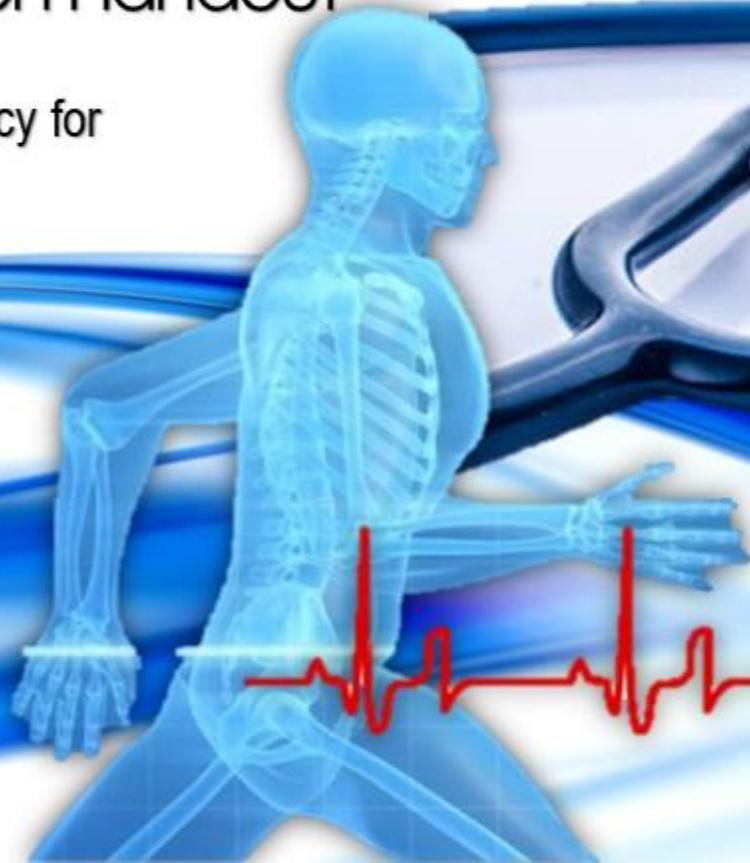




HEALTHCARE SERVICES

PowerPoint Slides Presentation Handout

Strengthening Technical Competency for
Consumer Protection in ASEAN





Healthcare Services Session 1 – Introduction



Session topics / Outline

- Key principles in healthcare training ASEAN context
- Liberalization of healthcare services and professionals
- Main challenges in ASEAN healthcare
- Session Assessment

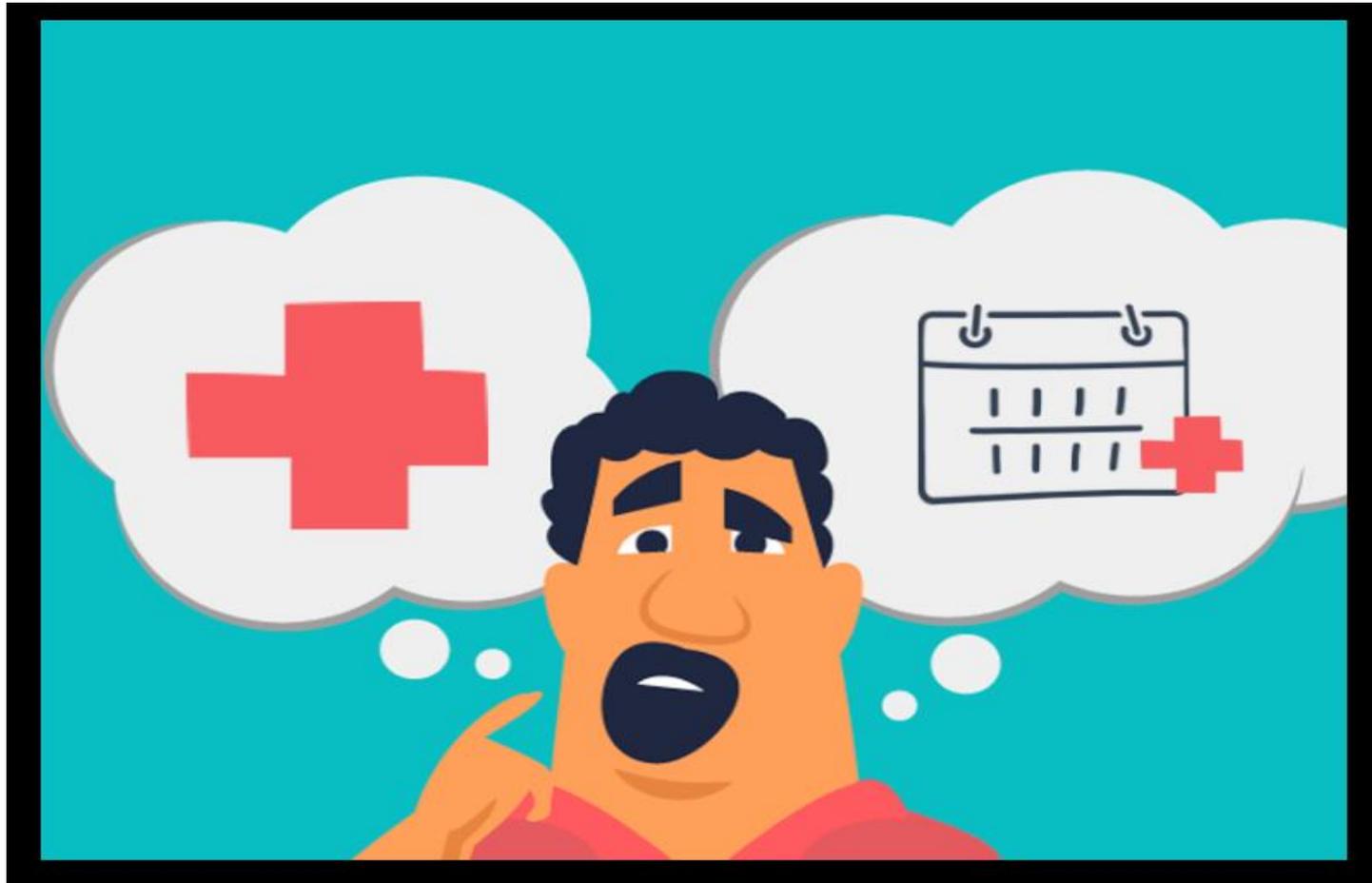
Introduction to health and healthcare services



Health perspectives: World Health Organization

- Definition of Health:
 - a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Introduction to health and healthcare services



Health perspectives: World Health Organization

- Informed opinion and active cooperation of the public are of the utmost importance in the improvement of the health of the people

Introduction to health and healthcare services



Health perspectives: World Health Organization

- Governments have a responsibility for the health of their people by providing adequate health and social measures.

Introduction to health and healthcare services



Health perspectives: World Health Organization

- Definition of Healthcare Services
 - Refers to any medical or remedial care or service, including supplies delivered in connection with the care or service, that is recognized under state law.

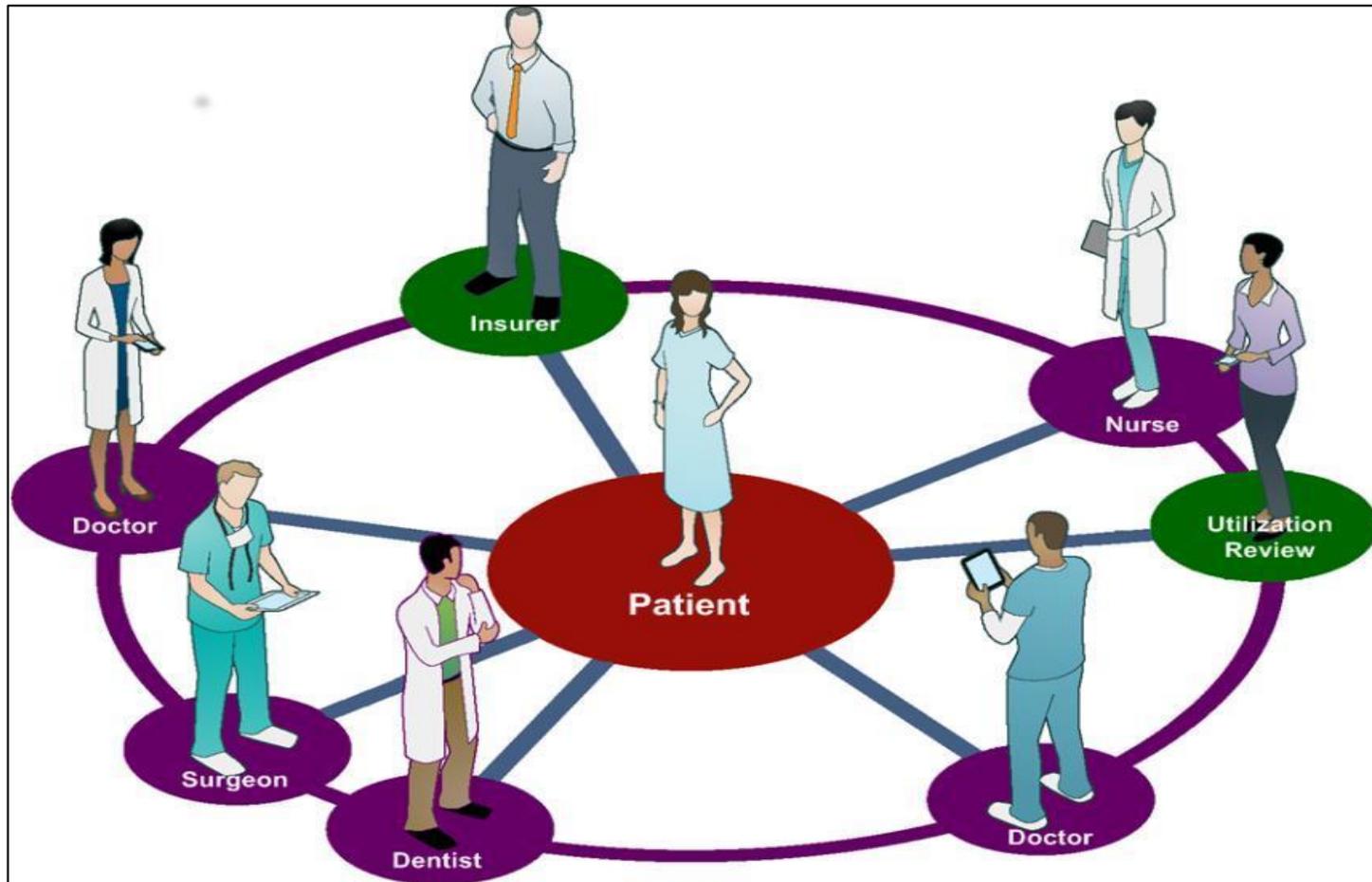
Introduction to health and healthcare services



Health perspectives: World Health Organization

- Service delivery systems
 - Provide health services for patients, persons, families, communities and populations.

Introduction to health and healthcare services



Health perspectives: World Health Organization

- Service delivery systems include:

- Patient-centered care: is focused on individual care of the patient

Introduction to health and healthcare services



Health perspectives: World Health Organization

- Service delivery systems include:
 - People-centered care attention to the health of the communities and their crucial role in shaping health policy and health services.

Introduction to health and healthcare services



Health perspectives: Millennium Development Goals

- Goal 4: Reduce child mortality
 - Reduction of the under-five mortality rate by two-thirds in the period between 1990 and 2015.

Introduction to health and healthcare services



Health perspectives:
Millennium Development Goals

- Goal 4: Reduce child mortality
 - Improvement of complementary feeding or giving foods in addition to breast milk led to significant reduction in the child mortality caused by undernutrition

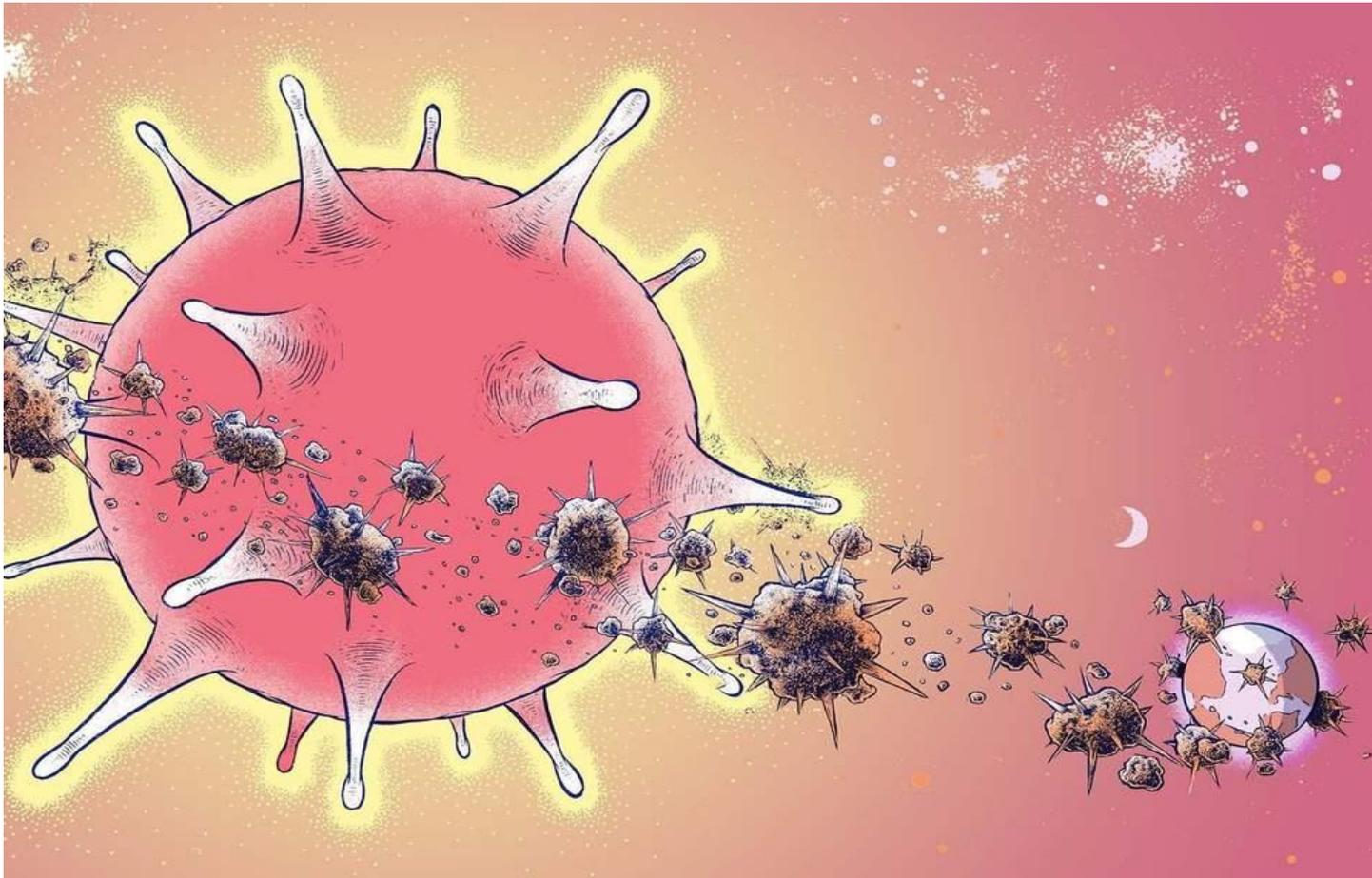
Introduction to health and healthcare services



Health perspectives:
Millennium Development Goals

- Goal 5: Improve maternal health
 - Millennium development goal 5 two targets: 1. reduce the maternal mortality ratio by 75 percent and 2. achieve universal access to reproductive health

Introduction to health and healthcare services



Health perspectives:
Millennium Development Goals

- Three targets of Goal 6:
 1. Reverse the spread of HIV/AIDS
 2. Achieve global access to treatment for HIV/AIDS by 2010
 3. Start the reversal of the incidence of malaria and other major diseases by 2015

Introduction to health and healthcare services



Health perspectives: Sustainable Development Goals

- Progress of Goal 3 in 2018:
Maternal Mortality
 - Reproductive, maternal, newborn, and child health
 - Maternal mortality ratio has declined by 37% since 2000.

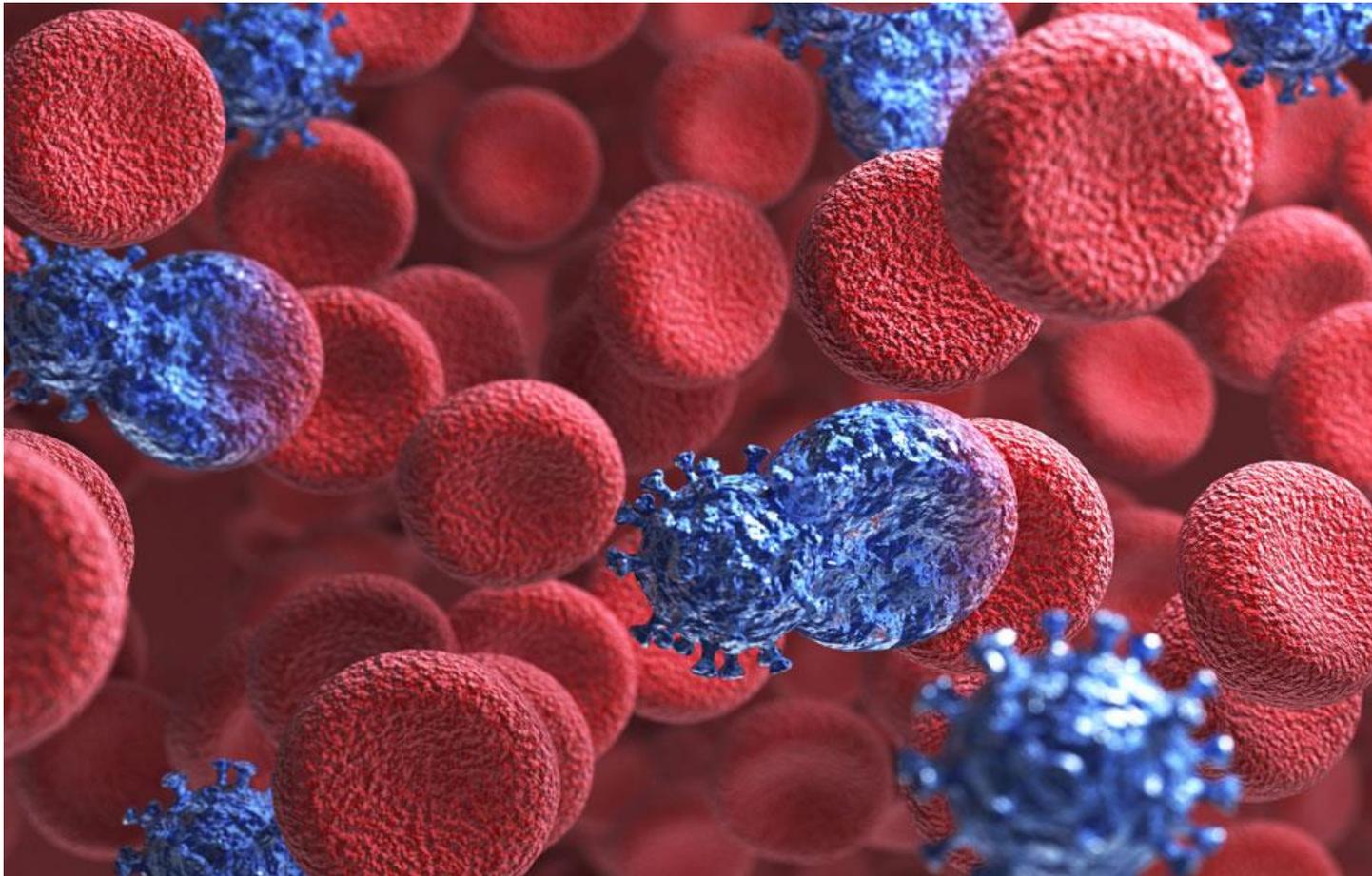
Introduction to health and healthcare services



