

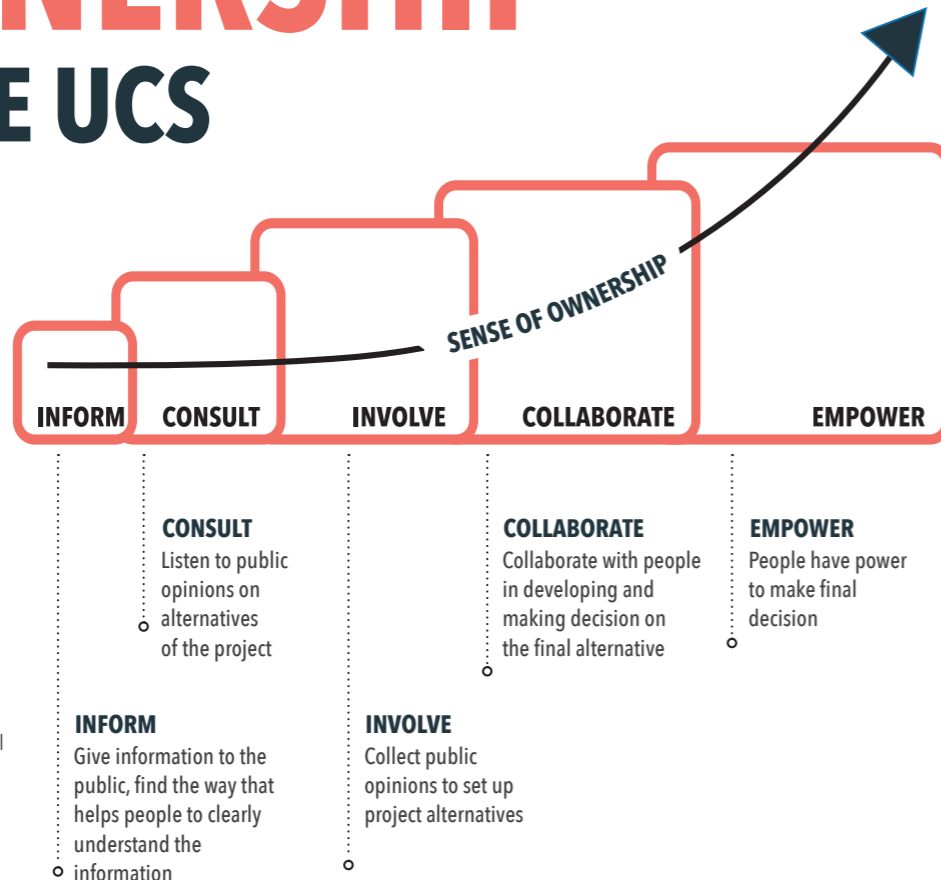
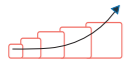
PEOPLE'S PARTICIPATION

**IN THE UNIVERSAL COVERAGE SCHEME (UCS)
IN THAILAND**



PEOPLE PARTICIPATION CREATES

A SENSE OF OWNERSHIP OF THE UCS



Source: adapted from International Association of Public Participation (2018)¹

A unique feature of the Thai UCS is the engagement of people at all levels of the spectrum of public participation: *inform, consult, involve, collaborate, and empower.*

