ul style="list-style-type: none"> <li>• Overview and Management of claims/payment processes</li> <li>• Pre-audit system</li> <li>• IT e-claim</li> <li>• Post-audit system</li> </ul> <p><b>Discussion</b></p>	<ul style="list-style-type: none"> <li>• Dr. Sawitree Visanuyothin, Pre-audit Director</li> <li>• Mr. Akarat Yangphaibul, IT E-claim</li> <li>• Ms. Sumontha Sophaphan, Post-Audit Specialist, Fund Management Unit, NHSO</li> </ul>
Lunch (12:00 – 12:45)			
Transport from NHSO to Health Centre 66 (12:45 – 13:30)			
13:30 – 16:00	Site visit at Health Center 66, Shrine of Guanyin at Chokchai 4	<p><b>Presentation</b></p> <ul style="list-style-type: none"> <li>• Overview structure, service delivery hubs (Primary care setting), and linkages with payment under UCS</li> <li>• Walking tour (PHC health services at Health Center)</li> </ul> <p><b>Discussion</b></p>	<ul style="list-style-type: none"> <li>• Dr. Jitarada, Director of Health Center 66 Shrine of Guanyim at Chokchai 4</li> </ul>
16:00 – 16:30	Recap and plan for next day	<p><b>Discussion (30 mins)</b></p> <ul style="list-style-type: none"> <li>• Summary of discussion and key take-home messages</li> <li>• Overview of the next day's program and additional questions/focus areas to explore</li> </ul>	<ul style="list-style-type: none"> <li>• Dr Brandon Chua, Senior Associate, HITAP Foundation</li> <li>• Saudamini, Head of International Unit, HITAP Foundation</li> </ul>
Transport from site visit to IWISH hotel (16:30 – 18:30)			

<b>Day 4: Health system reform, health financing, quality assurance and the road ahead for HTA</b>			
Transport from IWISH hotel to HITAP Foundation Office (08:15 – 9:00)			
9:00 – 9:15	Overview for day	<ul style="list-style-type: none"> <li>• Introductions, as applicable</li> <li>• Agenda and expected outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Dr Brandon Chua, Senior Associate, HITAP Foundation</li> </ul>
9:15 – 11:00	Healthcare quality assurance systems	<p><b>Presentation (60 mins)</b></p> <ul style="list-style-type: none"> <li>• Systems for quality assurance in healthcare in Thailand (30 mins)</li> <li>• Systems for quality assurance in healthcare in Ghana (30 mins)</li> </ul> <p><b>Discussion (45 mins)</b></p>	<ul style="list-style-type: none"> <li>• Dr Piyawan Limpanyalert, Director, Healthcare Accreditation Institute, Thailand</li> <li>• Ghana delegates</li> </ul>
Break			
11:15 – 13:00	Health system and financing reform in Thailand	<p><b>Presentation (60 mins)</b></p> <ul style="list-style-type: none"> <li>• Healthcare system and service delivery reform in Thailand</li> <li>• Differences in health financing schemes in Thailand</li> </ul> <p><b>Discussion (45 mins)</b></p>	<ul style="list-style-type: none"> <li>• Dr Somtanuek Chotchoungchatchai, Researcher, IHPP</li> </ul>
Lunch (13.00 – 14.00)			
14:00 – 14:30	Communication and dissemination of HTA	<p><b>Presentation (20 mins)</b></p> <ul style="list-style-type: none"> <li>• The value of communication in HTA</li> <li>• Communication strategies and platforms for HTA</li> <li>• Overview of HTA communication in Thailand and measurement metrics for outreach</li> </ul> <p><b>Discussion (10 mins)</b></p> <ul style="list-style-type: none"> <li>• Who are the key stakeholders to be informed of HTA findings?</li> <li>• How are HTA findings being communicated currently? Key challenges and enablers?</li> </ul>	<ul style="list-style-type: none"> <li>• Serah Clarence, HITAP Foundation</li> <li>• Pattranit Pohnatchariyagul, HITAP Foundation</li> </ul>
Break			
14:45 – 16:00	Digital health, telemedicine, and digital systems in healthcare	<p><b>Presentation (45 mins)</b></p> <ul style="list-style-type: none"> <li>• Overview of digital health: <ul style="list-style-type: none"> <li>○ What is digital health</li> <li>○ Why is digital health important?</li> </ul> </li> <li>• Thailand’s digital health landscape</li> <li>• Digital health policy case study on telemedicine and One ID card smart hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Dr. Kwanputtha Arunprasert, Researcher, HITAP Foundation</li> <li>• Dr Pritaporn Kingkaew, Head of Research Unit, HITAP Foundation</li> </ul>