Health perspectives: Sustainable Development Goals

- Progress of Goal 3 in 2018: Maternal Mortality. Globally, (2000 to 2016),
 - the under-5 mortality rate dropped by 47%,
 - the neonatal mortality rate fell by 39%

Introduction to health and healthcare services



Health perspectives: Sustainable Development Goals

- Progress of Goal 3 in 2018: Infectious diseases and non-communicable diseases. Globally,
 - the incidence of HIV declined from .40 to 26 per 1000 uninfected people between 2005 and 2016

Introduction to health and healthcare services



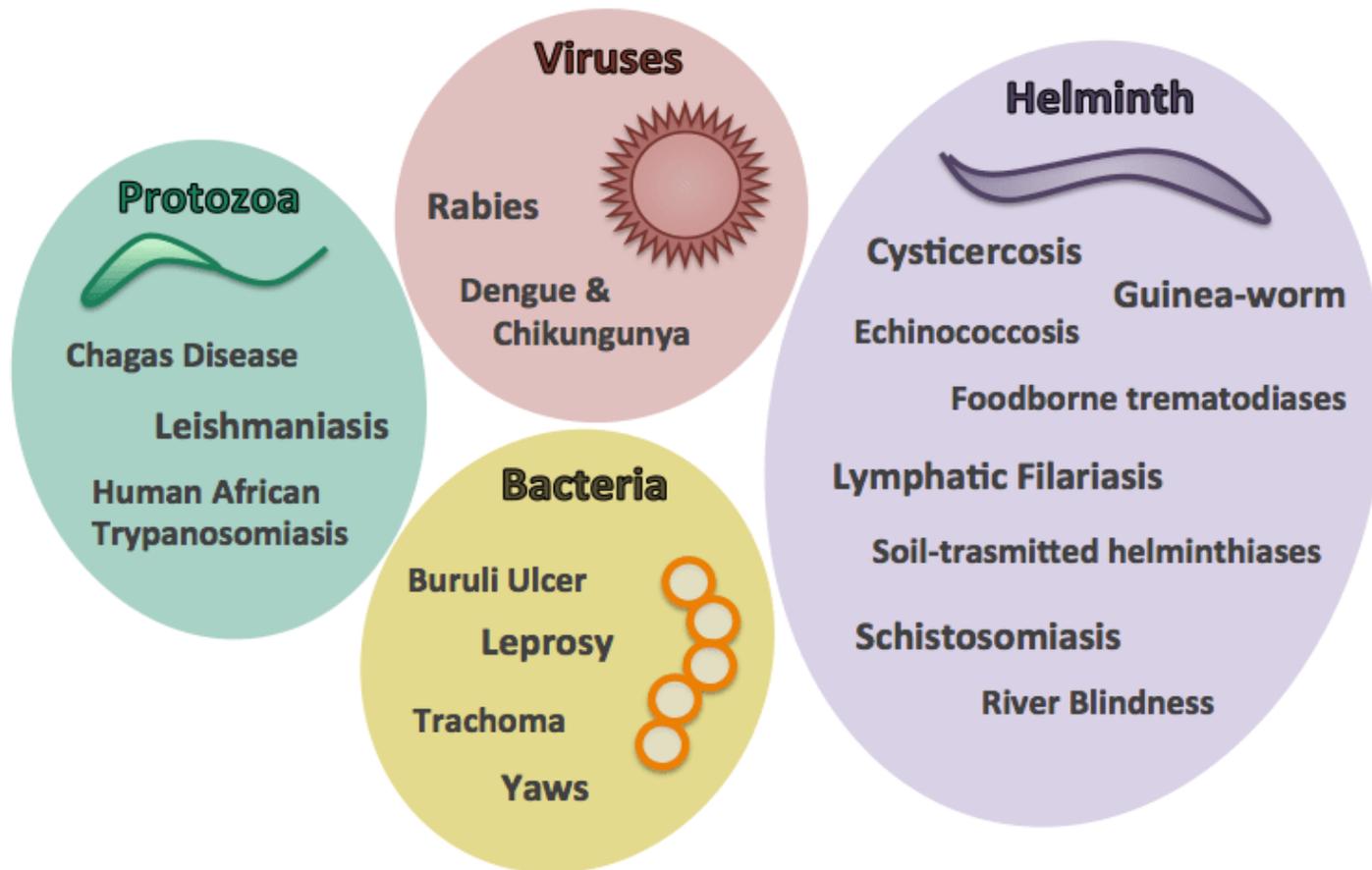
Health perspectives:
Sustainable Development
Goals

- Progress of Goal 3 in 2018:
Infectious diseases and non-communicable diseases.

Malaria cases reported:

- 2016: 216 million
- 2013: 210 million

Introduction to health and healthcare services



Health perspectives: Sustainable Development Goals

- Progress of Goal 3 in 2018:
Infectious diseases and non-communicable diseases.

Tropical diseases:

- 2015: 1.6 billion
- 2010: 2.0 billion

Introduction to health and healthcare services

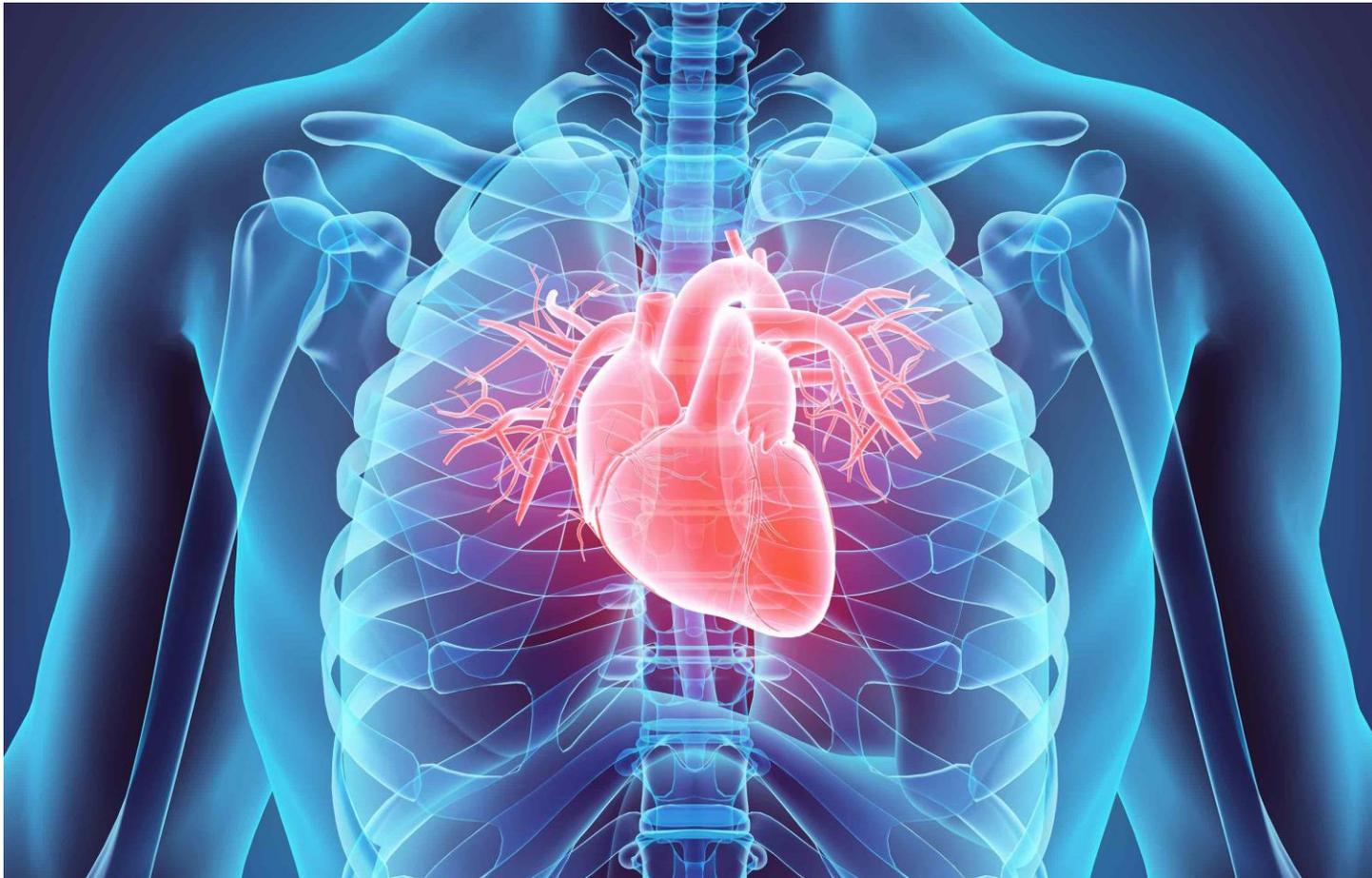


Health perspectives: Sustainable Development Goals

- Progress of Goal 3 in 2018: Infectious diseases and non-communicable diseases.

Unsafe drinking water, unsafe sanitation, and lack of hygiene are major contributors to global mortality.

Introduction to health and healthcare services



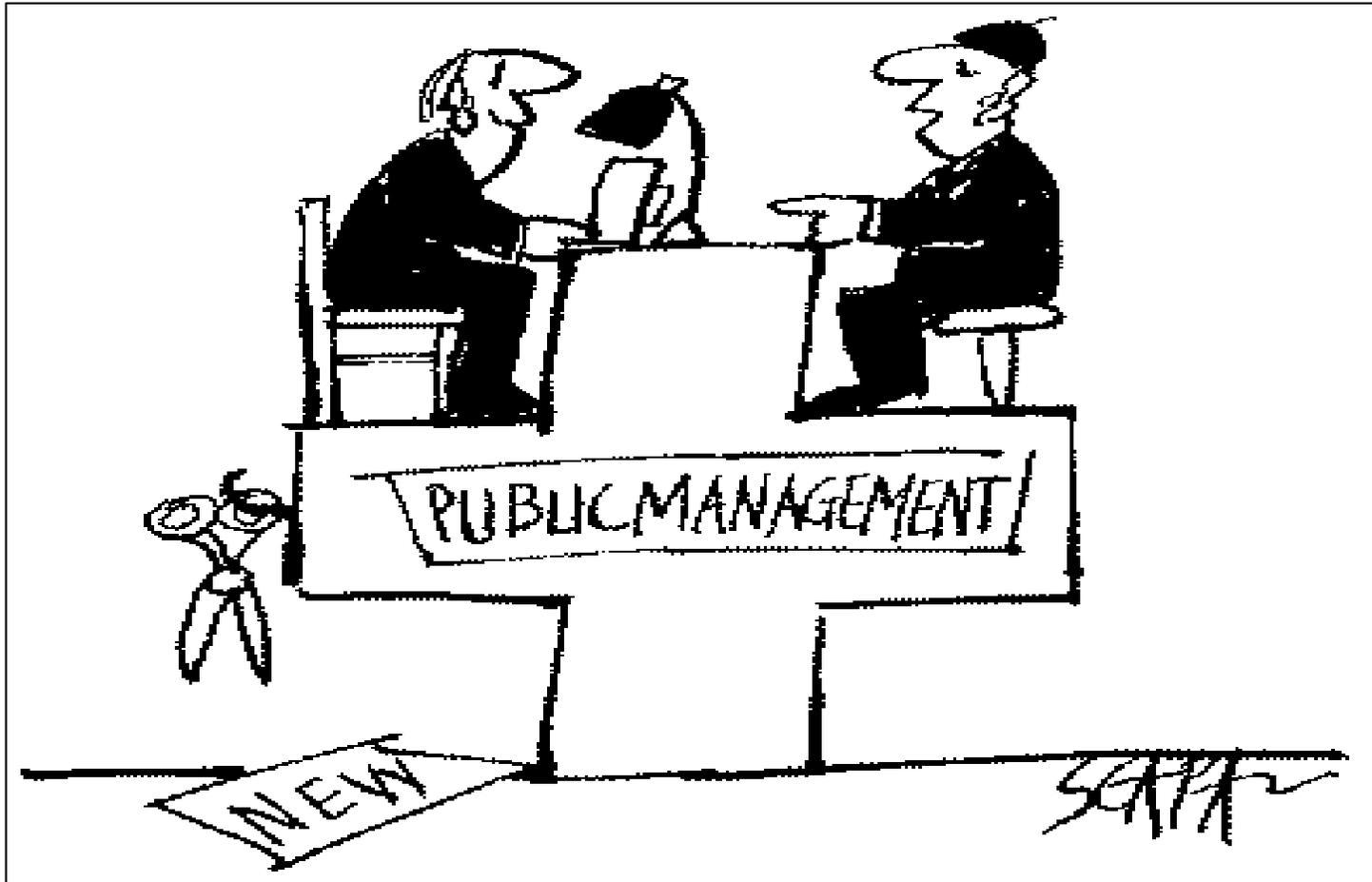
Health perspectives: Sustainable Development Goals

- Progress of Goal 3 in 2018: Infectious diseases and non-communicable diseases.

Causes of death:

2016: 32 million died due to cardiovascular disease, cancer, diabetes or chronic respiratory disease

Introduction to health and healthcare services



Health perspectives: Emerging Public Governance

- New Public Management
 - Business or market model as standard for measuring government success

Introduction to health and healthcare services



Health perspectives: Emerging Public Governance

- **New Public Governance**
 - Values centered to promote common good
 - Emphasis in creating government processes to facilitate the generation of implementable agreements among a wide-ranging stakeholders.

Key principles in healthcare training



- The ASEAN Economic Community Blueprint cites the need for training to:
 - Promote and protect consumer rights
 - Understand how goods and service promote health competition

Key principles in healthcare training



- The ASEAN Member States need to:
 - Identify training opportunities
 - Test and evaluate healthcare module for effective delivery

ASEAN context



- ASEAN countries have good progress towards Universal Health Care (UHC) due to sustained political commitments to endorse universal healthcare

ASEAN context



- Common barriers to Universal Health Care (UHC) include
 - Financial constraints
 - Supply side constraints
 - Ongoing studies in public healthcare at different stages have to address non-communicable diseases, infectious diseases and re-emergence of pandemic infectious diseases

ASEAN context



- Key financial constraints:
 - low levels of government spending
 - overall spending on health

ASEAN context



- Key point: Ensure Universal Health Care (UHC), government to
 - safeguard health budgets
 - prioritize achievement
 - prioritize maintenance of UHC

ASEAN context



- Lack of adequate framework for detecting and persecuting fraud and anti-consumer conduct
 - fraud

ASEAN context: New Health Agenda 2020



- Promoting healthy lifestyle
- Maximal health of ASEAN community through healthy lifestyle
- Ensure healthy lives and promote wellbeing for all ages

ASEAN context: New Health Agenda 2020



- Respond to hazards and emerging threats
- Promote resilient health system in response to:
 - communicable diseases
 - infectious diseases
 - neglected tropical diseases

ASEAN context: New Health Agenda 2020



- Respond to environment health on
 - threats
 - hazards
 - disasters
- Ensure preparedness for disaster health management in the region

ASEAN context: New Health Agenda 2020



- Strengthening health system and access to care
- ASEAN community has access to essential health care, safe and good quality medical products, including traditional and complementary medicines
- Achieved the unfinished health priorities related MDGs, in the light of SDGs

Liberalization of healthcare services and professionals



- The Regulation of public and private hospitals
- Laws, rules, codes and practices of healthcare goods and services
- Regulation of traditional medicine
- Medical Registration Acts

Liberalization of healthcare services and professionals



- Registration of medical practitioners
- Establishment of traditional Medicine Practitioners Board
- Revocation of registration and imposition of financial penalties
- Regulation of healthcare limited

Main challenges: Implementation of redress mechanisms



- Lack of awareness among consumers on laws that provide for consumer redress
- Difficulty to access avenues for redress: government agencies, consumer groups, business associations or professional organizations that are mostly urban based
- Filing procedures are technical and time consuming
- Assistance from voluntary organizations not easily accessible

Main challenges: Overcoming challenges



AMS should:

- Develop and implement consumer policies, framework, and laws.
- Enforce and monitor consumer laws and codes of conduct.
- Establish and manage effective redress mechanisms.
- Implement and evaluate consumer protection programs and mechanisms

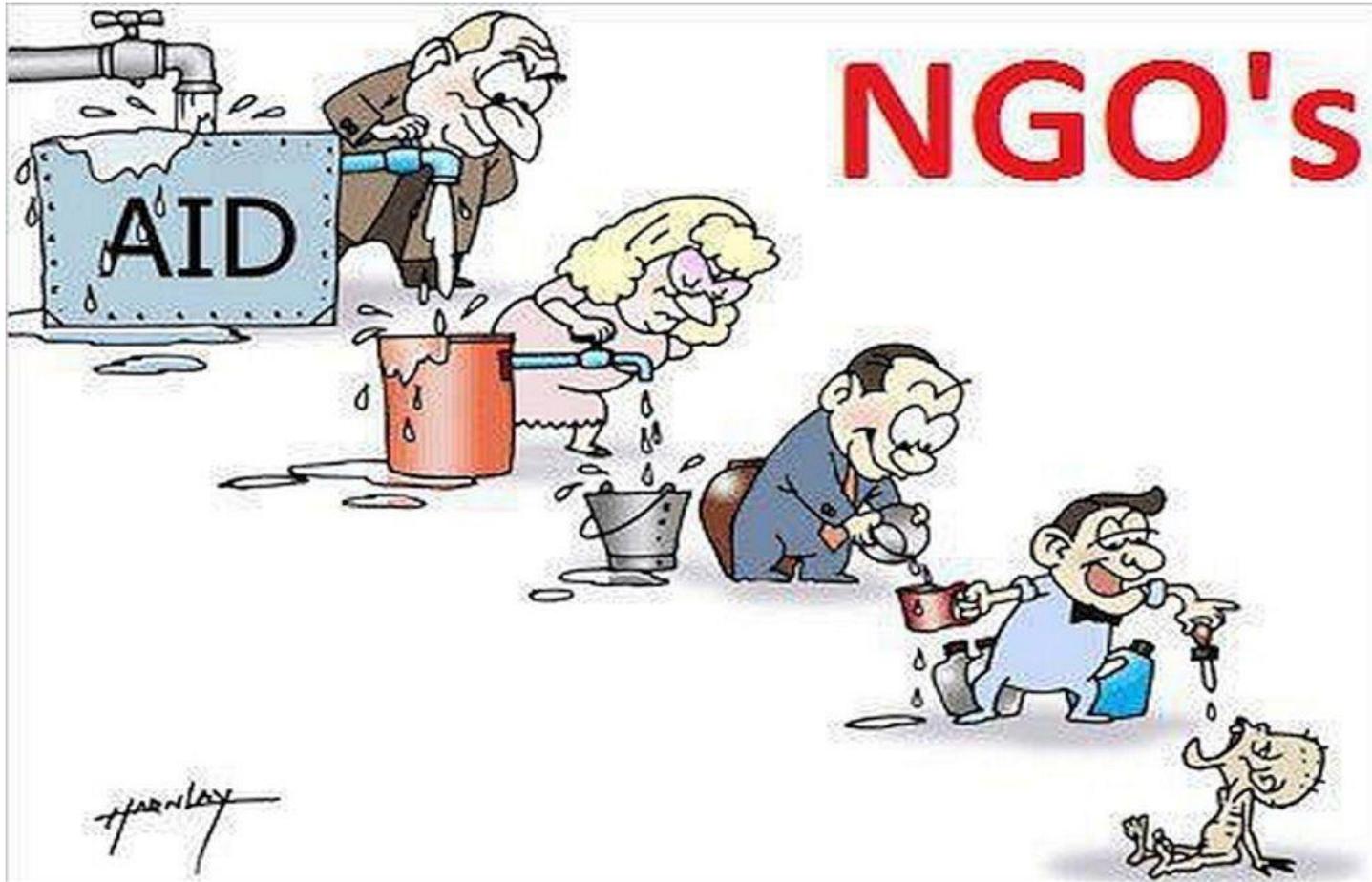
Main challenges: Overcoming challenges



AMS should:

- Develop and implement awareness and educational programs for consumer protection.
- Undertake research and development.
- Implement training programs.