PEOPLE PARTICIPATION IN POLICY FORMULATION

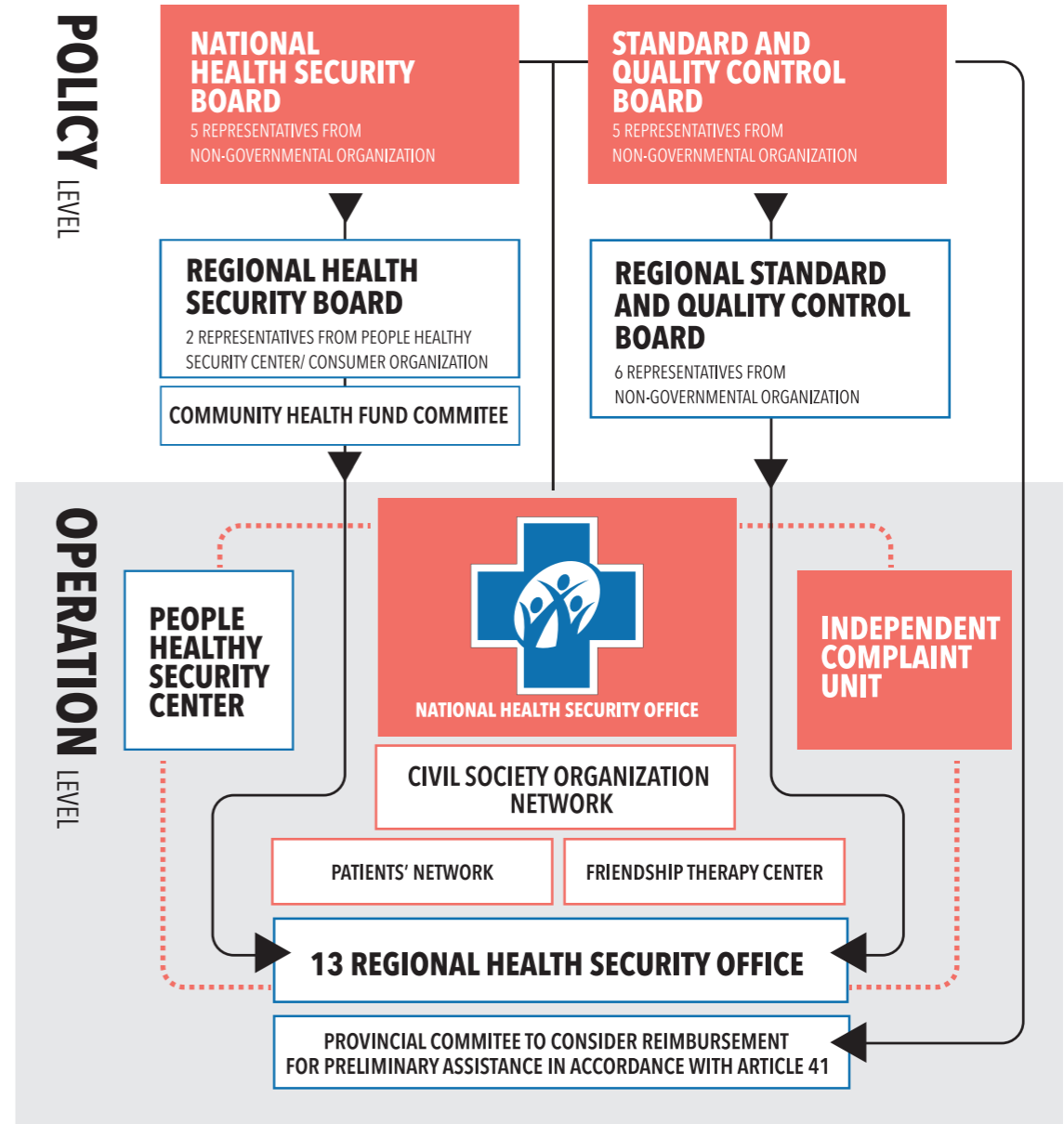
The people participated in all of the legislative processes, starting from proposing the bill to the parliament and placing representatives from Civil Society organizations (CSOs) in an ad hoc committee for the first reading and the second reading of the law until the law was enacted by the parliament in 2002.

