THAILAND UHC & OVERVIEW

OF THE UNIVERSAL COVERAGE SCHEME OF THE NATIONAL HEALTH SECURITY OFFICE

NHSO
National Health Security Office

THAILAND ACHIEVED ALL

THREE DIMENSIONS OF THE UHC CUBE

Thailand has been recognized globally as a developing country which has succeeded in implementing universal health coverage. In 2002, Thailand achieved the three components of the UHC Cube, i.e., population coverage; service coverage; and financial risk protection with three government health insurance schemes: the Civil Servants Medical Benefits Scheme (CSMBS), the Social Security Scheme (SSS), and the Universal Coverage Scheme (UCS).

Y AXIS

FINANCIAL PROTECTION

WHAT DO PEOPLE HAVE TO PAY OUT-OF POCKET?

FREE AT POINT OF SERVICES, VERY MINIMUM OOP, LOW INCIDENCE OF CATASTROPHIC HEALTH EXPENDITURE AND MEDICAL IMPOVERISHMENT

X AXIS

POPULATION COVERAGE

POPULATION: WHO IS COVERED?

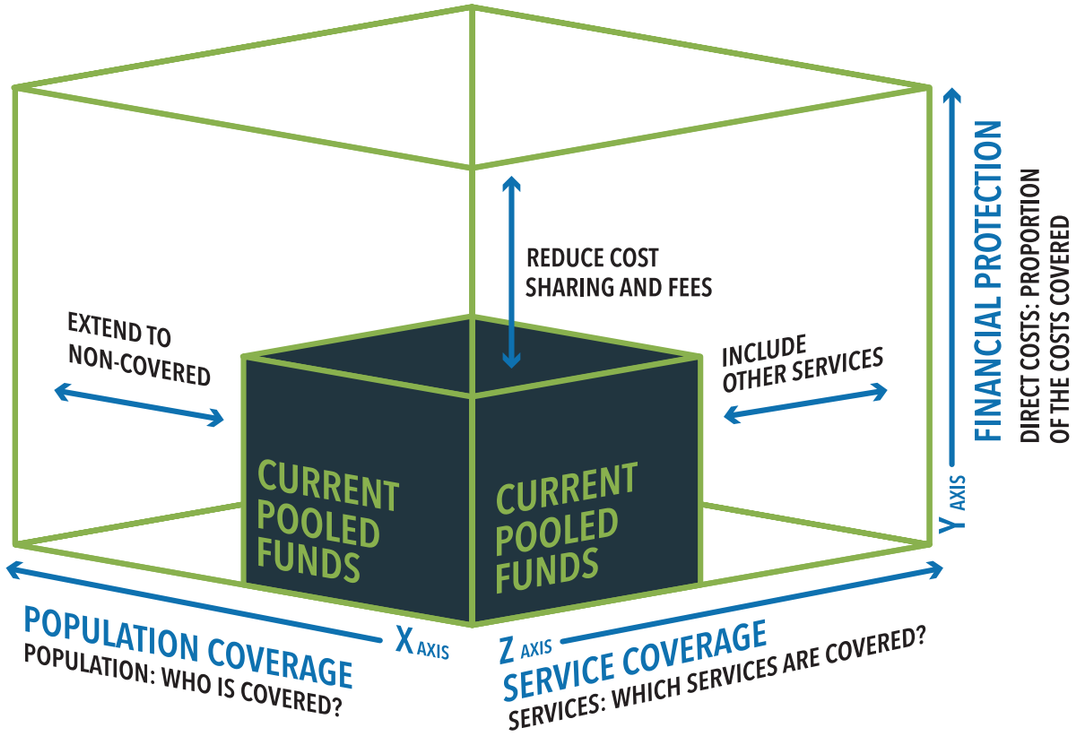
100% OF POPULATION COVERED BY 3 SCHEMES [UCS 75%, SSS 15%, CSMBS 10%]