Main challenges: Overcoming challenges



- Need to recognize the knowledge and skills of NGOs in healthcare issues

Main challenges: Overcoming challenges



- Common values shared by healthcare NGOs are concerned with:
 - clean water
 - proper medical treatment
 - minimum standards of education
 - responsive to government policies towards health and welfare of beneficiaries

Main challenges: Overcoming challenges



- Key value in involving NGOs in health care delivery is they have:
 - Close links to urban and rural populations living in poverty
 - Close trust bonds with community leaders
 - Access to international resources in the form of research and advocacy skills

Session assessment



Share your significant learnings from the topics discussed

- What have you learned from the topics discussed?
- How can you apply these learnings in your work related to consumer protection?



Healthcare Services Session 2 – Substantive Consumer Protection Issues

Session topics / Outline

- Healthcare issues
- Benchmark criteria for healthcare services
- Defining health and healthcare services
- Government challenges in coping with demand
- The role of WHO
- Counterfeit medicines and traditional / complimentary alternative medicine
- 'Medical devices' Medical devices / schemes
- Session assessment

Healthcare issues



- Providers and healthcare issued
 - Accessibility of healthcare professionals
 - Affordability of professional services

Healthcare issues



- **Products and healthcare issues**
 - Affordability of quantity and quality of goods and services
 - Affordability of products
- **Platforms and healthcare issues**
 - Affordability of hospitals and clinics

Healthcare issues

PROVIDERS	1	2	3
Healthcare scams	X	X	X
Inadequate registration	X		X
Inadequate number of providers	X	X	X
Inadequate training of providers	X		X
Understaffing in clinics and lack of workforce	X	X	
Underqualified providers and traditional medicine	X		
Fraudulent healthcare providers	X		

Healthcare issues for ASEAN consumers: PROVIDERS

- Problems between healthcare service providers and patients.
- Marketing issues in healthcare services in clinics.
- Health services of qualified and unqualified providers.

Healthcare issues

PRODUCTS	1	2	3
Poor quality or incompetently marketed traditional medicine			X
Unsafe or ineffective medical devices	X		
Lack of adequate drugs		X	X
Prevalence diagnostic and treatment errors	X	X	X
Resale of faulty equipment on the black market			X
Counterfeit and substandard drugs			X
Poor manufacturing practices			X
Need for comprehensive complaint and redress mechanisms		X	
High proportion of faulty medical devices			X

Healthcare issues for ASEAN consumers: PRODUCT

- Healthcare issues in this table refers to of problems related all healthcare products and services which are detrimental to the consumer.
- Included are pharmaceuticals and medicine is either generic or branded, medical devices, traditional medicine, counselling services and the whole range of products or services that constitute healthcare delivery

Healthcare issues

PLATFORMS	1	2	3
Lack of standards for premises used for healthcare provision			X
Lack of available hospitals and clinics in rural areas	X	X	X
Lack of available hospitals and clinics in poor urban areas	X	X	X
Excessive waiting periods for hospital beds	X	X	X
Overcrowding in hospitals and clinics		X	
Prevalence diagnostic and treatment errors	X	X	X
Inadequate training of healthcare professional	X		
Inadequate monitoring systems and procedures		X	
Poor distribution of health care facilities		X	X
Understaffing in clinics and lack of school workforce	X	X	X
Proliferation of fraudulent healthcare providers	X		X
Need for comprehensive complaint and redress mechanisms		X	

Healthcare issues for ASEAN consumers: PLATFORMS

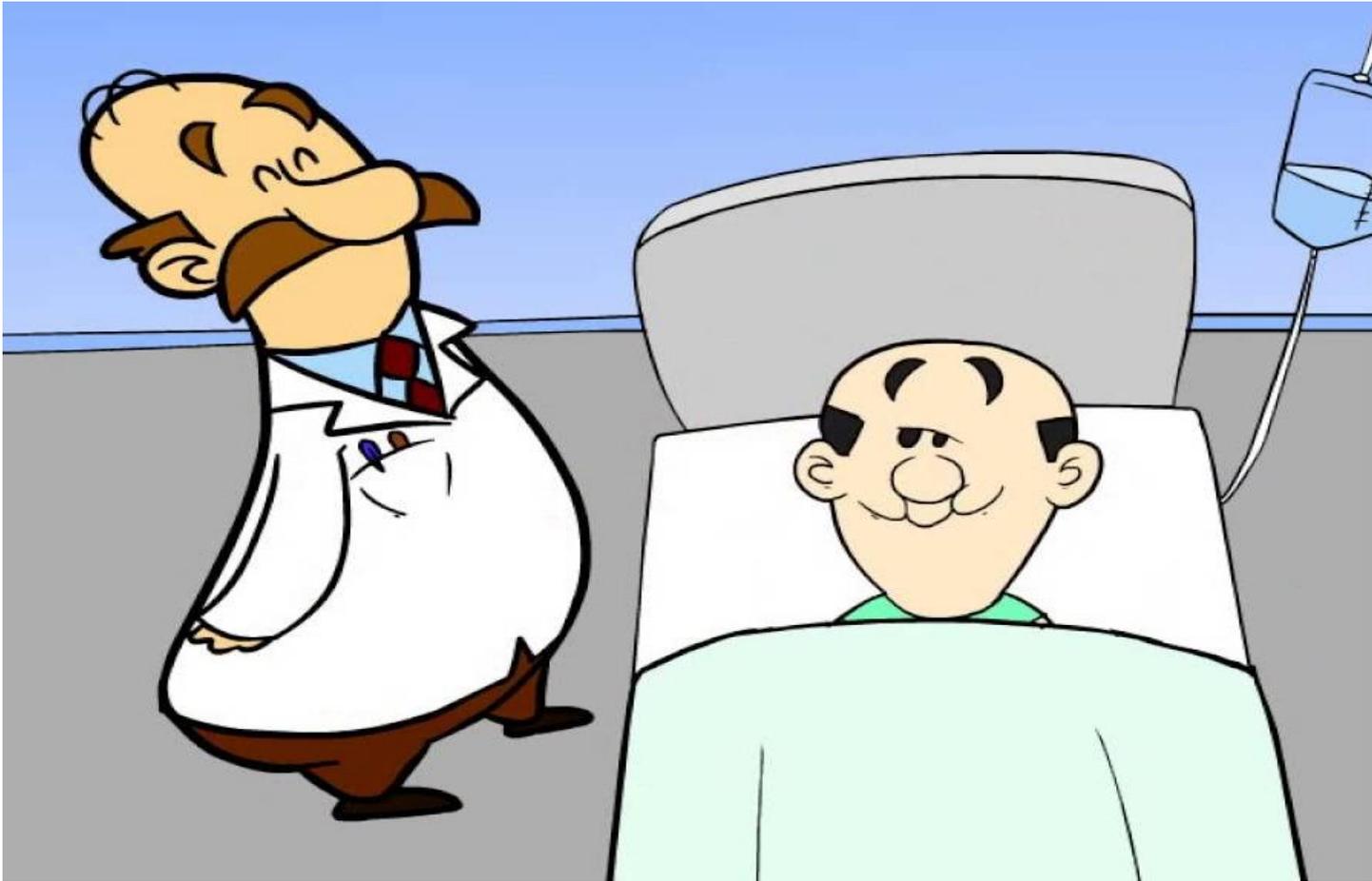
- Healthcare issues in this table refers to problems which arise in the context of healthcare platforms
- Hospital and clinical premises as well as all other facilities used for the delivery of healthcare services in ASEAN

Healthcare issues

CROSSCUTTING ISSUES	1	2	3
Unaffordable healthcare goods and services		X	X
Poor coordination between different agencies	X	X	X
Usurious money lending practices to fund healthcare			X
Prevalence diagnostic and treatment errors	X	X	X
Inadequate training of healthcare professionals	X		
Lack of safety culture	X		
Financial constraints in health care funding			X
Absence of universal healthcare rollout	X	X	X
Excessive waiting times for access to treatment	X	X	X
Widespread healthcare industry		X	
Mechanisms required for consumer empowerment	X	X	X
Comprehensive consumer protection laws required		X	
Consumer awareness campaigns essential		X	
Inadequate data on consumer -related healthcare issues		X	
More action required for implementation of universal health coverage	X	X	X
Patients failure to question doctors due to lack of empowerment	X	X	X
Understaffing in clinics and lack of school workforce	X	X	X

Tabular characterization of healthcare issues for ASEAN consumers:
Crosscutting issues

Benchmark criteria for healthcare services



- Overall issues involves 3 benchmark criteria used to analyze key consumer welfare issues in healthcare:
 - availability (quality and product)
 - accessibility
 - affordability

Benchmark criteria for healthcare services



Three benchmark criteria in analyzing healthcare services to achieve equitable level of protection:

- Relationships between healthcare service providers and patients
- Healthcare products, pharmaceuticals and medicaments medical devices, and traditional medicines

Benchmark criteria for healthcare services



Three benchmark criteria in analyzing healthcare services to achieve equitable level of protection:

- Management of hospitals, clinics, and other facilities

Defining consumer safety and healthcare services



- WHO defines healthcare: “State of complete physical, mental, and social well being, and not merely the absence of disease or infirmity”
- Healthcare is:
 - Freedom from unnecessary harm or potential harm associated with healthcare

Defining consumer safety and healthcare services



- Factors contributing to clinical errors:
 - Unsafe clinical procedures
 - Unsafe use of injections
 - Blood products
 - Medications
 - Medical devices
 - Unsafe processes like communication, failure and ineffective teamwork

Defining consumer safety and healthcare services



- Problems within the organization:
 - Poor patient handovers
 - Misdiagnosis
 - Poor test follow-ups
 - Poor systems processes

Defining consumer safety and healthcare services



- Attempts by policymakers to address failures in healthcare delivery are frustrated by very poor national surveillance and data gather in ASEAN

Defining consumer safety and healthcare services



- Health and healthcare inequities to worsen
 - Better off citizens might receive more benefits from liberalization of trade policies and health through:
 - Regional migration of health workers
 - in-country health worker movement to private hospitals in urban areas

Government challenges in healthcare service

**HEALTH
IS A
HUMAN RIGHT.**



**UNIVERSAL HEALTH
COVERAGE**



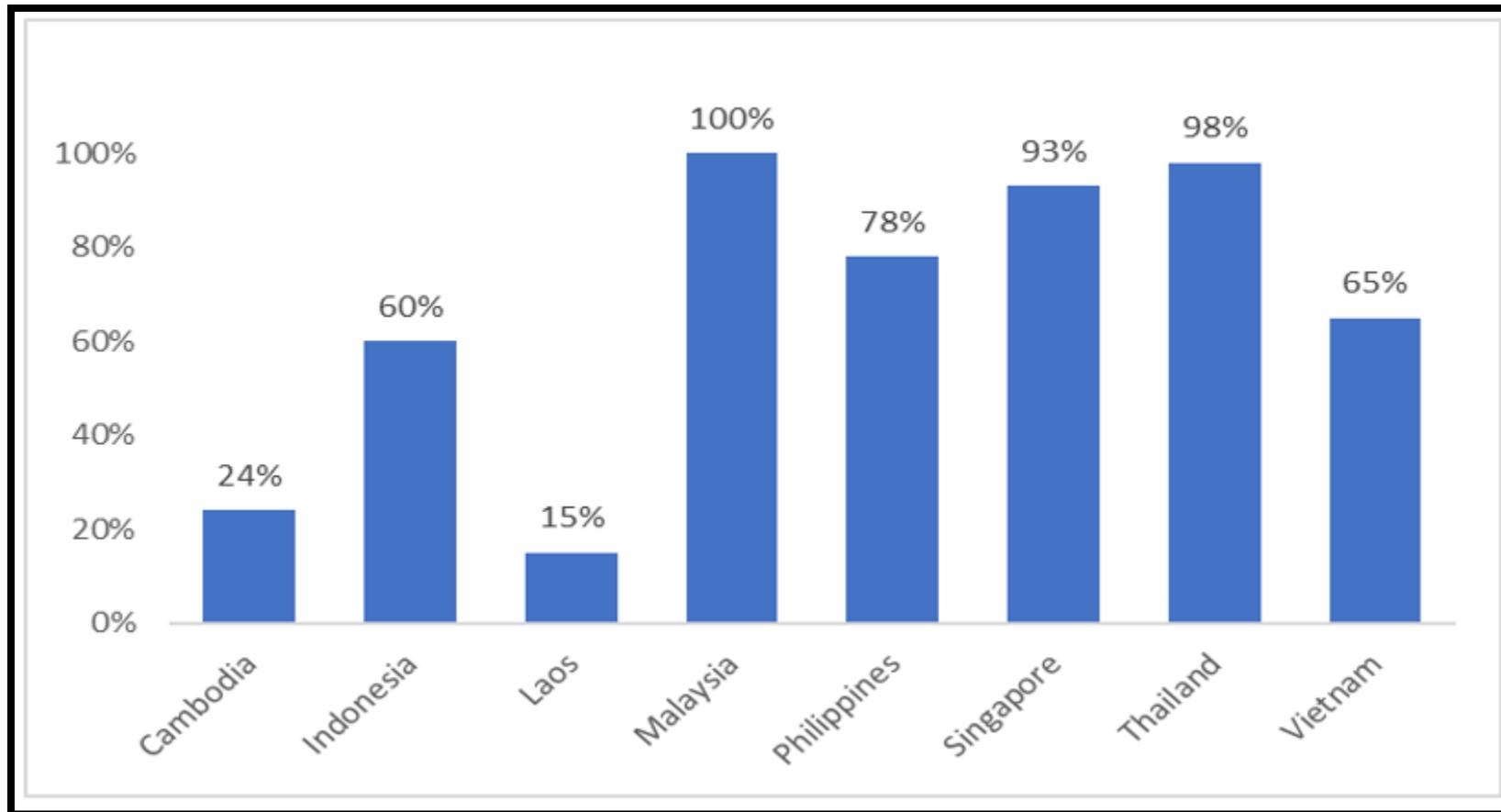
- In the ASEAN, social health insurance (SHI) is an instrument in achieving breadth of Universal Health Care (UHC)
- Political commitments to endorse UHC have been strong in the ASEAN

Government challenges in healthcare service



- Policymakers have to balance competing interests for-profit sector and the moral imperative to ensure equal access to health

Social Health Insurance Coverage in the ASEAN 2015



Government challenges in healthcare service



- Empowered consumers and effective markets are necessary but not sufficient condition for the attainment by Member States of the ASEAN Economic Community (AEC)
- Country Reports on Health Services reflect inadequate data on consumer complaints relating to healthcare service

Government challenges in healthcare service



- Limited complaints by those already accessing mainstream hospitals or professional regulatory systems
- Little or no data on traditional and complementary healthcare with exception of Malaysia

Government challenges in healthcare service



- Lack of data on enforcement actions, on available sanctions, and on remedies.

Government challenges in coping with demand

Universal Health Coverage (UHC)

means that **ALL PEOPLE** can obtain the quality health services they need without suffering financial hardship.



**DESPITE SOME PROGRESS, THERE IS STILL A LONG WAY TO GO TO ACHIEVING UHC BY 2030
—OUR COMMON GLOBAL COMMITMENT UNDER THE SUSTAINABLE DEVELOPMENT GOALS (SDGS).**



Government challenges in healthcare service



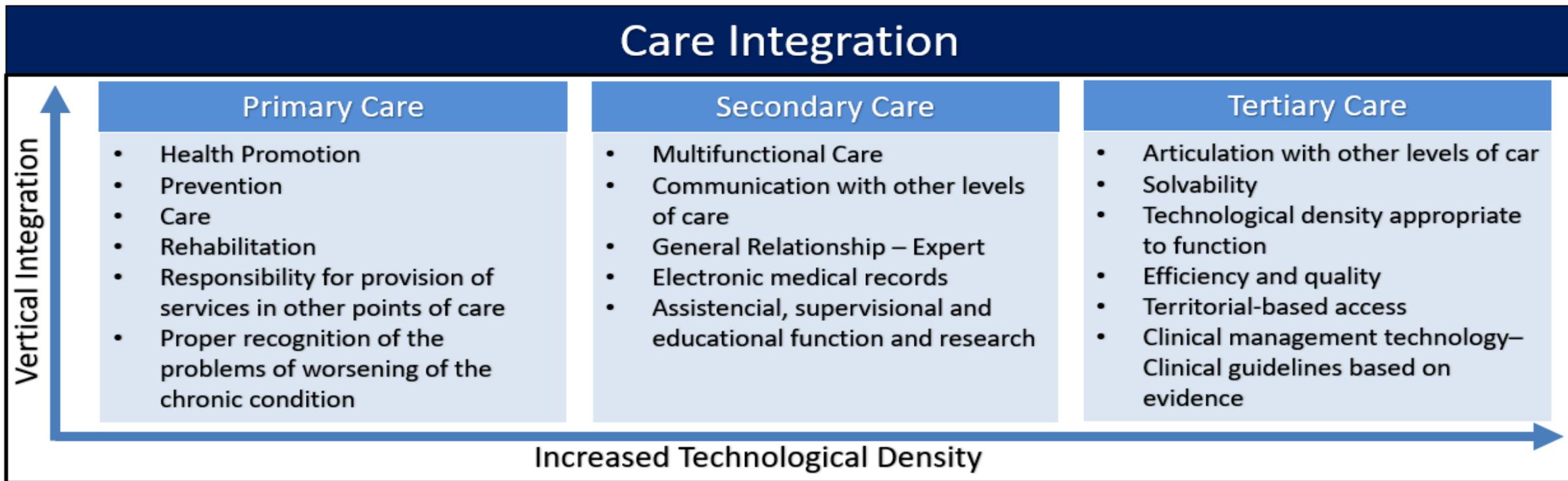
- Social Health Insurance (SHI) can help achieve Universal Health Care (UHI)
- Political commitment to endorse UHC
- Major barriers in achieving UHC in ASEAN countries: financial constraints, supply side constraints, and ongoing epidemiological transition

Government challenges in healthcare service



- Healthcare scams is a growing problem
- Patient-centered approach
- Evidence-based intervention

The role of WHO



WHO adopted a goal of “bringing consumer safety to the center of all levels of healthcare – primary, secondary and tertiary”.

Counterfeit medicines and traditional / complimentary alternative medicines



- Attractive feature of traditional medicine / complimentary alternative medicine (TM/CAM) practices include:
 - Greater accessibility in many parts of the world
 - Cultural acceptance in low-and-middle-income countries
 - Comparatively low cost
 - Often a lesser need for money

Counterfeit medicines and traditional / complimentary alternative medicines



- Many customers use herbal products without a health practitioners' knowledge or advise
- Lack of regulations on quality products that may cause problems resulting in the marketing or unsafe of ineffective TM/CAM products

Counterfeit medicines and traditional / complimentary alternative medicines



- Attention focused on TM/CAM introduced the following issues:
 - public health issues
 - policy, safety and quality, efficacy, access, and appropriate use issues
- Most poor people in developing countries buy from their own money, even when health sector offers medicine free of charge

Counterfeit medicines and traditional / complimentary alternative medicines



- Even if the public health sector offers medicines at no charge, essential medicines may not be reliably stocked or health facilities may be too far away
- People use TM/CAM because of its perceived efficacy, for treatment of chronic, debilitating diseases that defy conventional pharmaceuticals.

