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Development, Challenges and Policy Recommendations for Thailand National Antidote Project

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BACKGROUND/OBJECTIVE: Despite there being no shortages, access to antidotes and antivenoms remains challenging in Thailand due to an ineffective logistics system. This study aims to explore development, challenges and provide policy recommendations to improve Thailand National Antidote Project.

METHODS: Data collection was performed through in-depth interviews and focused group discussions (FGD) of personnel significantly contributed to the project chosen by "selective sampling" and "snow-ball method". Questions related to development processes, challenges, supporting factors and recommendations relating to the project's operations. All interviews and FGDs were recorded in written and spoken form. A thematic analysis was performed.

RESULTS: In total 11 people were interviewed and 18 people participated in three FGDs. A web-based application was developed as a tool to locate, request and report use of antidotes and antivenoms. This has reduced the time required to mobilize antidotes. However, there is no automatic transfer of data from the web-based application to the VMI which is the key step in delivering antidotes from a central supply to provincial locations.

In seven pilot provinces that formed the "provincial antidote network", the largest hospital in each particular geographical areas acts as a hub supplier for neighboring smaller hospitals. These networks have reduced referral times and unnecessary patient transfers. One major challenge is a lack of a logistics system to transport antidotes (only) in an emergency condition. When patient transfer is not sought, use of the ambulance service is often denied for transfer of antidotes (only), as the ambulance service is often reserved for patient transfer. Factors contributing to the success of the project include the benefits of improving access to antidotes and antivenoms.

CONCLUSION: Significant logistics gaps can be improved by creating a system of synchronized data through a web-based application and VMI, to reduce human errors and by merge antidote delivery service between hospitals.