Z AXIS

SERVICE COVERAGE

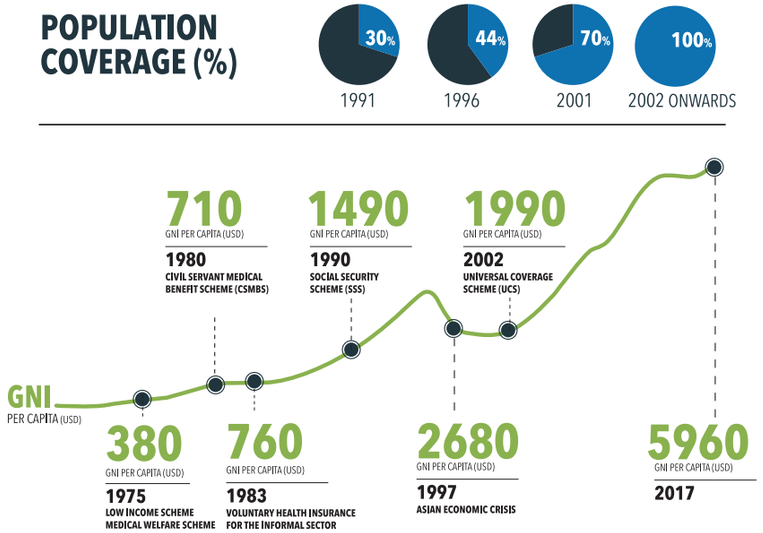
SERVICES: WHICH SERVICES ARE COVERED?

COMPREHENSIVE HEALTH SERVICES



THE ROAD TO UHC IN THAILAND

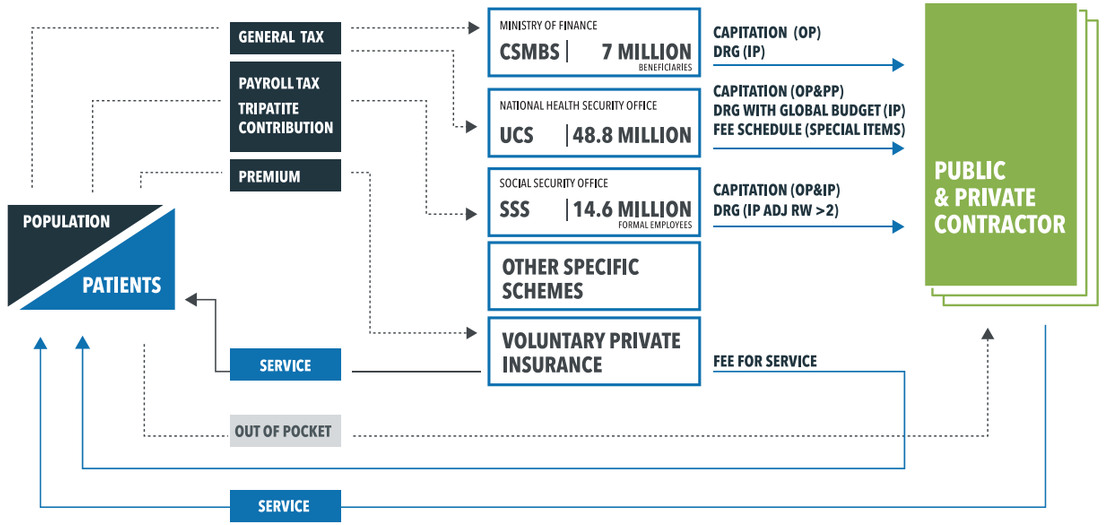
The journey to achieving UHC in Thailand was gradually developed. The process took around 30 years using a targeted approach, starting by focusing on the lower-income population, and then expanding to include those with special care needs and finally to include all people in 2002 with the introduction of the UCS scheme.



GNI PER CAPITA AND EXPANSION OF HEALTH INSURANCE COVERAGE: 1969-2017

Source: GNI per capita data from the World Bank.https://data.worldbank.org/country/thailand