Counterfeit medicines and traditional / complimentary alternative medicines



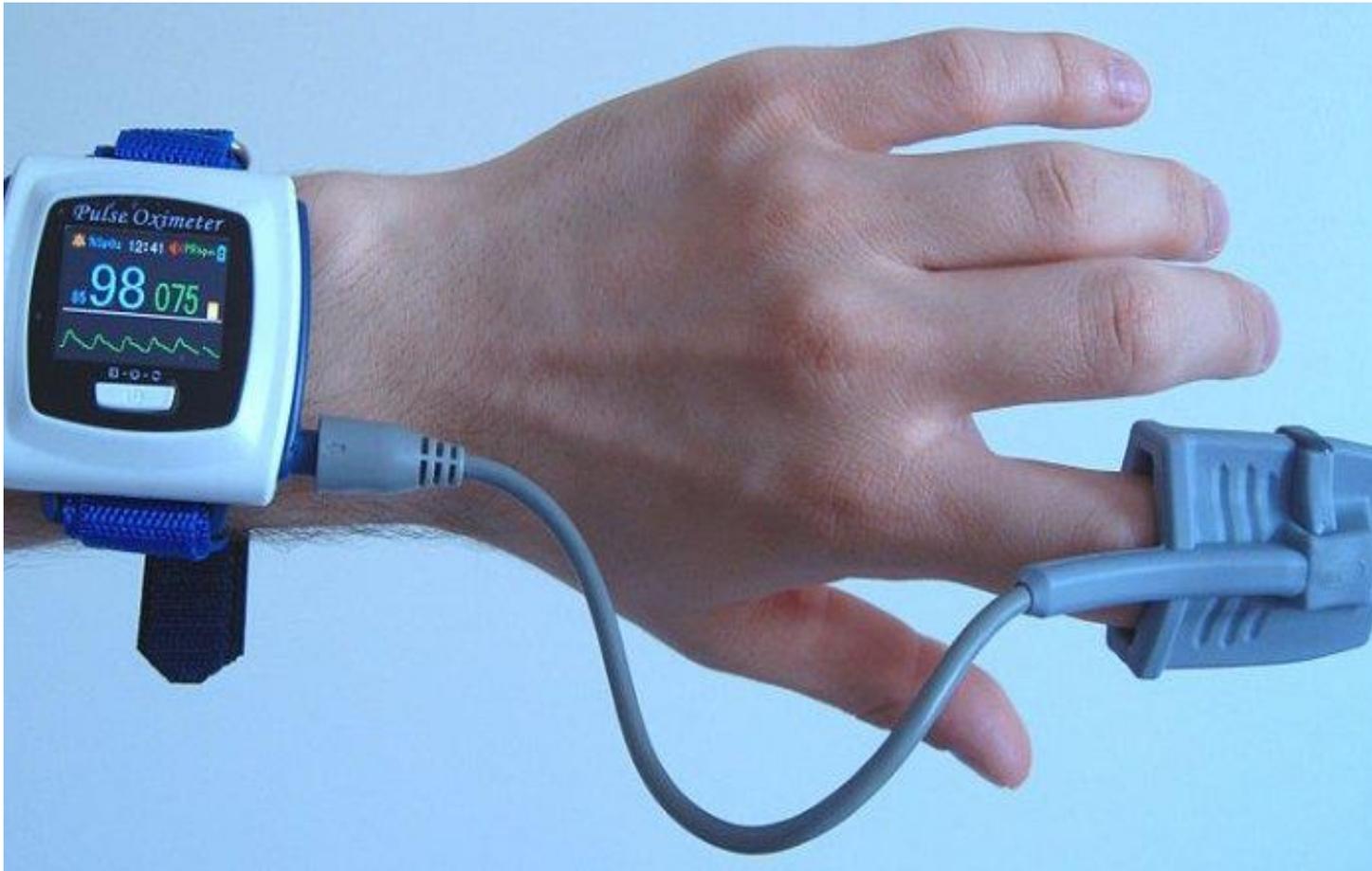
- All countries in the ASEAN region have a heritage of traditional systems of medicines.
- A survey showed that the following countries use some form of traditional medicines annually.
 - Australia (69%)
 - Chinese (86%)
 - South Koreans (53%)
 - Singaporeans (53%)

Counterfeit medicines and traditional / complimentary alternative medicines



- WHO studies show traditional medicine can be beneficial but remains largely untested
- WHO concludes that there are deficiencies in reporting consumer injuries from traditional medicines

Medical devices



- Medical devices have major input on the quality of care and consumer safety
 - Needed are rigorous policies within clinics
 - Requires more than simply the development of product standards for the design and sales of devices

Medical devices



- Medical devices have major input on the quality of care and consumer safety
 - Some managers of healthcare facilities and manufacturers of medical devices may be unaware of minimum standards as most developing countries import them

Medical devices



- Interventions to improve management of medical devices by:
 - Developing a policy on health technology in collaboration with stakeholders
 - Dedicating a department for health technology without national authority

Medical devices



- Interventions to improve management of medical devices by:
 - Developing capacity for health technology assessment
 - Establishing and strengthening health technology assessment
 - Create a sound national medical device regulatory structure

Medical devices / schemes



- Lack of hospitals and clinics in rural areas
- Excessive waiting periods in hospital beds
- Inadequate infection control leads to wasteful expenditure
- Need for comprehensive redress mechanisms

Medical devices / schemes



- Model laws required
- Improve management of medical devices in hospitals and clinics

Session assessment



- What are the problems regarding availability, affordability, and accessibility of healthcare services in promoting consumer welfare.
- Discuss the harm and potential harm associated with consumer healthcare.



Healthcare Services

Session 3 –

Pre-Market Intervention / Protection



Session topics / Outline

- Common methods of pre-market intervention
- Key determinants for healthcare regulation
- Session assessment

Common forms of pre-market intervention



- Mandatory standard for pharmaceuticals, complementary medicines, and traditional medicines
- Licensing of healthcare providers

Common forms of pre-market intervention



- Mandatory standard for diagnostics and healthcare equipment

Common forms of pre-market intervention



- Codes of practice for manufacturing of drugs and other healthcare products

Common forms of pre-market intervention



- Import controls on a wide range of healthcare goods
- Requirements for regular retraining for healthcare operators
- Restrictions on the class of person who can engage in certain healthcare service provision

Intervention schemes between service providers and patients



- Mandatory standards for pharmacists, complimentary medical practitioners, and traditional medicine
- Liberalization in trade among ASEAN Member States (AMS) requires professional standards for healthcare practitioner to protect consumers

Intervention schemes between service providers and patients



- Requirement for regular retraining for healthcare operators
- Restriction for unqualified healthcare providers

Consumer protection in hospitals, clinics, and other facilities



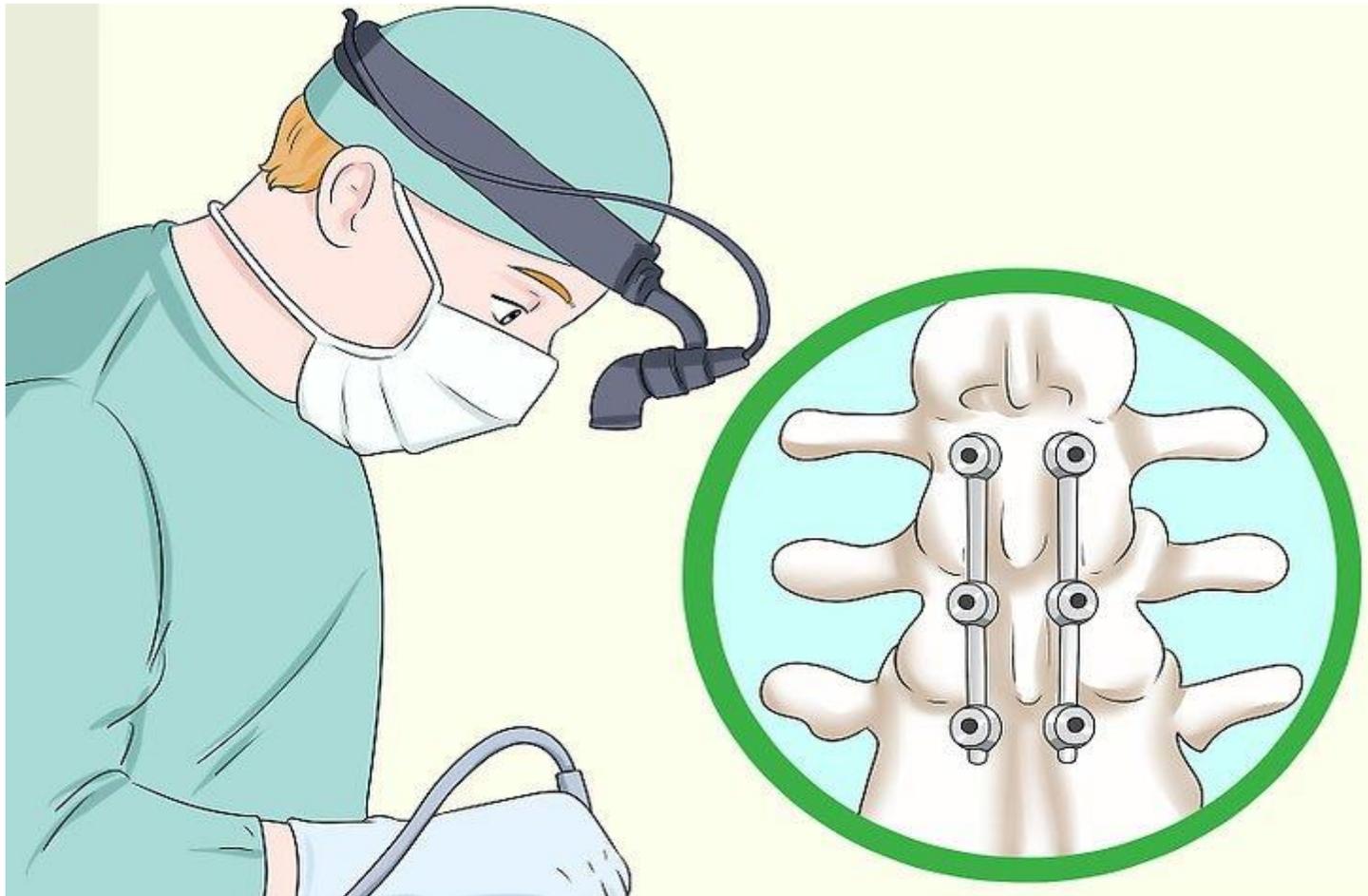
- Licensing and inspection of public and private hospitals is primary intervention
- Mandatory standards to underwrite inspection schemes
- Regulatory controls over premises using pharmaceuticals, complimentary medicines, including traditional medicines.

Consumer protection in hospitals, clinics, and other facilities



- Licensing health products as pre-market intervention
- Mandatory standards for diagnostic and healthcare equipment
- Codes of practice for manufacturing drugs
- Import controls on healthcare goods applied to hospitals, clinics and other premises providing therapeutic service.

Consumer protection in hospitals, clinics, and other facilities



- Regular staff training and assessment of competency and effectiveness
- Restriction on persons who can own or operate facilities for healthcare.

Session assessment



- Share the most important learnings you have gained as a result of this session.
- Give an effective premarket interventions in healthcare services based on your personal experience.



Healthcare Services

Session 4 –

Post-Market Intervention / Protection



Session topics / Outline

- Market surveillance
- Post-market intervention through market surveillance
- Consumer fraud and deception
- Post-market intervention/protection
- Consumer awareness and education
- Empower consumers
- Consumer protection in healthcare services
- Session assessment

Market surveillance



- There is limited health care role of consumer agencies in ASEAN
- Competence and malpractice assessment is a specialist task
- Consumer agencies have little role in the ASEAN

Market surveillance



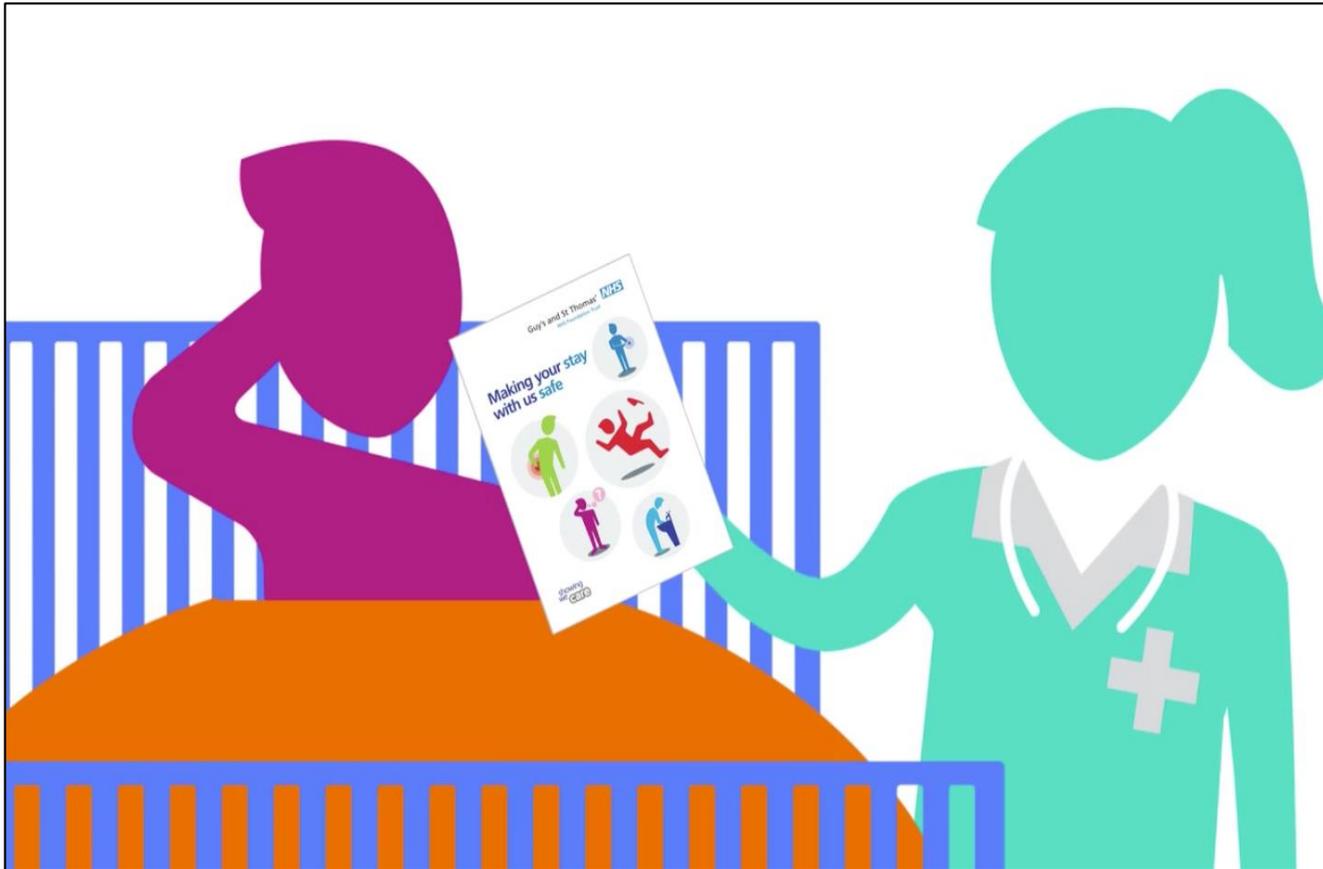
- Consumers do not know as much as providers know about the quality of goods and service
- Consumer is obliged to accept the quality of the service on trust

Post-market intervention through market surveillance



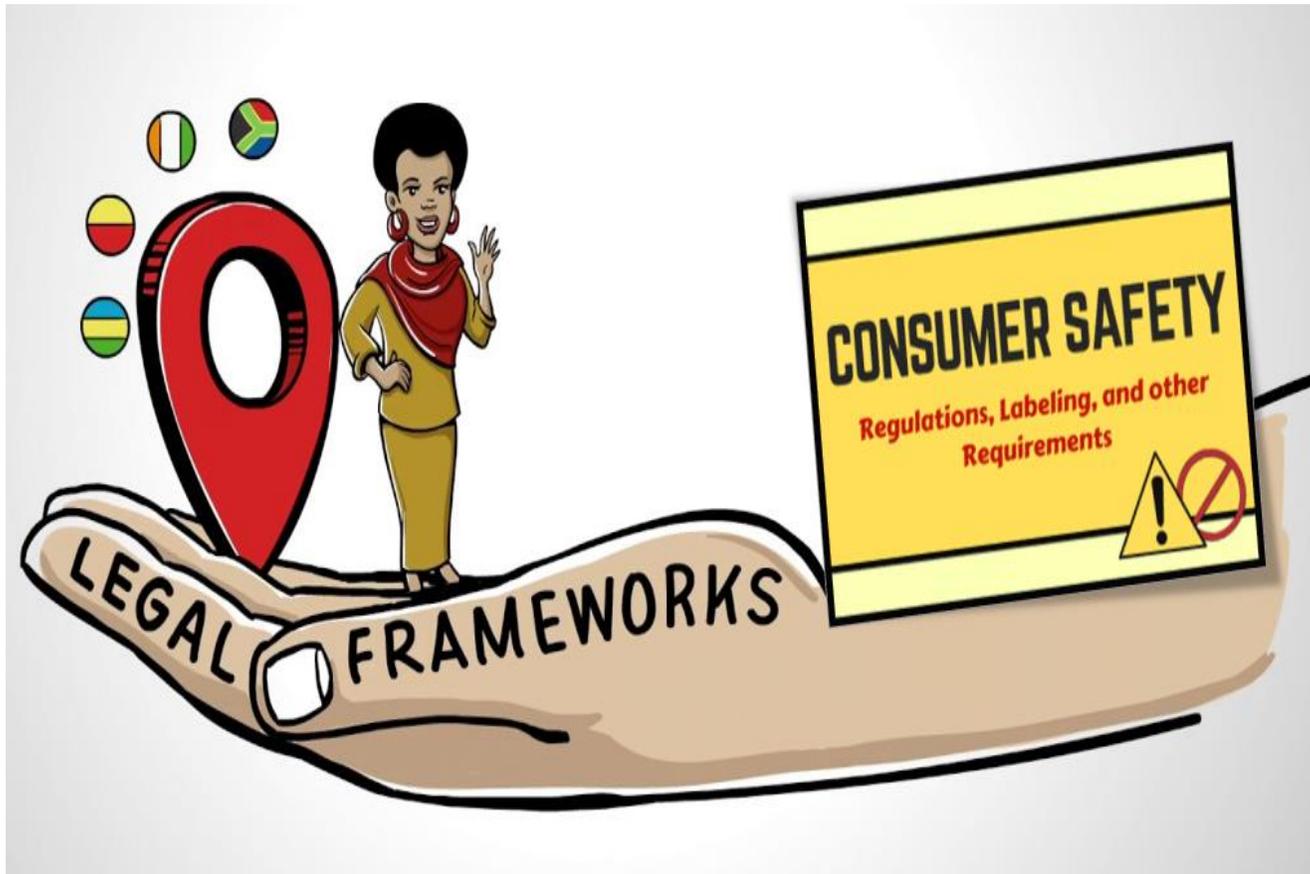
- Patient safety is a priority in the national health policy plan and all health programs.
- National multi-disciplinary patient safety involves professional and non-government organizations groups.

Post-market intervention through market surveillance



- Need for surveillance on current incidents and complaints through operational research and evidence-based interventions

Post-market intervention through market surveillance



- Key governments and other bodies are responsible to execute post-market interventions.
- Legal and regulatory frameworks to enforce quality consumer safety are needed.