		<ul style="list-style-type: none"> <li>• Benefits and challenges of incorporating digital health and telemedicine into national programs and UCS</li> </ul> <p><b>Discussion (30 mins)</b></p> <ul style="list-style-type: none"> <li>• What is the extent of digital health implementation in the health system currently?</li> <li>• How can digital health be incorporated as part of UHC? Key challenges and enablers?</li> </ul>	<ul style="list-style-type: none"> <li>• Panchanok Muenkaew, Associate, HITAP Foundation</li> </ul>
Break			
16:15 16:45	– Recap and plan for next day	<p><b>Discussion (30 mins)</b></p> <ul style="list-style-type: none"> <li>• Summary of discussion and key take-home messages</li> <li>• Overview of the next day’s program and additional questions/focus areas to explore</li> </ul>	<ul style="list-style-type: none"> <li>• All</li> </ul>
Transport from HITAP Foundation Office to IWISH hotel (16:45 – 17:30)			



<b>Day 5: Reflections and summary of next steps</b>			
Transport from IWISH hotel to HITAP Foundation Office (09:15 – 10:00)			
10.00-11.00	HTA/UHC leadership dialogue	<b>Discussion (60 mins)</b> <ul style="list-style-type: none"> <li>Open dialogue between participants and senior leadership in Thailand</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Suwit Wibulpolprasert Senior Adviser on Global Health, Ministry of Public Health, Thailand</li> </ul>
11:00 – 12:30	Lessons learned, potential application and collaborations	<b>Discussion (90 mins)</b> <ul style="list-style-type: none"> <li>Summary of key lessons and applications in Ghana</li> <li>Next steps/collaborations</li> </ul>	<ul style="list-style-type: none"> <li>Ghana delegates</li> <li>Dr. Yot Teerawattananon, Founder and Senior Researcher, HITAP Foundation</li> </ul>
Lunch (12.30 - 13.30)			
13:30 – 14:30	Summary and close	<b>Discussion (30 mins)</b> <ul style="list-style-type: none"> <li>Final debrief, summary of study visit and study closing</li> </ul>	<ul style="list-style-type: none"> <li>Saudamini, Head of International Unit, HITAP Foundation</li> <li>Dr Brandon Chua, Senior Associate, HITAP Foundation</li> </ul>
Study visit closing			
Transport from HITAP Foundation Office to IWISH hotel (14:30 – 15:00)			

## Annex 2: List of Participants

No.	Name	Organization
1	Ismail Osei	NHIA, Ghana
2	William Omane Agyekum	NHIA, Ghana
3	Lydia Anaab-Bisi	NHIA, Ghana
4	Asante Bamfo Afari	NHIA, Ghana
5	Orison Afflu	NHIA, Ghana
6	Nadia Serwaa Antwi	NHIA, Ghana
7	Kwadwo Oppong Wellington	NHIA, Ghana
8	Commey Prosper Oblitey	NHIA, Ghana
9	Dr. Suwit Wibulpolprasert	Ministry of Public Health, Thailand
10	Dr. Chitralada Butrangamdee	Health Center 66
11	Dr Piyawan Limpanyalert	HAI
12	Dr. Somtaneuk Chotchoungchatchai	IHPP
13	Chalarntorn Yothasmutra	NHSO
14	Dr Sawitree Visanuyothin	NHSO
15	Akarat Yangphaibul	NHSO
16	Sumontha Sophaphan	NHSO
17	Dr. Yot Teerawattananon	HITAP
18	Dr. Wanrudee Isaranuwatchai	HITAP
19	Dr. Pritaporn Kingkaew	HITAP
20	Saudamini Dabak	HITAP
21	Nann Vongpuapan	HITAP
22	Dr. Brandon Chua	HITAP
23	Lapad Pongcharoenyong	HITAP
24	Ryan Jonathan Sitanggang	HITAP
25	Kinanti Khansa Chavarina	HITAP
26	Manit Sittimart	HITAP
27	Chittawan Poonsiri	HITAP
28	Serah Clarence	HITAP
29	Pattranit Pohnatchariyagul	HITAP
30	Dr. Kwanputtha Arunprasert	HITAP
31	Panchanok Muenkaew	HITAP
32	Evan Huang-Ku	HITAP
33	Zin Nwe Win	HITAP

## Annex 3: After action review questions

### After-action review for the Ghana study visit, 28 October -1 November 2024

The purpose of this AAR is to summarize the experience from the Ghana study visit hosted by HITAP between 28 October – 1 November 2024. This survey covers all areas including:

- academics (e.g., agenda development, session planning, session content, flow of content, time, and duration of session),
- logistics (e.g., location, food, and transportation),
- partnership or engagement with partners,
- communication/promotion,
- internal capacity building etc.

Please provide your input based on your experience during your responsible session(s) or during the overall visit.

1. What did we expect to happen?
2. What really happened?
3. What went well? and why did it go well?
4. What would you do differently for the next study visit hosted by HITAP?
5. Any suggestions at all?

## Annex 4: Event photographs



*HITAP staff facilitating the session and exercise.*



*Ghana delegates visiting the National Health Security Office*



*Ghana delegates visiting Health Centre 66, Shrine of Guanyim at Chokchai 4*



*Ghana delegates learning about quality in healthcare service delivery from Dr. Piyawan Limpanyalert, Director, HAI*



*Ghana delegates learning about the telemedicine reimbursement in Thailand*



*Welcome dinner at O-Yua, Chatuchak District, Bangkok.*



*Wrap-up session facilitated by Dr. Yot*