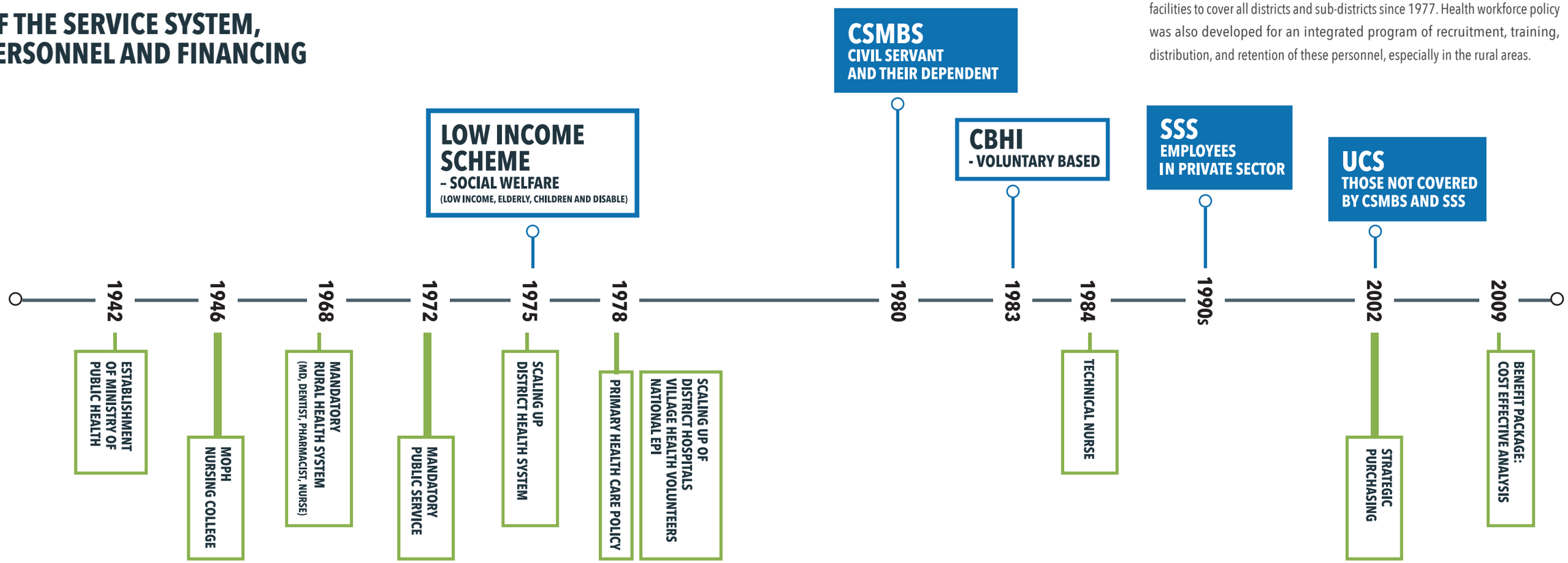
DIFFERENCES BETWEEN THE CSMBS, SSS AND UCS



CONCURRENT DEVELOPMENT

OF THE SERVICE SYSTEM, PERSONNEL AND FINANCING

Achieving UHC would not have been possible by only expanding coverage. There had to be a concomitant strengthening and development of infrastructure, service system and health care personnel. Thailand has invested in expanding facilities to cover all districts and sub-districts since 1977. Health workforce policy was also developed for an integrated program of recruitment, training, distribution, and retention of these personnel, especially in the rural areas.