Post-market intervention through market surveillance



- Collaboration of health ministry, third party support and media for effective surveillance.
- Need to educate and engage media as partners to act as lookouts and mentors for the public

Consumer fraud and deception



- Fraud and deliberate false and deceptive behavior of healthcare service providers add to the burden to the consumers who lack knowledge and information about the quality and competence of the healthcare provider

Consumer fraud and deception



- These are substantial evidence of misleading and deceptive conduct of healthcare service providers that led to consumer loss and damage

Consumer fraud and deception



- Issues of fraud and deception require swift intervention and punishment for market integrity and to prevent loss or damage to consumers
- The only remedy to protect consumers is the use of criminal fraud statutes with strong sanction

Post-market intervention/protection



- Crucial to the consumer protection system is the investigation and enforcement of the rules for pharmaceuticals, medical devices or traditional medicine and for breaches of standards
- There is cultural reluctance to complain throughout AMS

Post-market intervention/protection



- Throughout AMS, there is limited enforcement model against the providers of health service

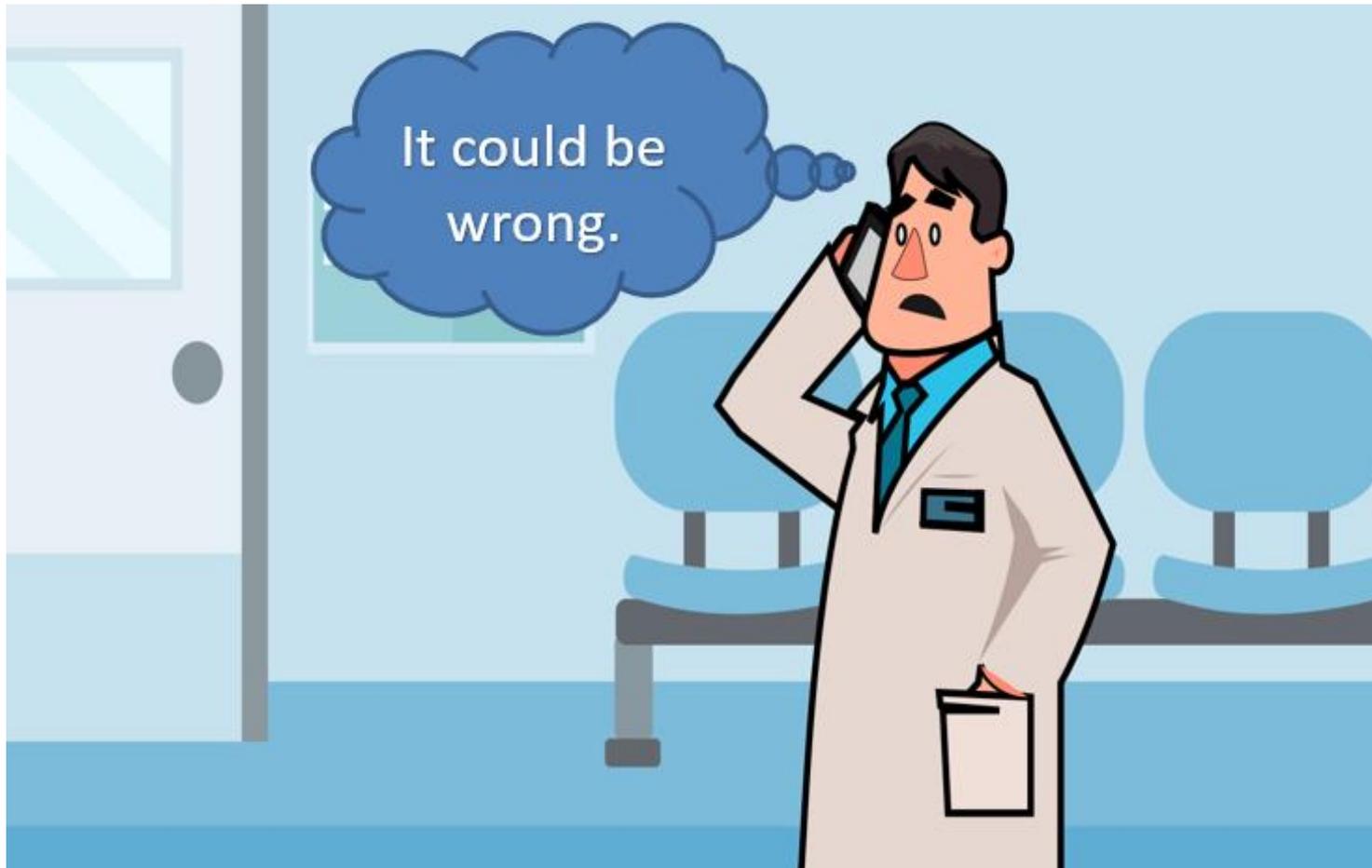
Consumer awareness and education



know your risks and rights

- The best form of consumer protection is when consumers are aware of their rights, responsibilities, and are critically aware of risks to themselves
- Culture and safety requires integration of consumer policy with healthcare services

Consumer awareness and education



- Healthcare providers who are engage with consumers must be held accountable

Consumer awareness and education



- Empower consumers and their family, using their right for healthcare and free to report violations
- Create mechanisms to translate treatment for consumer consent in their language
- Focus on consumer centered care, team training, improved communication and handover and transfer protocol

Consumer protection in healthcare services



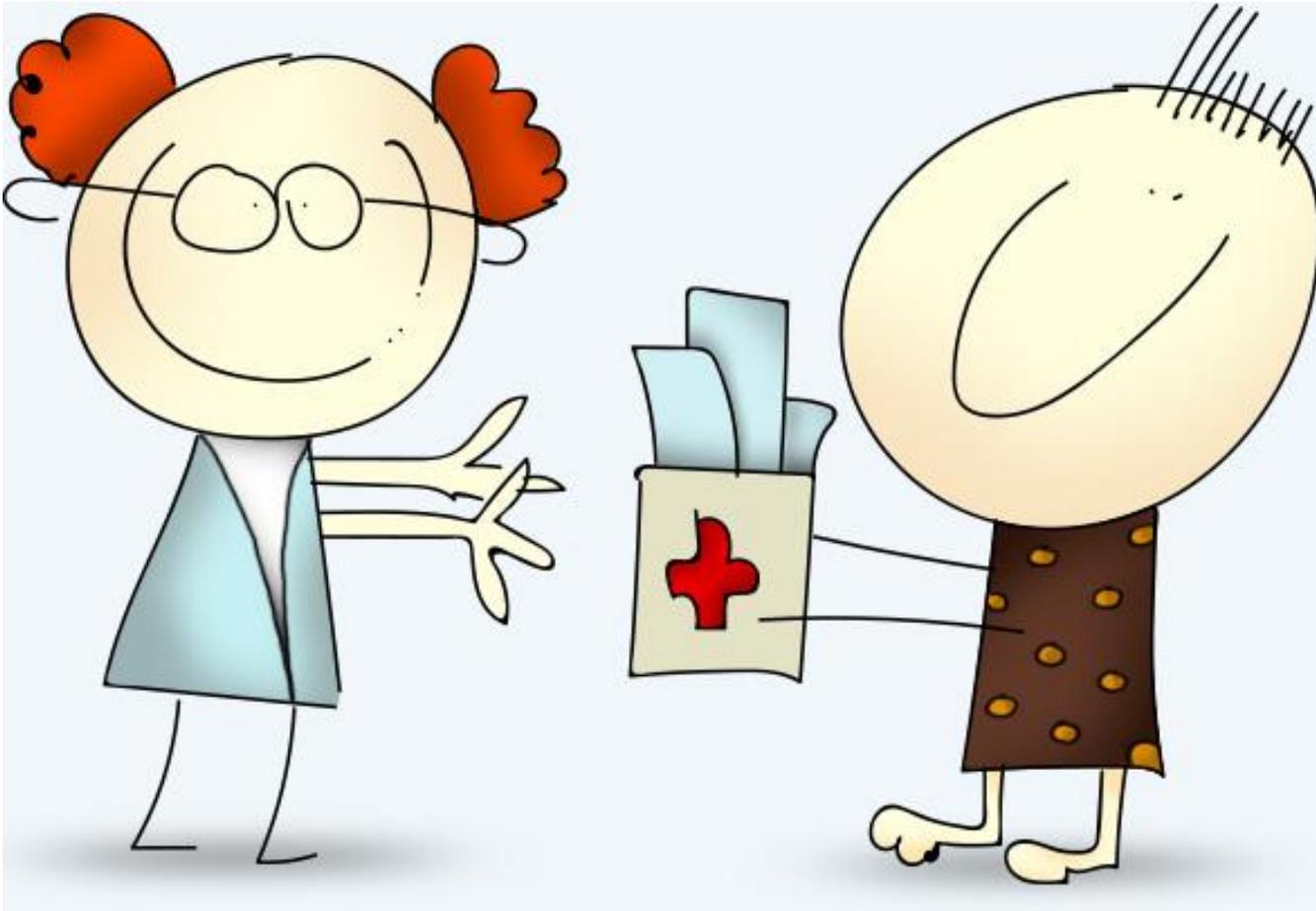
- For effective consumer protection, government officials need to be equipped with skills and resources to:
 - Monitor and enforce existing laws
 - Design new policies and rules

Consumer protection in healthcare services



- Core function of consumer agency compliance and law enforcement require:
 - Training to understand the investigation process
 - Understanding the principles and enforcement methodologies to gain compliance with laws and policies

Consumer protection in healthcare services



- Information sharing and mutual support amongst a community of officials is key to the long-term success of consumer protection project
- Need for assistance in the development of an ASEAN facility for consumer protection

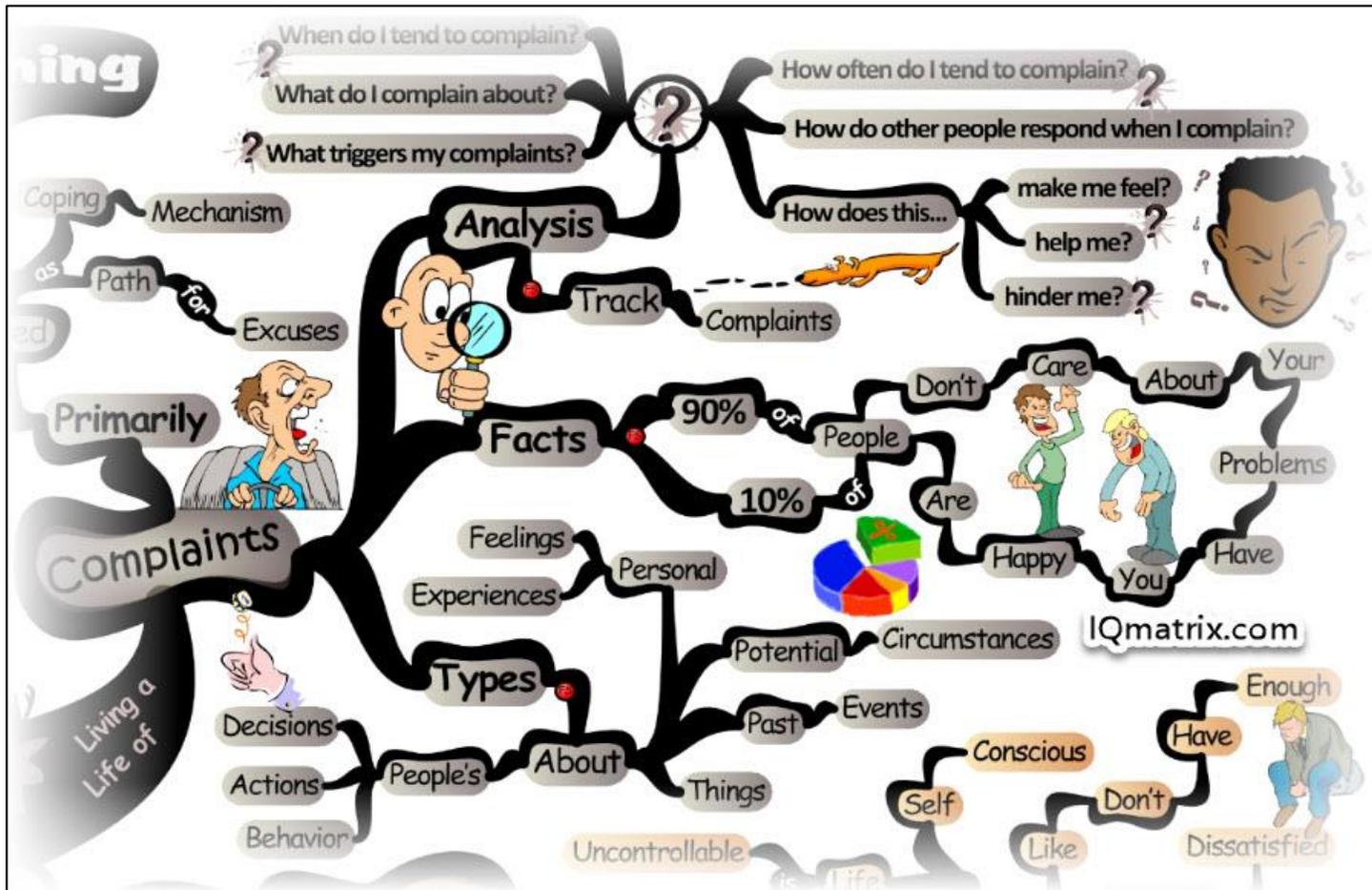
Consumer protection in healthcare services



Four source documents
consumer protection:

- Assessment Framework for Complaint Handling and Redress Schemes
- Assessment Report on Internal Complaint Handling Systems and External Redress Schemes

Consumer protection in healthcare services



Four source documents consumer protection:

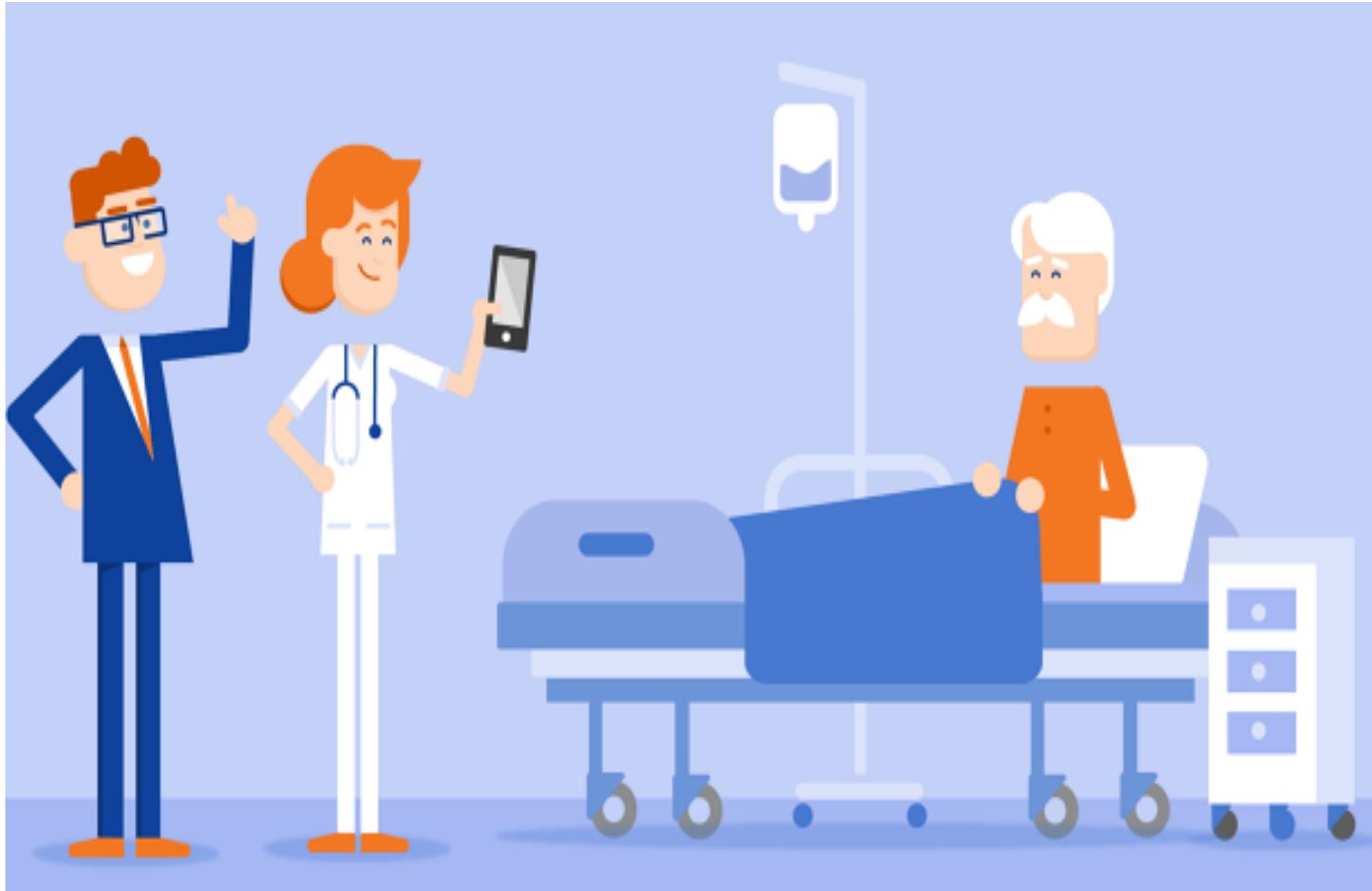
- Development of Complaint and Redress Mechanism Models in ASEAN
- Guidelines for Selection of Models

Session assessment



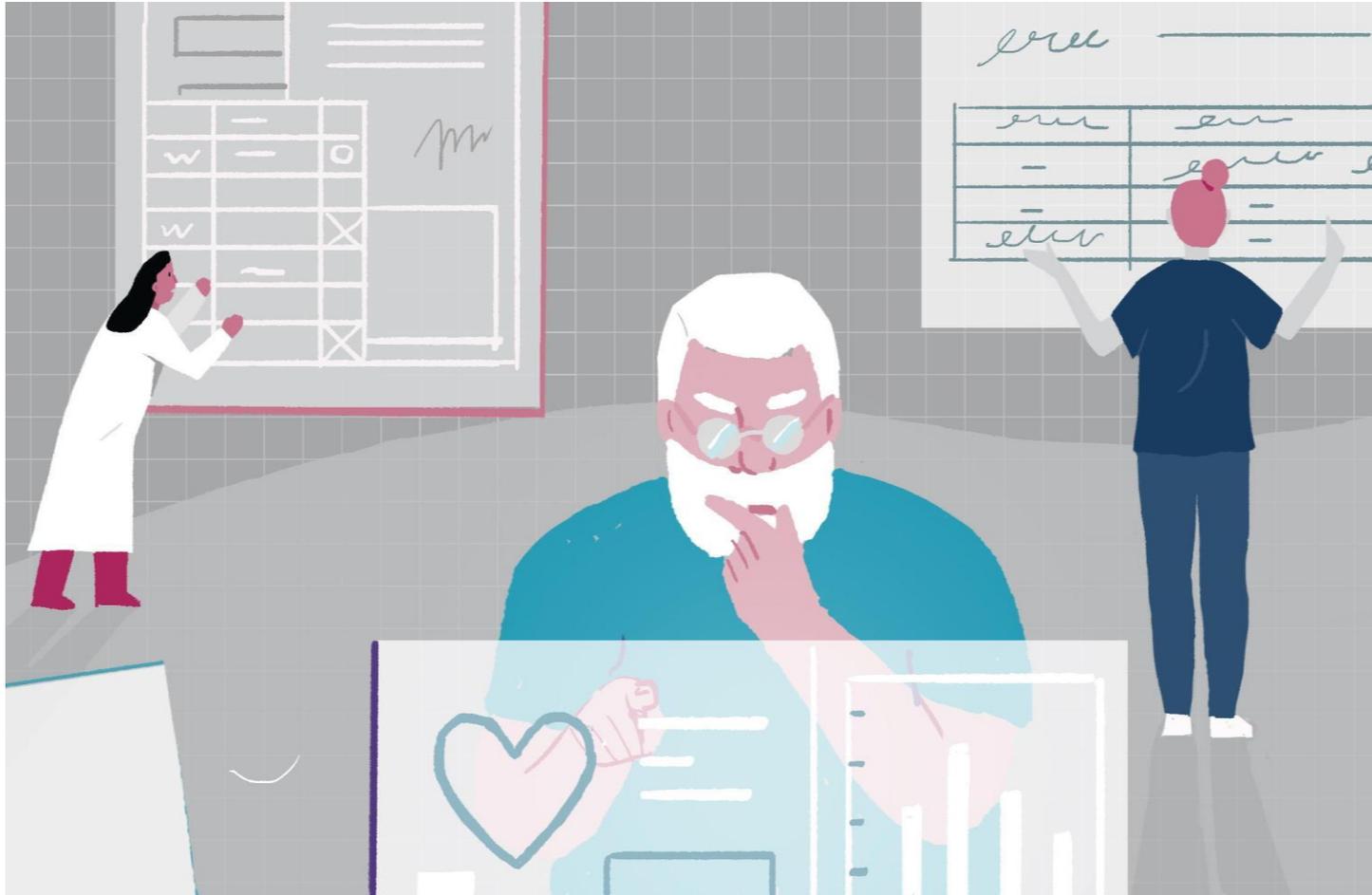
- Share the most important learning you have gained as a result of this Session.
- Why is premarket intervention superior to post-market intervention?