PEOPLE PARTICIPATION IN POLICY IMPLEMENTATION

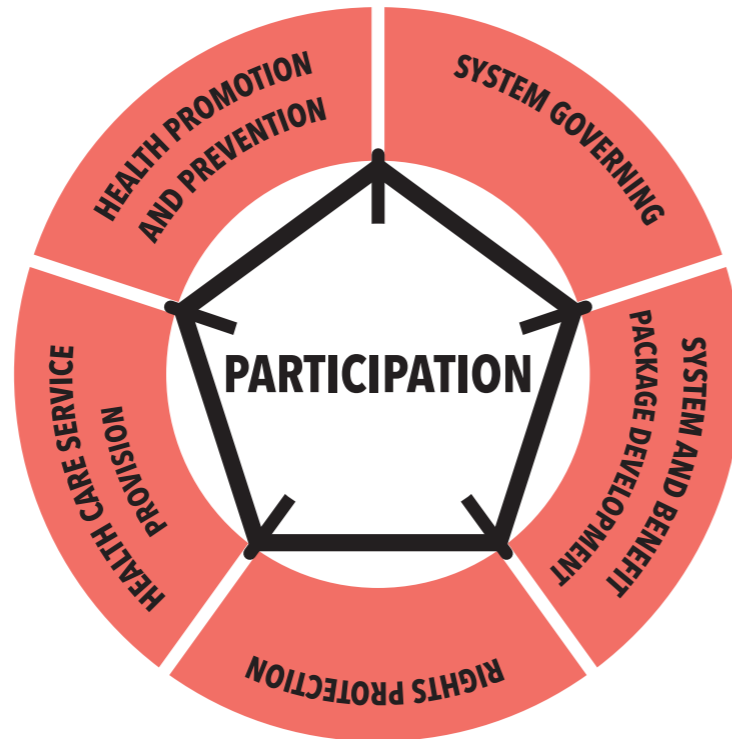
The National Health Security Act 2002 designated that the people participate at the policy and operations levels, in both the structure and implementation dimensions.

POLICY LEVEL

Representatives from non-governmental organizations are on the National Health Security Board and Standard and Quality Control Board at both the national and regional levels.



OPERATIONAL LEVEL



- People participate in the UCS in five ways:
- (1) system governing
 - (2) system and benefits package development
 - (3) rights protection
 - (4) health care service provision
 - (5) health promotion and protection

1 PEOPLE PARTICIPATION IN SYSTEM GOVERNANCE

1

PEOPLE PARTICIPATION IN MANAGING THE NATIONAL HEALTH SECURITY FUND

Representatives from CSOs participate in all governing bodies of National Health Security according to the law.