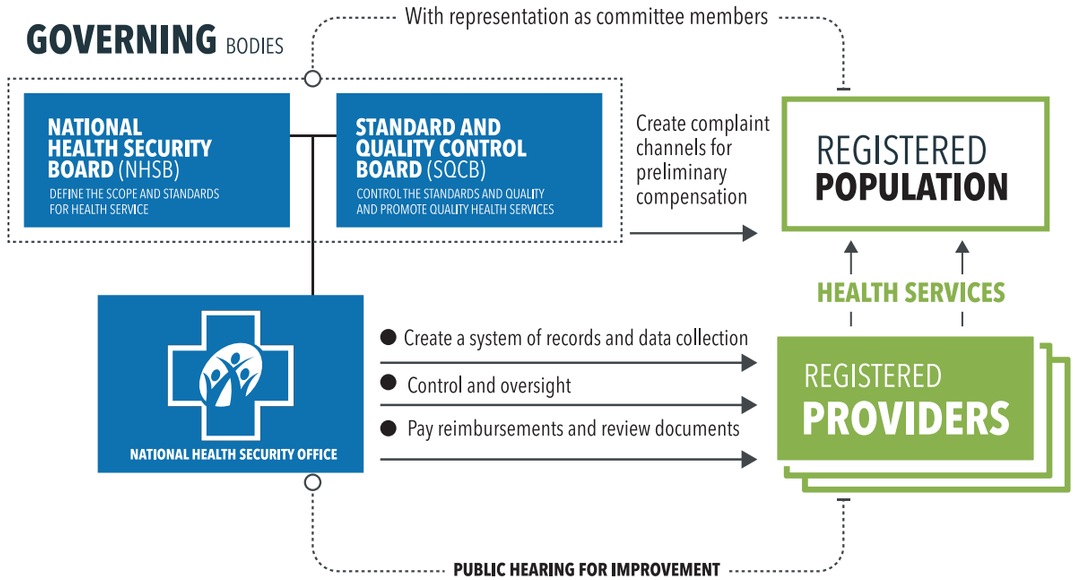


NATIONAL HEALTH SECURITY ACT 2002

A key aspect of the Act was the creation of a legal mechanism based on principles of good governance, emphasizing involvement of the population across all sectors.

TWO GOVERNING BODIES UNDER THE LAW ARE

The National Health Security Board and
The Standard and Quality Control Board



COMPOSITION OF
THE NATIONAL HEALTH SECURITY BOARD

CHAIRPERSON
Minister of Public Health

REPRESENTATIVES OF HEALTH PROFESSIONAL ASSOCIATIONS
Thai Medical Council
Nurses Association
Pharmacists Association
Dentists Association
Private Hospital Association

PERMANENT SECRETARIES AND DIRECTOR OF THE BUREAU OF THE BUDGET
Permanent Secretary of Defense
Permanent Secretary of Finance
Permanent Secretary of Commerce
Permanent Secretary of Interior
Permanent Secretary of Labor and Social Welfare
Permanent Secretary of Public Health
Permanent Secretary of Education
Director of the Bureau of the Budget

ACADEMICS-SPECIALISTS FROM THE FOLLOWING SECTORS
Health Insurance
Medicine and Public Health
Thai Traditional Medicine
Alternative Medicine
Finance
Legal Affairs
Social Issues

REPRESENTATIVES FROM LOCAL ADMINISTRATIVE ORGANIZATIONS
1 person from each of the following:
Municipality
Provincial administrative organization
Tambon administrative organization
Other type of local administrative organization

REPRESENTATIVES FROM NON-PROFIT ORGANIZATIONS
Organizations select among themselves who the 5 persons based on the following groups of target populations:
Children or Youth, Laborers, Women, Populous Communities, Elderly, Farmers, The Disabled or Mentally ill, Ethnic Minorities, Persons with HIV or other chronic diseases

COMPOSITION OF
THE QUALITY AND STANDARD CONTROL BOARD

ACADEMICS-SPECIALISTS
Family medicine
Psychiatry
Thai traditional medicine
Other areas 3 persons

RELATED AGENCIES
Director-General of the Department of Medical Services
Secretary of the Food and Drug Administration
President of the Hospital Development and Accreditation Institute
Director of the Bureau of Sanatorium and Art of Healing

REPRESENTATIVES FROM PROFESSIONAL ASSOCIATIONS
Medical Council, Nurses Council,
Pharmacists Council,
Dentists Council, Lawyers Council

REPRESENTATIVES OF HOSPITALS WHICH ARE MEMBERS OF THE PRIVATE HOSPITALS ASSOCIATION

REPRESENTATIVE OF THE ADMINISTRATOR, LOCAL ADMINISTRATIVE ORGANIZATION
Municipality
Provincial administrative organization
Tambon administrative organization
Other type of local administrative organization

REPRESENTATIVES FROM HEALTH SPECIALTIES
(elect among themselves)
Applied Thai Traditional Medicine
Physical therapy
Medical technology
Radiological technology
Cardio-thoracic technology
Communicative disorders

REPRESENTATIVES FROM NON-PROFIT ORGANIZATIONS BY TARGET POPULATION
(Select among themselves)
Children or Youth, Women, The elderly, The disabled or mentally ill, Laborers, Populous Communities, Farmers, Ethnic Minorities

REPRESENTATIVES FROM THE ROYAL COLLEGE OF MEDICAL SPECIALTY
Obstetrics and Gynecology
Surgery, Internal Medicine, Pediatrics

REPRESENTATIVES FROM VARIOUS OCCUPATIONS
Nurse and midwife
Dentist
Pharmacist

IMPLEMENTATION OF ACTIVITIES BY THE NHSO

SYSTEM OF REGISTERING BENEFICIARIES
(POPULATION REGISTRY)
AND SERVICE PROVIDERS
(PROVIDER REGISTRY)

The population data is linked with the civil registration database of the Bureau of Registration Administration, Department of Provincial Administration, Ministry of Interior.