Market surveillance intervention by:



- Establishing patient safety: a priority in the national health policy with accountability and responsibility for such measures
- Establishing national multi – disciplinary patient safety involving professional and non-government organizations groups consulting stakeholders and getting feedback about priorities

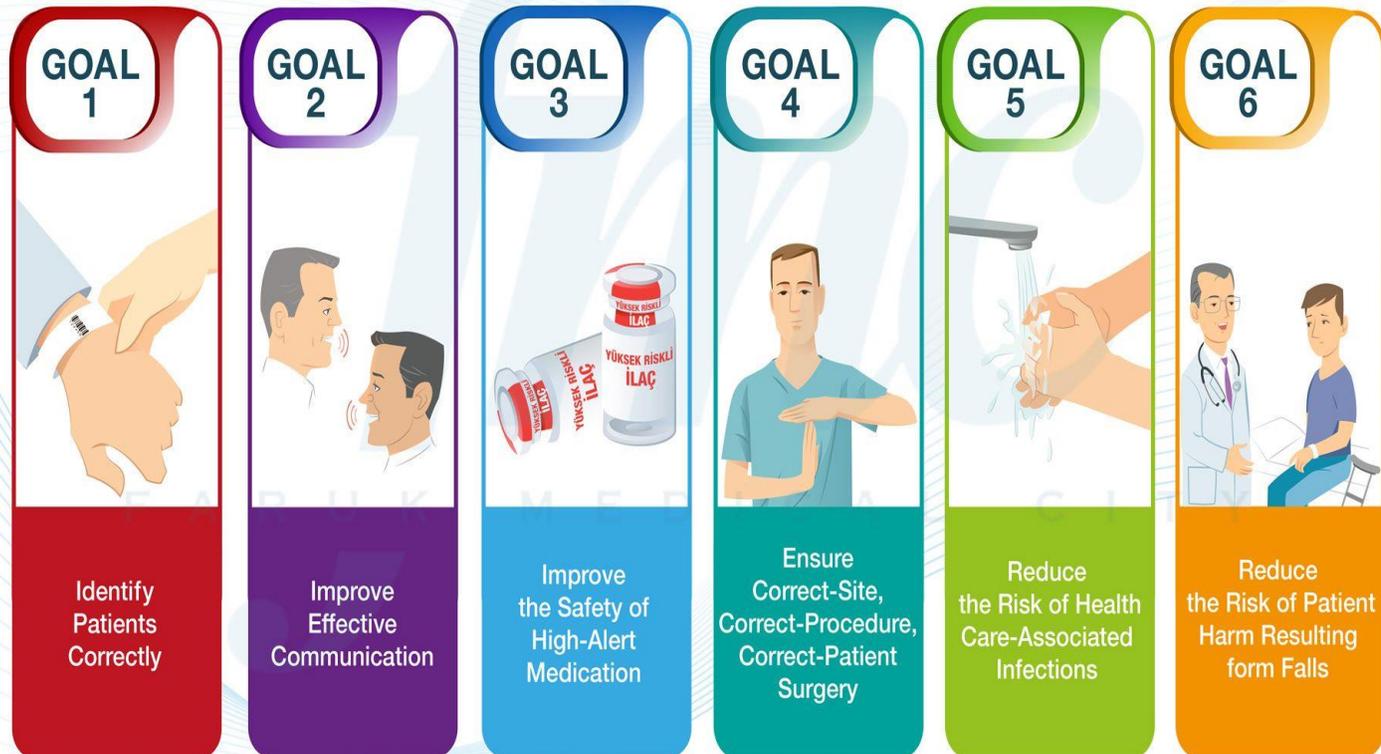
Market surveillance intervention by:



- Surveillance through operational research and evidence-based interventions where current incidents and complaints do not disclose a problem
- Identifying key government departments and other bodies will be responsible execution of post market interventions.

Market surveillance intervention by:

PATIENT SAFETY GOALS



- Developing legal and regulatory frameworks as well as assisting enforcement for quality consumer safety
- Establishing dedicated quality and patient safety department in the Ministry of Health.

Market surveillance intervention by:



- Encourage third-party players to support and provide incentives patient safety
- Educating and engaging the media society partners to act as lookouts and mentors for the public at large

Post market intervention/protection includes:



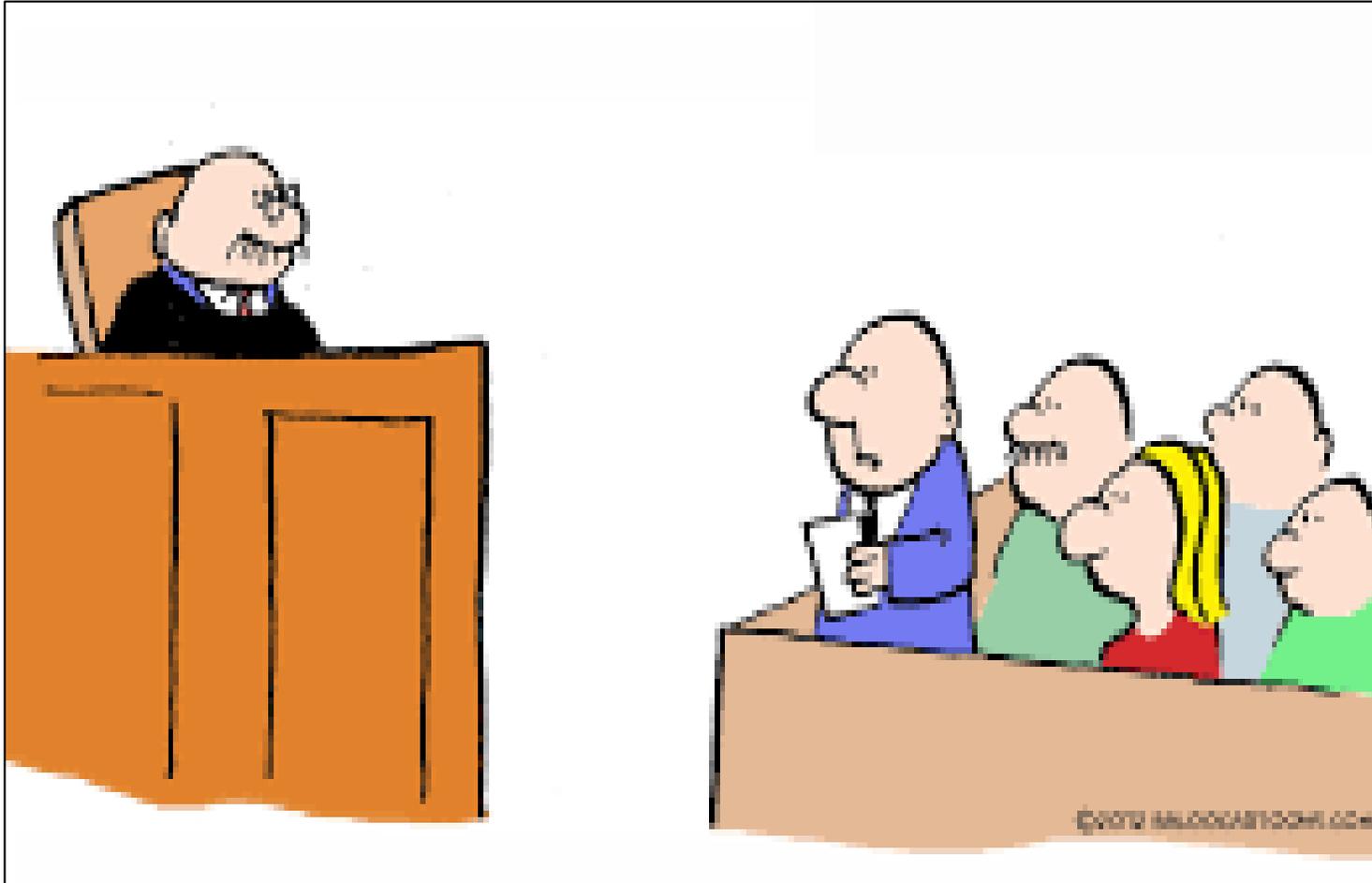
- Investigation and enforcement by regulatory bodies of the rules for pharmaceuticals, medical devices or traditional medicine and for breaches of standards.

Post market intervention/protection includes:



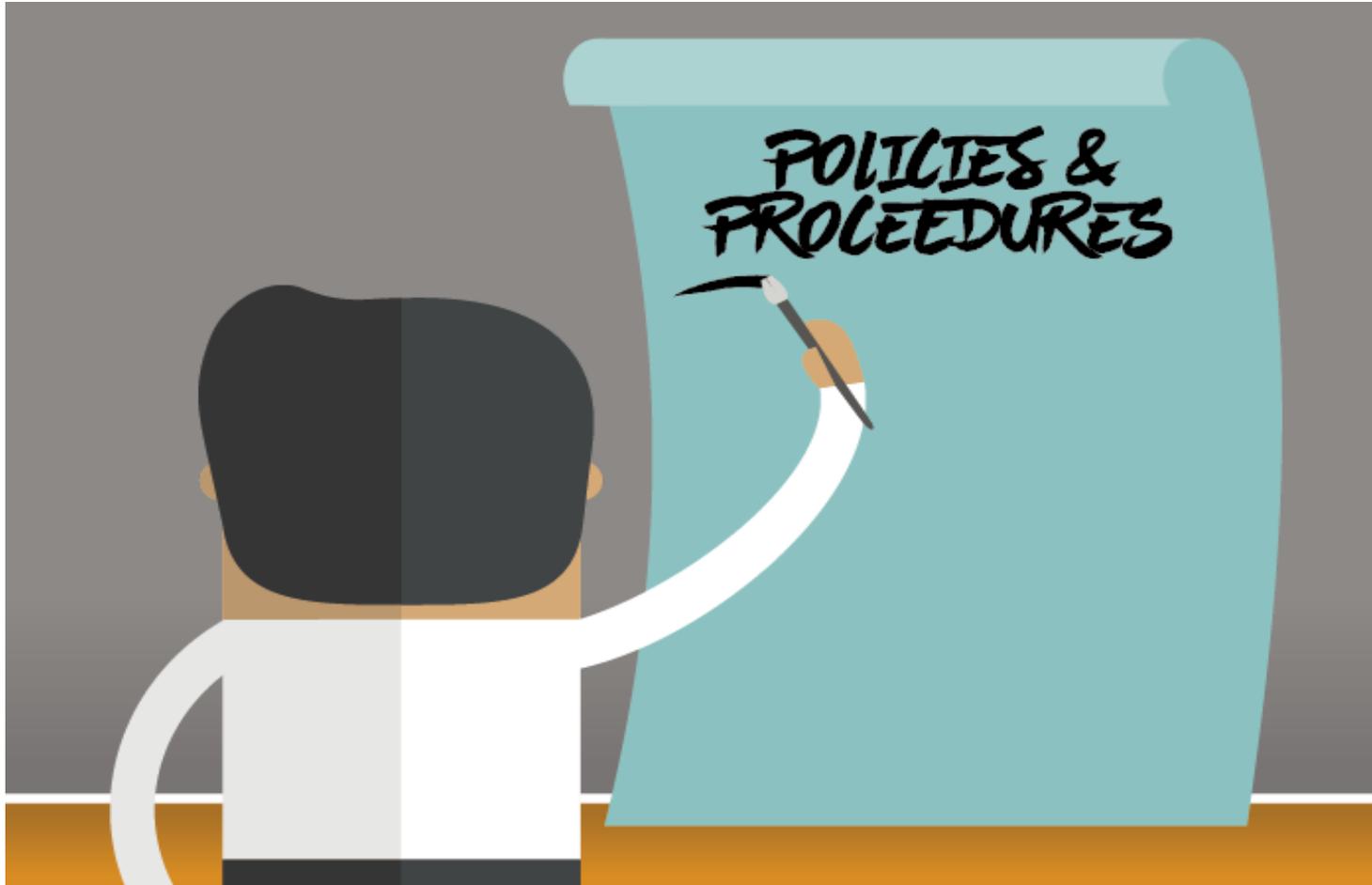
- Sanctions for breaches from reprimands through compensation and mandatory retraining programs to disbarment or cancelation of the right to continue marketing healthcare services by the party in breach.

Post market intervention/protection includes:



- Measures to give effect to sanctions include public warnings and in AMS where laws allow group proceedings or class actions for compensation
- Enforcement model for action against the providers of health services where there is a cultural reluctance to complain.

Consumer protection in healthcare services



- For effective consumer protection, officials need to be equipped with adequate skills and resources to:
 - Monitor and enforce existing laws
 - Force existing laws
 - Design new policies and rules

Consumer protection in healthcare services



- Consumer agencies core function is effective compliance and law enforcement
 - Identify and share best practices in dealing with laws, codes, and regulatory schemes on health care services.

Consumer protection in healthcare services

COMPLIANCE TRAINING



Consumer agencies core function is effective compliance and law enforcement

- Training of the agency staff to understand the investigation principles and enforcement methodologies for compliance to law and policies.

Consumer protection in healthcare services



- Legislation regulating health care services in AMS may not be incorporated in the principal Consumer Protection Act.
 - Legislations and codes in AMS need to be assessed to ensure it provides clear standard for healthcare services.

Consumer protection in healthcare services



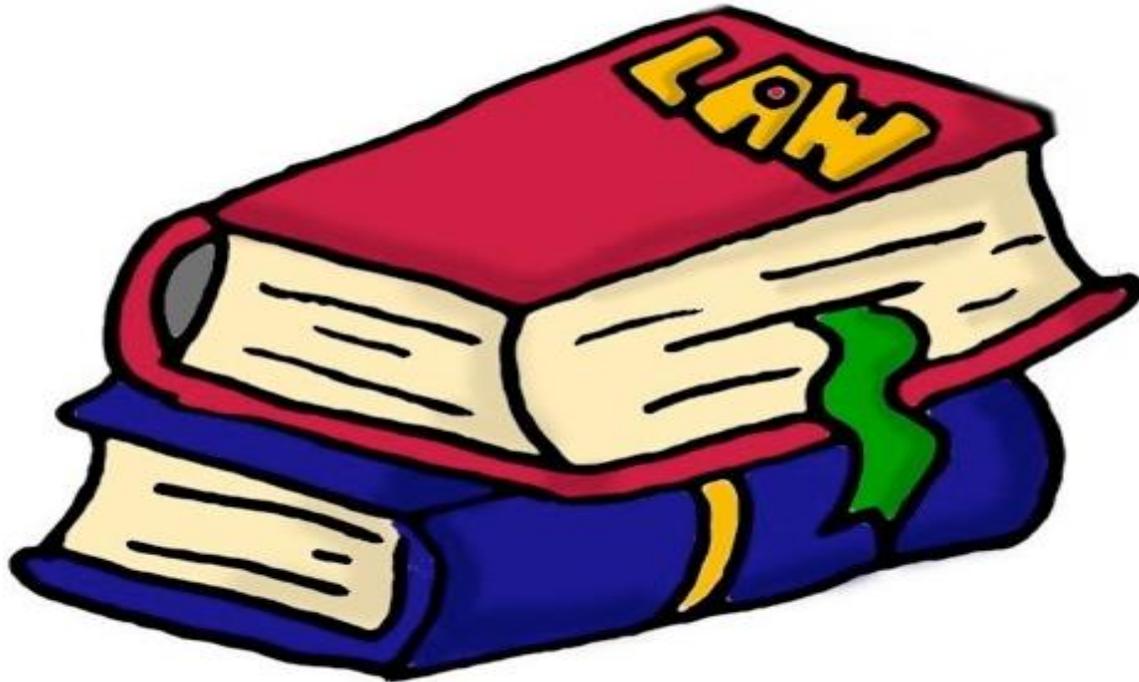
- Information sharing and mutual support among a community of officials is key to long-term development of protecting consumers of healthcare services.

Consumer protection in healthcare services



- International community of consumers affairs officials is a strong and growing movement.
 - Training and development of AMS be integrated with professionals from Society of Consumer Affairs Professionals (SOCAP) and the International Consumer Protection and Enforcement Network (ICEPEN).

Consumer protection in healthcare services



Most AMS incorporate consumer protection in national development plans:

- The following have comprehensive laws:
Singapore, Thailand, Malaysia, and Philippines
- The following have recent and basic consumer laws:
Brunei Darussalam, Cambodia, and Republic of the Union of Myanmar



Healthcare Services Session 5 – Redress Mechanisms



Session topics / Outline

- Redress Models with their corresponding approaches / techniques
- Management and communication tools of the Consumer Protection Agency

Redress models and their corresponding approaches/techniques



Redress mechanisms are the different approaches to the citizens' rights to petition the government to address a particular grievance for services of professionals that result in injury and loss.