2

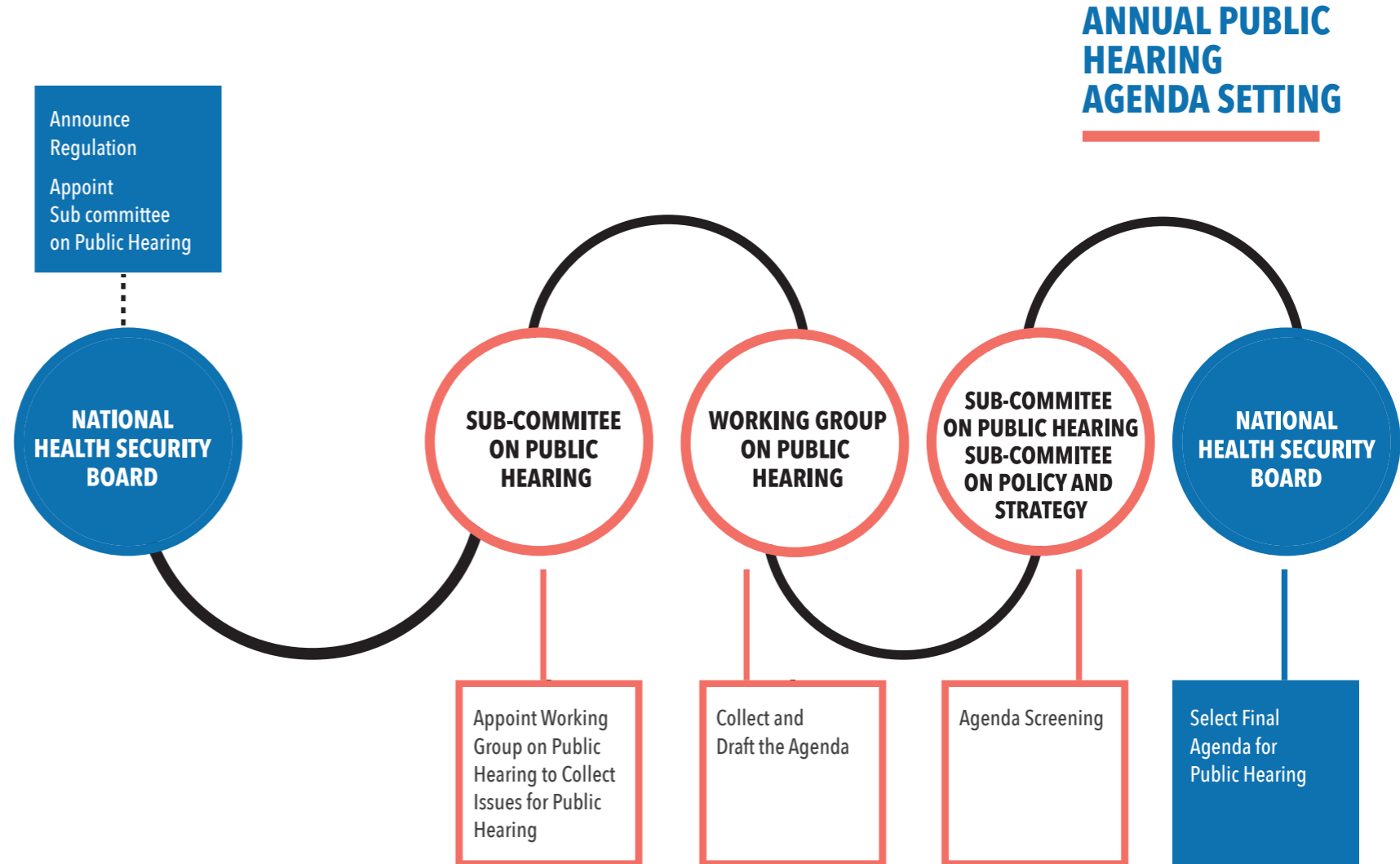
PEOPLE PARTICIPATION IN CONTROLLING QUALITY AND STANDARDS

The Standards and Quality Control Board was set up by law to control the quality and standards of health units and to propose a reference price of medical treatment. Representatives of CSOs participate in the Board at all levels.

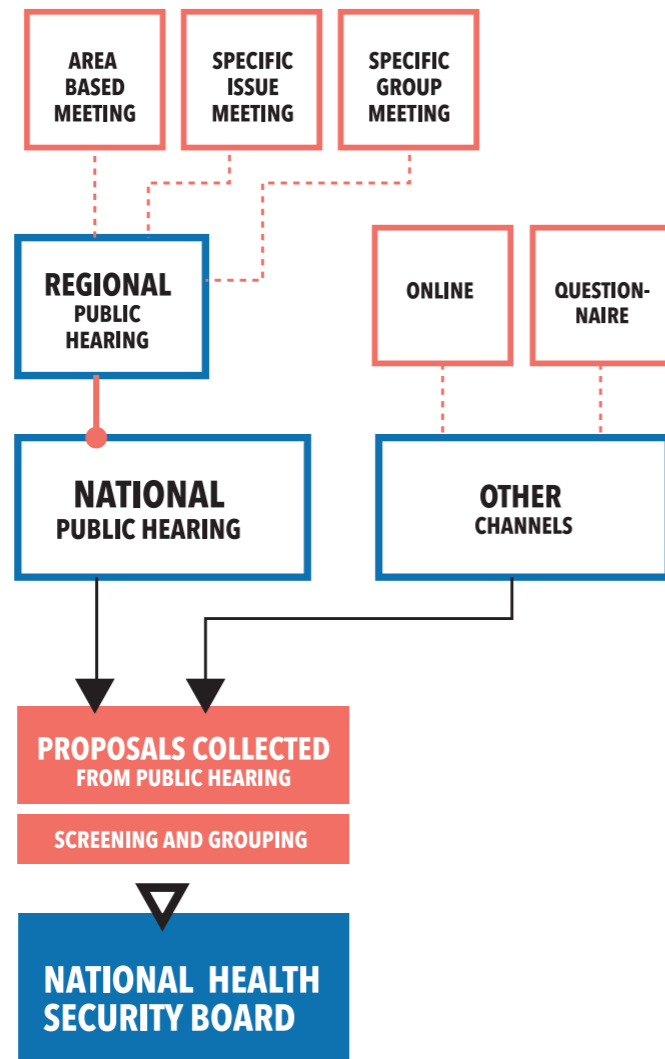
2

PEOPLE PARTICIPATION IN BENEFITS PACKAGE DEVELOPMENT VIA PUBLIC HEARINGS WITH HEALTH PROVIDERS AND BENEFICIARIES

The design of people participation in development of the benefits package is through annual public hearings to collect opinions and to encourage people to engage in improving the national health security system.