KEY COMPONENT IN UNIVERSAL COVERAGE SCHEME

These dimensions of administration conform to the UHC Cube paradigm in all dimensions, whether that is population coverage, service coverage, or financial risk protection.

THERE ARE 3 SCENARIOS FOR ACCESSING BENEFITS UNDER THE UCS

1. GENERAL CASES
use service at a Contracting Unit Provider (CUP)

2. ACCIDENT OR EMERGENCY CASES
use service at the nearest participating service unit

3. EMERGENCY CONDITION CASES
use service at any health care provider

ADMINISTERING THE UCS

KEY FEATURES

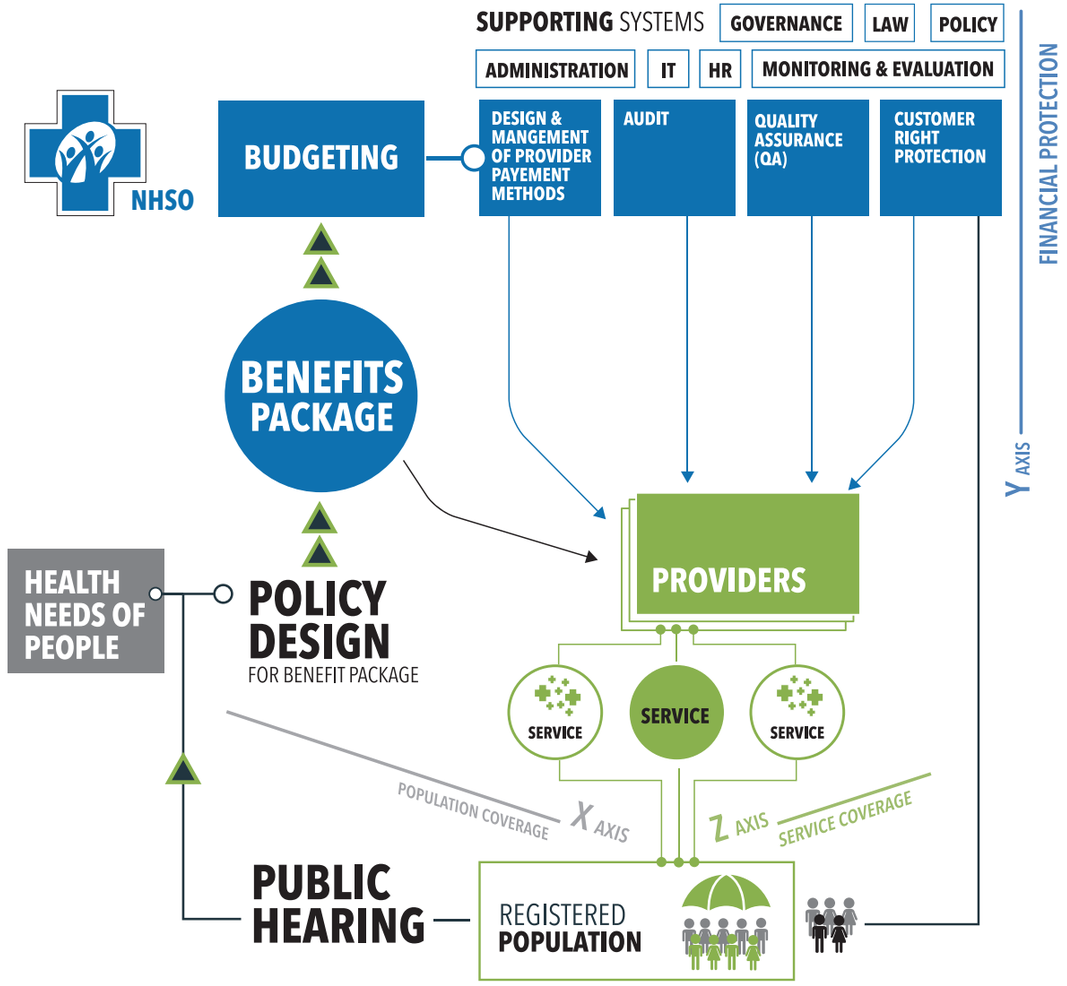
KEY FEATURES OF NHSO ADMINISTRATION

Key features of NHSO administration are policy design for the benefits package, budgeting, design and management of the provider payment method, billing and clinical auditing, quality assurance and consumer protection. There are systems for registering beneficiaries and the health care providers.