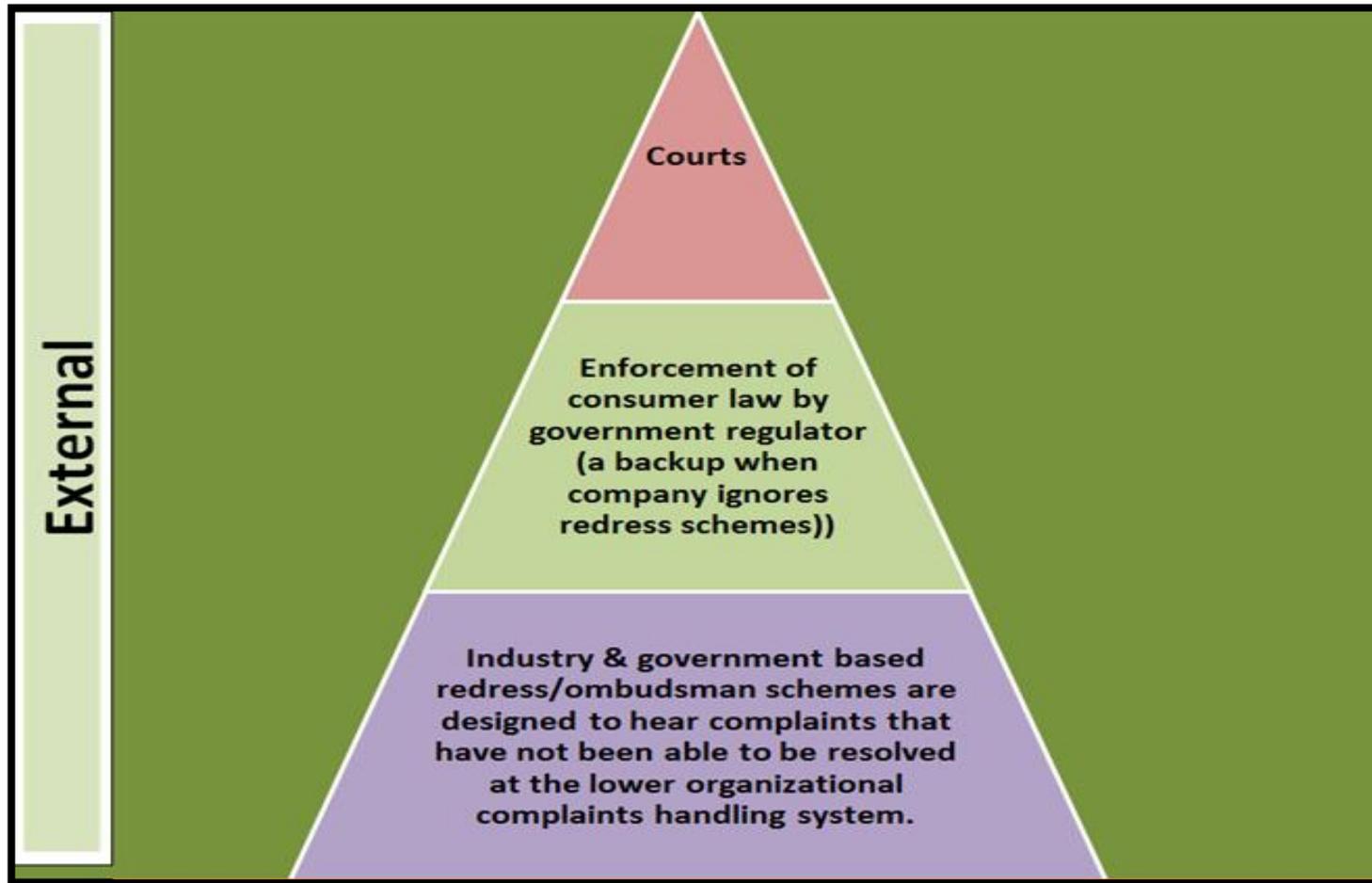
Redress models and their corresponding approaches/techniques



Model 1: Internal complaint-handling system

- Implemented by businesses and government agencies
- Embodies the principles and features of complaint handling
- Voluntary or required by law
- Appropriate for organizations of all sizes
- Guidance in implementation can be found in international Standard ISO 10002

Complaint and redress pyramid



Internal complaint handling systems and external consumer redress schemes

Redress models and their corresponding approaches/techniques



Model 1: Internal complaint-handling system

Step 1: Survey if system is needed

Step 2: Develop policy for discussion

Step 3: Design system

Step 4: Implement system

Step 5: Review system every 2 years and improve continuously

Redress models and their corresponding approaches/techniques



Model 2: Self-regulatory external redress schemes

- Set up with little formality
- Usually used in the early stages of consumer policy and law implementation
- Tend to have relatively low standards of performance
- Are usually not enforceable, unless with contract

Redress models and their corresponding approaches/techniques



Model 2: Self-regulatory external redress schemes

- No stakeholder engagement particularly with consumers and governments
- Generally held in low regard by consumers and some governments
- Interim step in developing a consumer redress scheme

Redress models and their corresponding approaches/techniques



Model 3: Statutory complaint bodies

- Broad jurisdiction, usually cover most economic activities
- Some are established to deal with a specific industry or practice

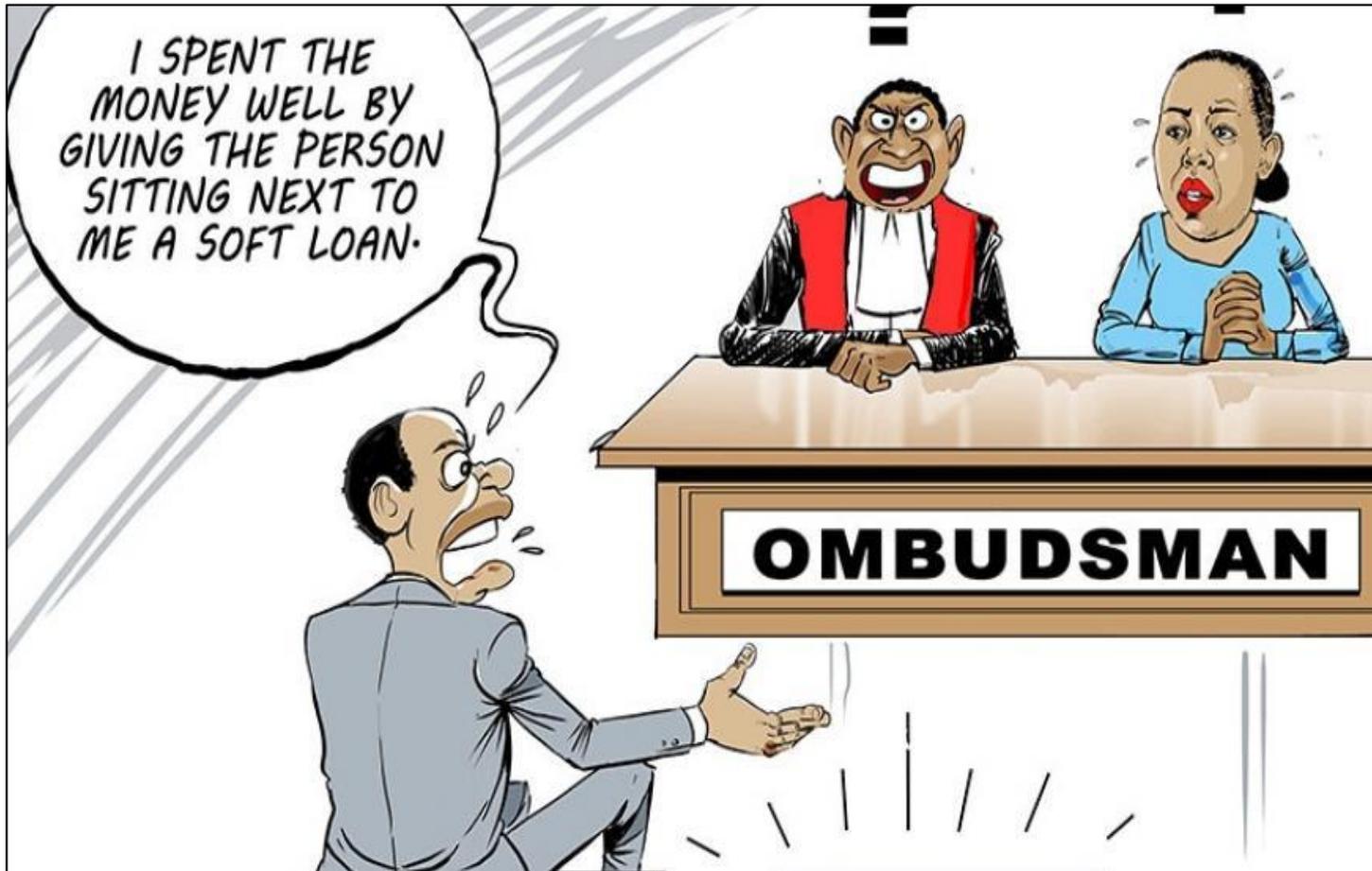
Redress models and their corresponding approaches/techniques



Model 3: Statutory complaint bodies

- Generally, part of a larger government agency responsible for policy and law enforcement
- May be linked to industry regulators and small claims courts

Redress models and their corresponding approaches/techniques



Model 4: Public-sector redress body (also known as Ombudsman)

- Involves contractors working in behalf of government but with no enforcement power
- May include anti-corruption and human rights functions
- Can deal with systemic issues of poor administration

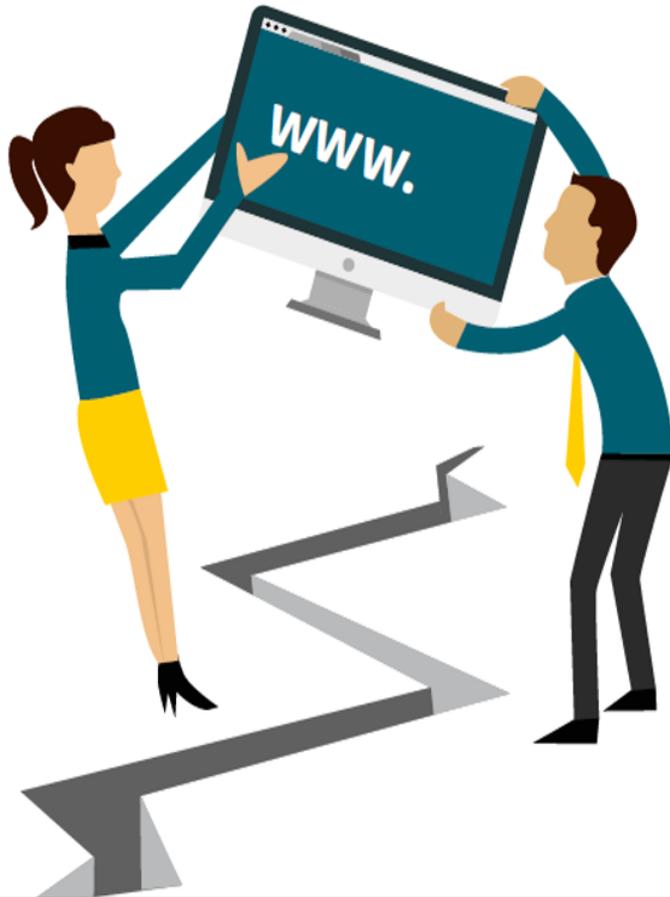
Redress models and their corresponding approaches/techniques



Model 5: Small claims courts or tribunals

- Designed for swift and inexpensive redress for consumers
- Most do not permit legal representation
- Require mediation prior to adjudication

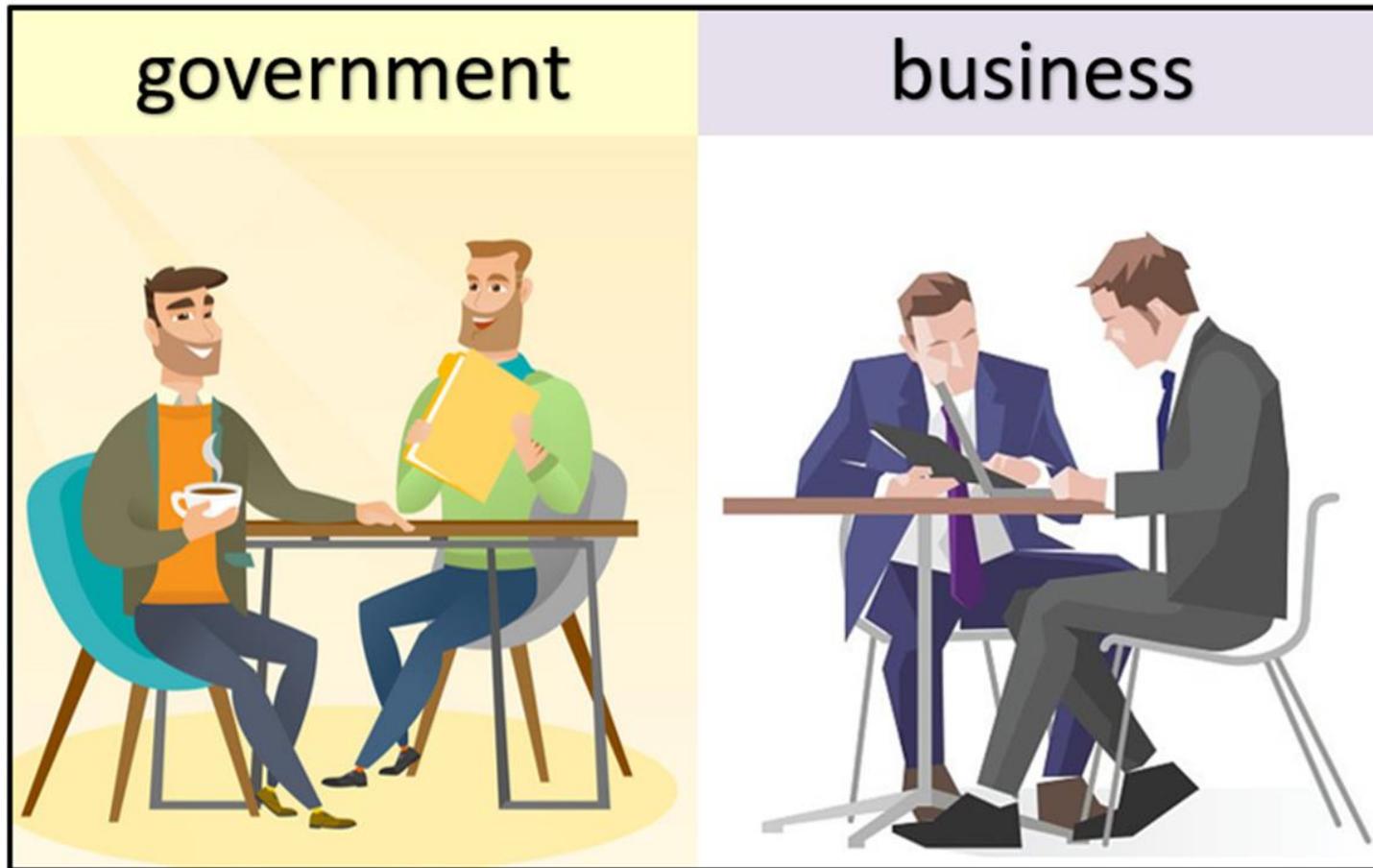
Redress models and their corresponding approaches/techniques



Model 5: Small claims courts or tribunals

- Employ Alternative Dispute Resolution (ADR) techniques
- Judgments are enforceable in the courts

Redress models and their corresponding approaches/techniques



Model 6: Private organization to improve consumer complaint system

- Made up of representatives from businesses and government agencies

Redress models and their corresponding approaches/techniques

Model 6: Private organization to improve consumer complaint system



- Provides best practice training on consumer support functions (e.g. complaints handling)



- Requires senior management support

Redress models and their corresponding approaches/techniques



Model 6: Private organization to improve consumer complaint system

- Highly effective in countries with strong domestic and international networks
- Consistent with building a responsible and responsive business sector

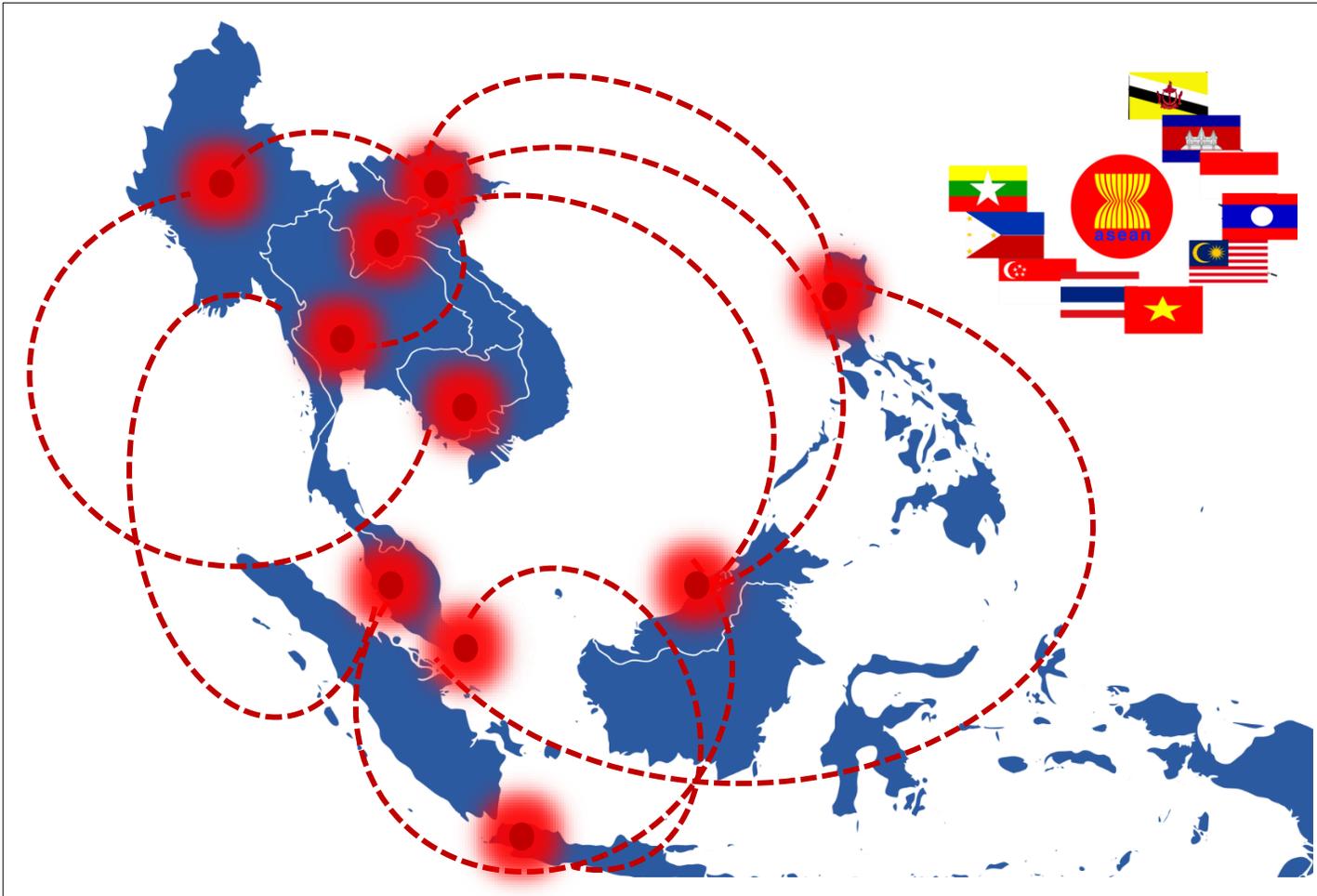
Redress models and their corresponding approaches/techniques



Model 7: Cross-border redress

- ASEAN regional facility for cross-border complaints
- Employs strategic approach toward consumer protection

Redress models and their corresponding approaches/techniques



Model 7: Cross-border Redress

- Contains policy measures and detailed priority actions, including development of:
 - Notification and information exchange mechanism by 2010