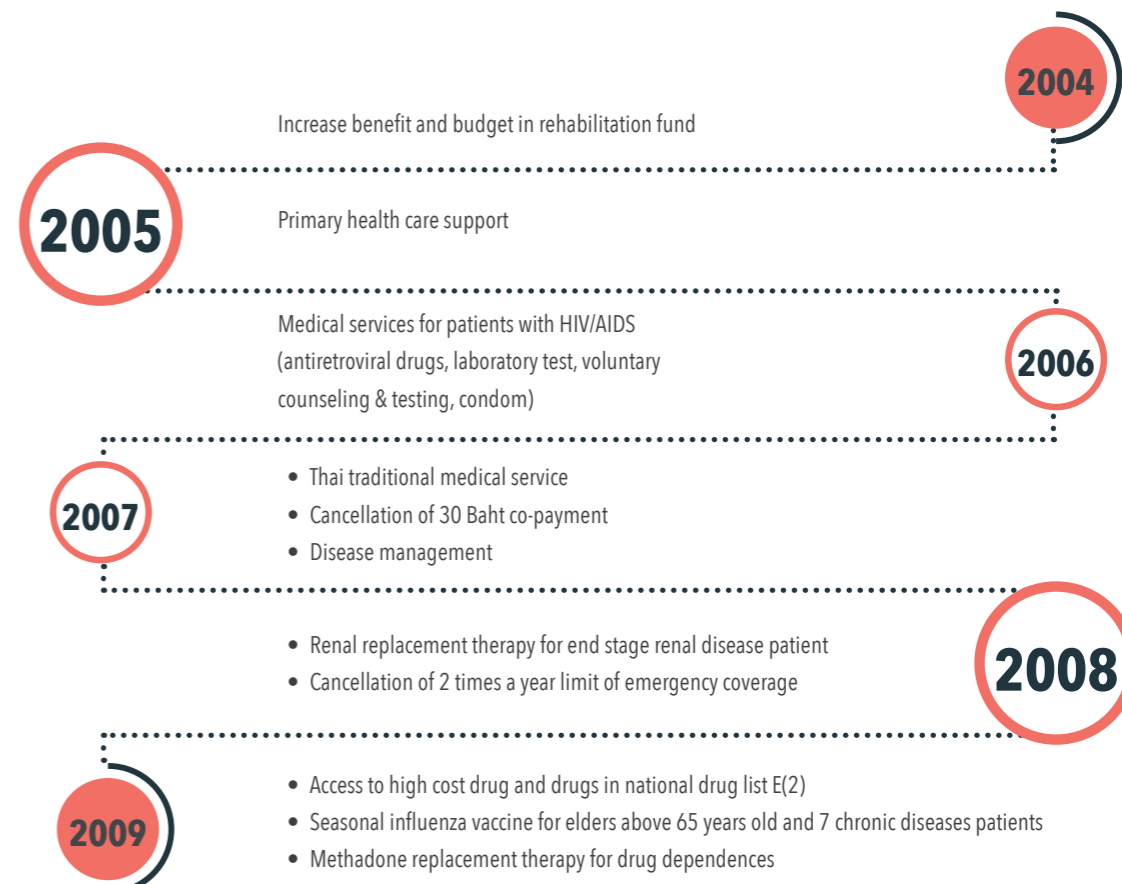


PROCESS OF ANNUAL PUBLIC HEARING WITH HEALTH SERVICE PROVIDERS AND BENEFICIARIES



BENEFITS PACKAGE

DEVELOPED FROM THE PROPOSALS GATHERED IN THE ANNUAL PUBLIC HEARING



2010

Access to orphan drugs and drugs in the national drug list

- Cancellation of 15 days limit of psychiatric patients treatment
- Diabetes mellitus and hypertension screening
- Liver transplantation in children
- Heart transplantation

2011

2012

- Integration of emergency health care service for all insurance schemes
- 30 Baht co-payment for hospitals with more than 10 beds