SUPPORTING SYSTEMS

Supporting systems are governance/governing bodies, laws and regulations, policy formulation, administration, IT, human resources management, and monitoring and evaluation.

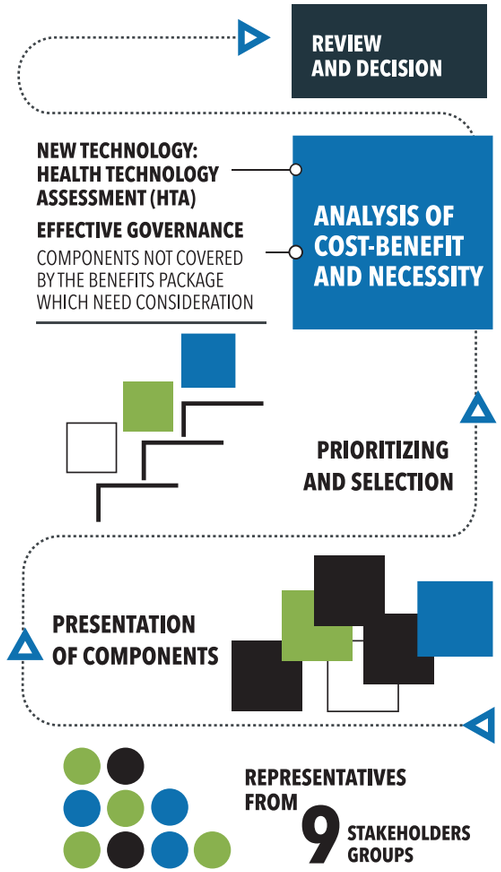
SUPPORTING



BENEFITS PACKAGE

POLICY DESIGN FOR THE BENEFITS PACKAGE

The process of formulating the benefits package involves all stakeholders in all sectors with empirical evidence to be used for making choices and decisions.



BUDGETING

The National Health Security Board prepares a budget request to the Cabinet for approval before submitting to the Budget Bureau. The budget allocation for the UCS is under the principle of a close-ended budget for cost-containment.

BUDGETING

DESIGN OF THE PROVIDER PAYMENT METHOD

The mixed provider payment method is as follows:

PAYMENT METHOD

1 PROSPECTIVE PAYMENT

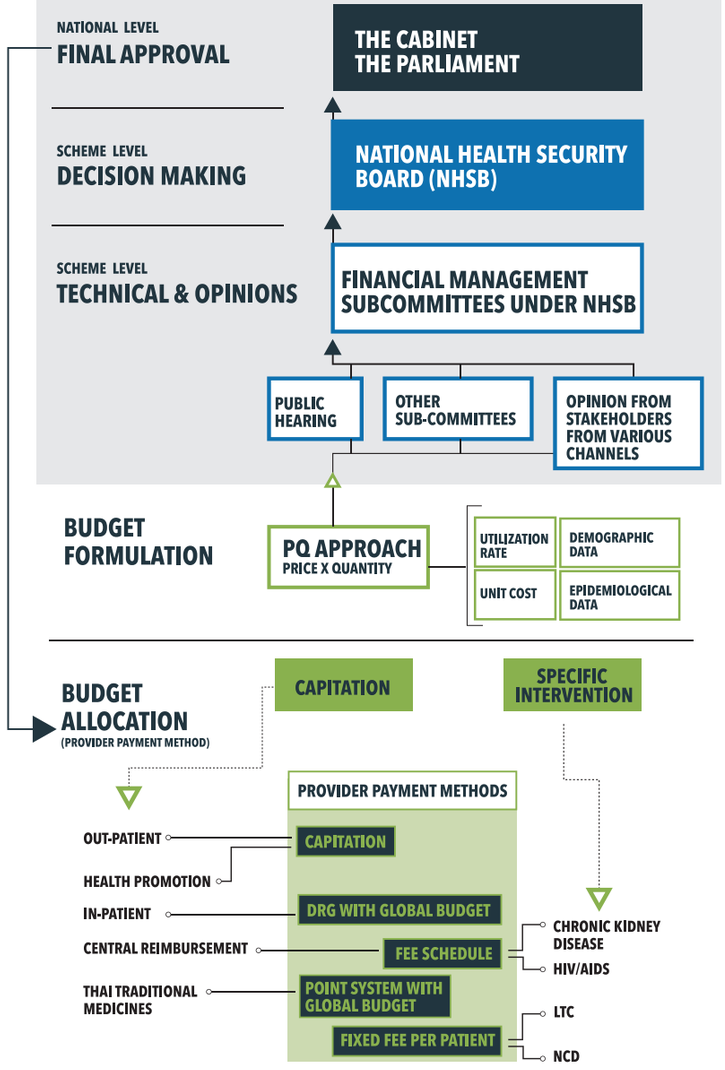
Capitation is used for out-patient and health promotion and prevention, adjusted by age and paid with set criteria.