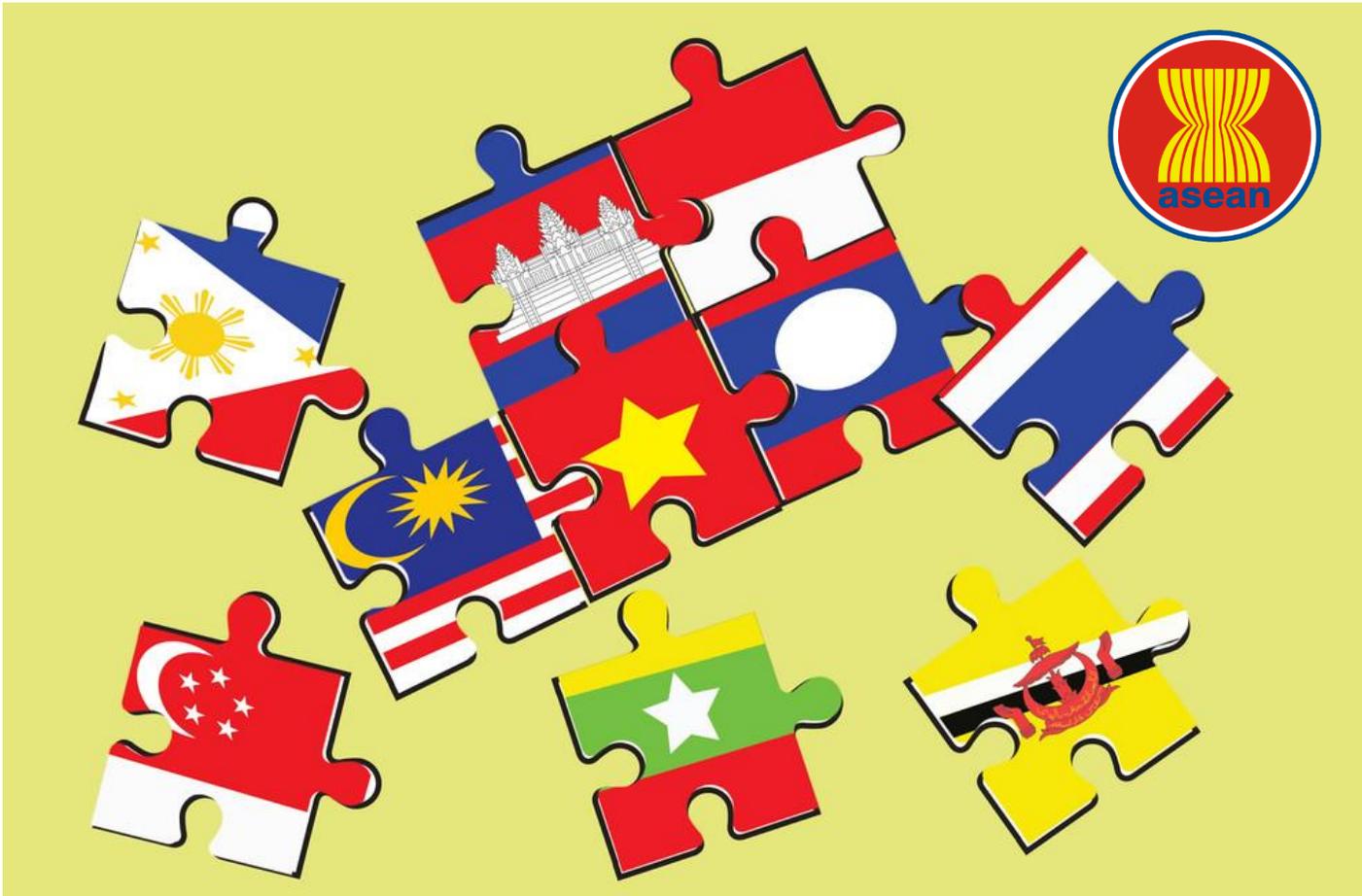
Redress models and their corresponding approaches/techniques



Model 7: Cross-border Redress

- Contains policy measures and detailed priority actions, including development of:
 - Cross-border consumer redress mechanism by 2015
 - Strategic roadmap for capacity-building by 2010

Redress models and their corresponding approaches/techniques



Cross-border access to justice

To date, no single model suits all AMS. Guidelines therefore, should be taken to assess the current consumer protection framework of each ASEAN member state.

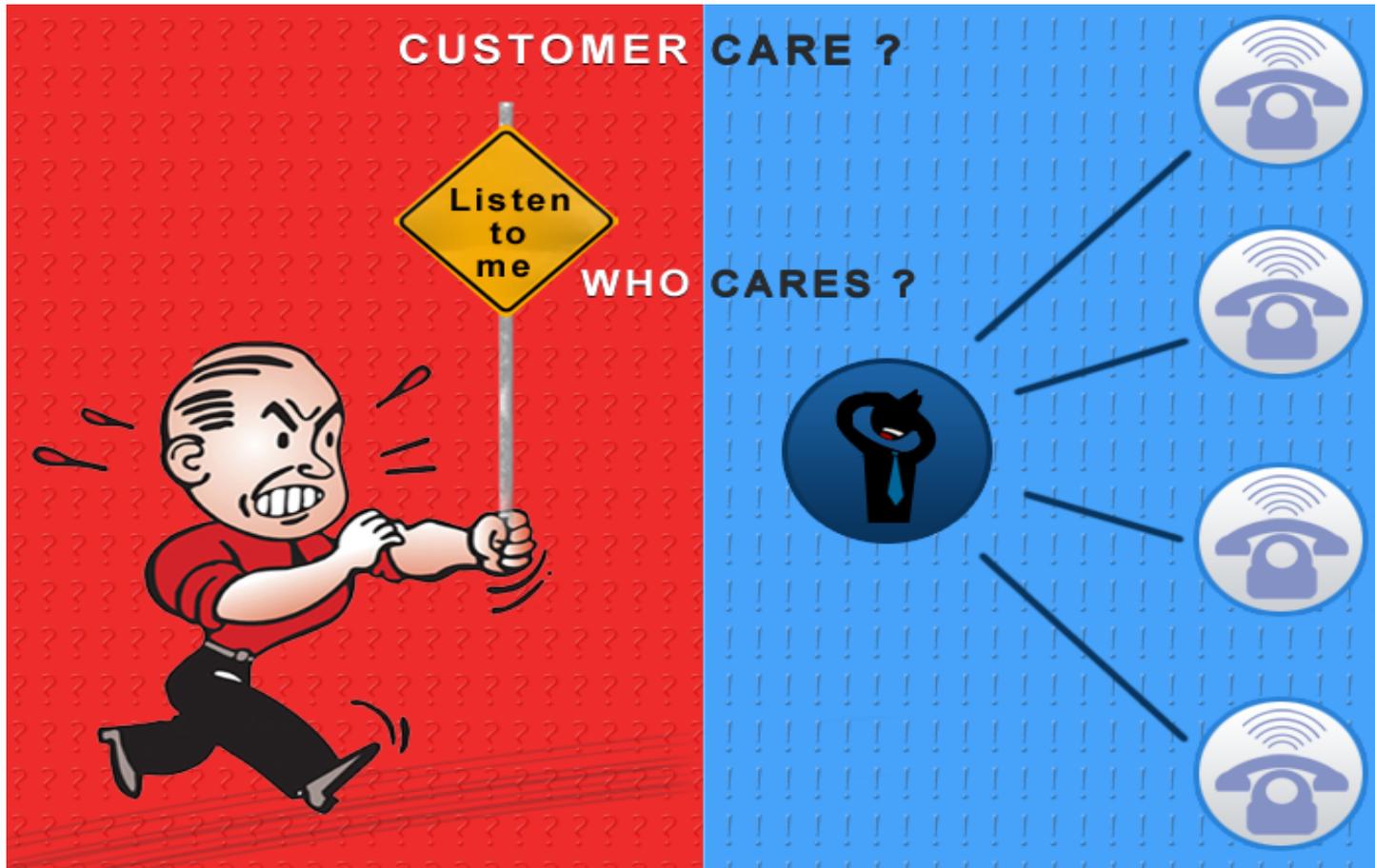
Redress models and their corresponding approaches/techniques



Considerations to determine the stage of development for implementation:

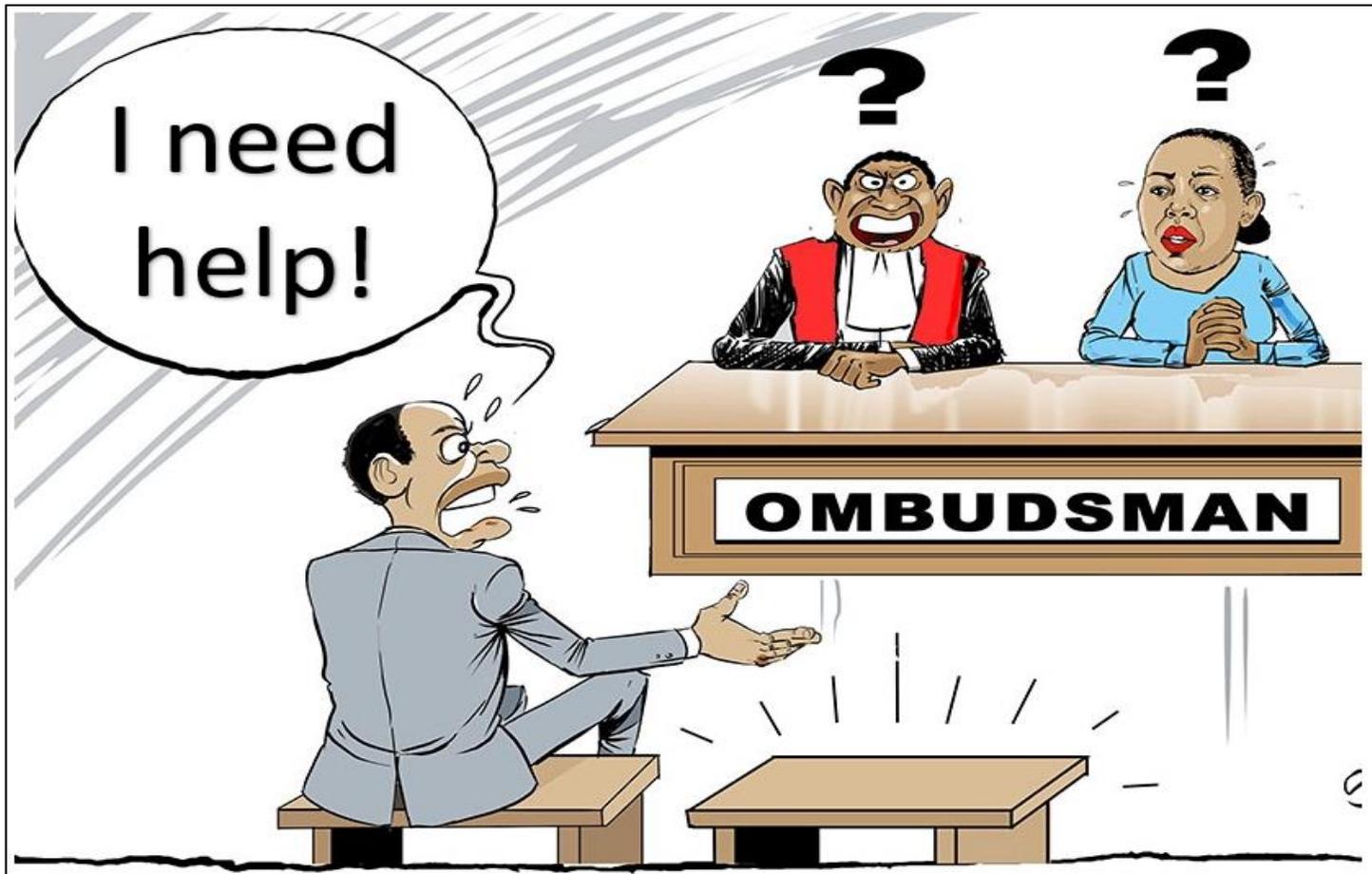
- Little or no measure for consumer redress.
- Basic professional admission/striking off provisions for gross negligence or dishonesty.

Redress models and their corresponding approaches/techniques



- Agreement within the jurisdiction on the need to respond to consumer complaints against health care providers.
- Growing consumer pressure with the establishment of complaint and redress schemes.
- Professional associations' involvement in complaint and redress schemes.

Redress models and their corresponding approaches/techniques



- Government intervention or threats to establish consumer redress schemes.
- Creation of industry ombudsman or other industry-based schemes
- Best-practice complaint systems and redress schemes.

Redress models and their corresponding approaches/techniques

ALTERNATIVE DISPUTE

- Resolution -



The seven models incorporate the approaches of:

- Alternative Dispute Resolution (ADR)
- Arbitration
- Mediation
- Group actions / Class suits
- Cross-border access to justice

Management and Communication Tools of CPA



Consumer Awareness and Education

Key role and responsibility of CPA and other sector regulators:

- Help consumer become aware of their rights , including with respect to product safety

Management and Communication Tools of CPA



Consumer Awareness and Education

- Consumers should be informed of:
 - Their rights to safety
 - Available remedies if they encounter unsafe products
 - How to access remedies
 - Where to go for further advice

Management and Communication Tools of CPA

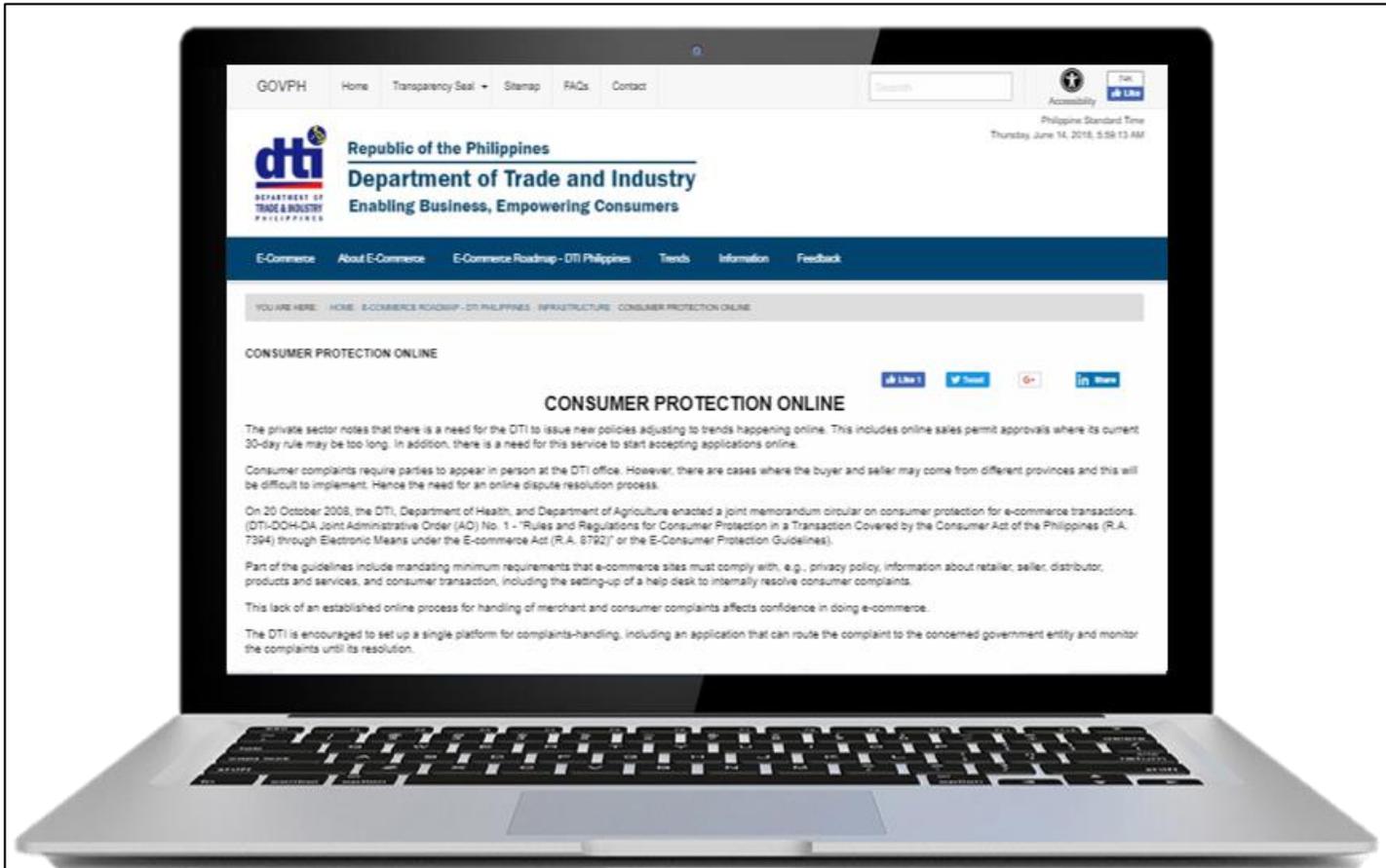


Consumer Awareness and Education

- Information dissemination targeting specific groups:
 - The general public
 - Women and homemakers
 - Students
 - Rural communities

Management and Communication

Tools of CPA



Tools for information dissemination:

- Website and social media
- Media campaigns and public events
- Printed leaflets/booklets, etc.
- Partnership programs with Civil Society Organizations
- Toll-free consumer hotline
- Annual reports

Management and Communication Tools of CPA



IT-Based Consumer Complaints Registration System

An efficient and effective means of complaint handling should at the very least have:

- Basic information on common consumer complaint areas

Management and Communication Tools of CPA



- Categorized consumer complaints according to areas with reference number
- Standard letters with blanks to fill in information for different types of complaints
- Inter-agency contact information to enable easy referral

Management and Communication Tools of CPA

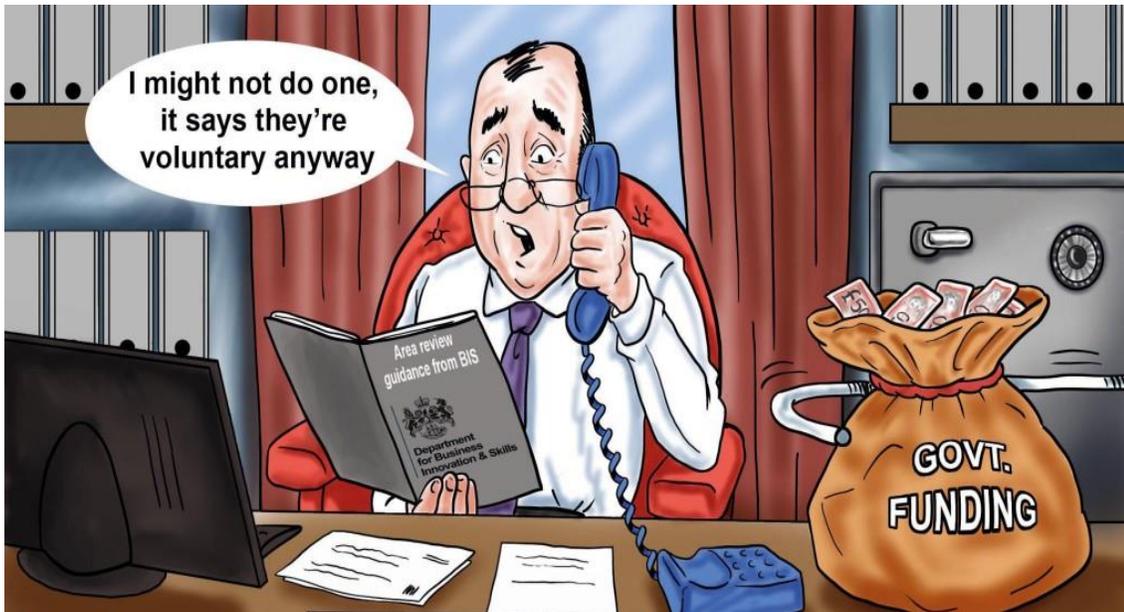


Inter-Agency Collaboration

- Coordination among central and local CPA authorities is a major challenge in countries with new consumer protection law regimes

Management and Communication Tools of CPA

Inter-Agency Collaboration



- Major challenges exist in countries that have limited financial resources

- Major challenges exist in countries with permitted high levels of decentralization

Management and Communication

Tools of CPA



Inter-Agency Collaboration

- Collaboration with related agencies, courts, and other concerned organizations
- Collaboration with regional and international bodies

Management and Communication Tools of CPA

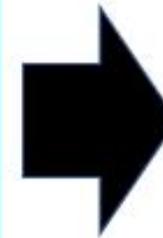
Converting Consumer Complaints to Consumer Policy



Retrieve data from
registration system



Analyse data and
write report



Propose policy action
from data analysis

Session Assessment



- Share the three most important learnings you have gained as a result of this Session.
- How can you apply these learnings in your work related to consumer protection?