2 RETROSPECTIVE PAYMENT

DRGs and fee schedule with global budget are used for in-patient service.

3 PROJECT-BASED PAYMENT OR BY CONTRACTING

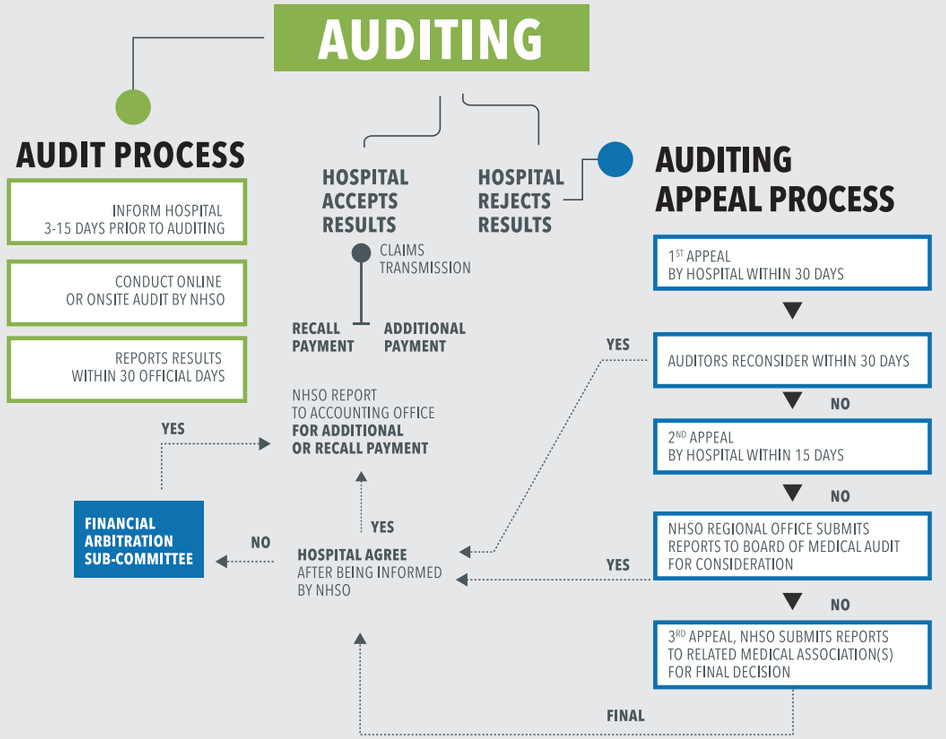
The service provider is contracted as the sole provider with a given target and clearly specified equipment/supplies.



PROVIDER

MANAGEMENT OF THE PROVIDER PAYMENT METHOD

Payment is made by linking electronic transactions to the bank to transfer money to the service unit automatically, with accompanying financial report.



AUDITING

The audit process is retrospective after the NHSO has transferred payment to the health care provider.

AUDIT

CUSTOMER RIGHT PROTECTION

QUALITY ASSURANCE

A complaint and rights protection mechanism is in place.

CUSTOMER RIGHT PROTECTION

Three main mechanisms are a call center (#1330), the customer services center in the health care unit and the People's Healthy Security Center for receiving complaints.

MECHANISMS INDICATED IN ARTICLE 50(5)

MECHANISMS NOT INDICATED IN THE NATIONAL HEALTH SECURITY ACT

- CUSTOMER SERVICE CENTER
- PEOPLE HEALTHY SECURITY CENTER

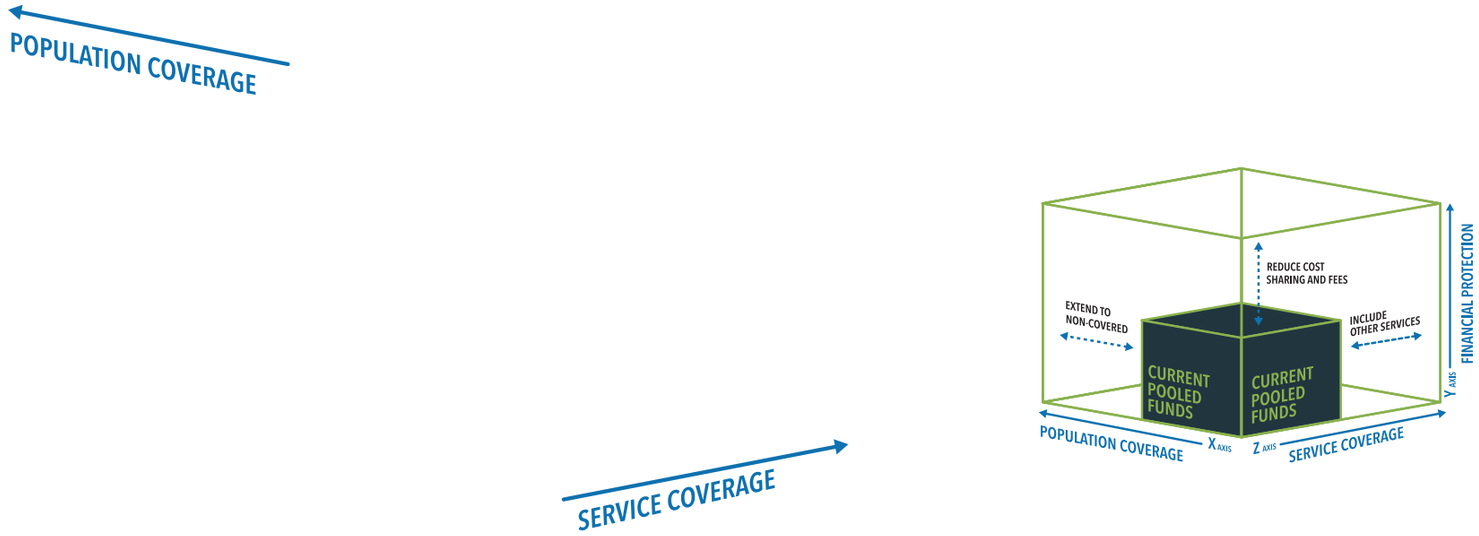
COMPLAINT HANDLING MECHANISM IN UNIVERSAL COVERAGE SCHEME

MONITORING AND EVALUATION (M&E)

There are multiple mechanisms as follows: Article 26(8) to control of the health care providers, and Article 50(5) the complaint system, Article 18(1)(13) on public hearing, Articles 41 on preliminary compensation, Article 50(8) for rights protection.

LINKAGE

BETWEEN THE DESIGN OF THE ADMINISTRATION OF THE UCS AND THE UHC CUBE



X AXIS

Expanded coverage of the target beneficiaries (X-axis) occurs through a system of registration and outreach to identify persons who are eligible to enroll in the UCS.

POPULATION COVERAGE

POPULATION: WHO IS COVERED?

- Database system of eligible beneficiaries and rights audit
- Population registry
- Seeking services by the beneficiaries
- Receiving complaints and protection of rights

Y AXIS

This protects from excessive health spending (Y-axis) by offering a benefits package which is affordable and relevant to the basic needs of the patients.

FINANCIAL PROTECTION

WHAT DO PEOPLE HAVE TO PAY OUT-OF POCKET?

- Procuring the budget
- Model and method of paying compensation for services
- Clearing House of payments
- Management information system

Z AXIS

Improved services (Z-axis) are realized by the continuous expansion of the UCS benefits package.

SERVICE COVERAGE

SERVICES: WHICH SERVICES ARE COVERED?

- Defining the benefits package
- Registering service facilities
- Services
- Control of quality and standards
- Audit system

National Health Security Office