2013

- Integration of medical service in government insurance schemes for HIV/ AIDs end stage renal disease patient
- Cancellation of 500 Baht copayment for Hemodialysis (HD)
- Revision of criteria for patients with HIV to start treatment for ≤ 350 cells/ mm² of CD4 count and extension of drug items
- Revision of criteria for no-fault liability compensation

2014

- Stem cell for leukemia and lymphoma (except Thalassemia patient)
- Extension of targets for season influenza vaccine (more than 4 months pregnant female and 6 months – 2 years old child)
- Announcement of criteria to support local health fund
- Access to national drug list E(2) for early stage of breast cancer/ hepatitis C 1,2,3,6/ HCV and HIV co-infection/ leukemia and lymphoma
- Revision of criteria for patients with HIV to start treatment immediately for any CD4 count

2015

- Unlimited coverage for baby delivery
- Extension of rights to access 18 items of drugs

2016

- Community long term care
- Services for patients with chronic mental illnesses
- HIV prevention

2017

- Pap Smear
- HPV vaccine for students in primary school year 5
- Extension of target for seasonal influenza vaccine under the condition of national drug list

2018

- Colorectal cancer screening
- Bangkok local fund for health promotion and prevention

3

PEOPLE PARTICIPATION IN RIGHTS PROTECTION: COMPLAINT HANDLING VIA THE CUSTOMER SERVICE CENTER AND INFORMATION DISSEMINATION VIA THE PEOPLE'S HEALTHY SECURITY CENTER

COMPLAINT HANDLING MECHANISM IN UNIVERSAL COVERAGE SCHEME



RIGHTS PROTECTION

Initially, the NHSO established a customer service center or a "call center #1330" to handle complaints and to protect beneficiaries. Later on, a customer service center was established in the health care unit to give suggestions and to assist patients.

PEOPLE PARTICIPATION PROMOTION

The "People's Healthy Security Center" was set up by the people to give information about the UCS, handle complaints, and be responsible for other duties. Some People's Healthy Security Centers have been registered as "the independent complaint unit" under article 50(5) which is an autonomous mechanism to process complaints and to call for action related to problems of the UCS.

4

PEOPLE PARTICIPATION IN HEALTH CARE SERVICE PROVISION

People are involved in providing health service and in supporting the participating health care units by sharing experience of treatment, giving knowledge, and advising about the benefits package in the UCS.

5

PEOPLE PARTICIPATION IN HEALTH PROMOTION AND PREVENTION VIA THE COMMUNITY HEALTH FUND (CHF)

According to Article 47, the NHSO shall cooperate with local government organizations to manage the national health security system in local areas by providing budget to local government to enable local participation in health activities. The NHSO established the "Community Health Fund" (CHF) in 2006 to encourage local administrative organizations to organize health promotion and prevention in the community.

RESULTS OF PEOPLE PARTICIPATION IN RIGHTS PROTECTION

RESULTS OF PEOPLE PARTICIPATION IN RIGHTS PROTECTION

The benefit of the independent complaint unit is the creation of mutual understanding between patients and health units which consequently improves the quality and standards at both policy and operational levels.

RESULTS OF PEOPLE PARTICIPATION IN HEALTH CARE SERVICE PROVISION

The consequence of public participation in health care service provision is that more patients have access to health care service via volunteer patients who have worked with participating health care units to provide consultation, visit patients at home, and follow up the treatment experience to trouble-shoot and prevent drug resistance.

RESULTS OF PEOPLE PARTICIPATION IN HEALTH PROMOTION AND PREVENTION

One good example of successful innovation of the CHF is the "excellent happy home ward" which is a collaboration of the health professional network, patient's families, and the community to provide holistic health care service for chronic patients and the elderly.

FACILITATING FACTORS

OF PUBLIC PARTICIPATION IN THE UCS

The facilitating factors include capacity building and empowerment of CSOs, the authentication of public participation in 2002 National Health Security Act, and government support, especially support from local administrative organizations, hospitals, and the Ministry of Public Health.

CHALLENGES

OF PUBLIC PARTICIPATION IN THE UCS

Challenging factors include low health literacy of people, the fact that most of the health projects under the CHF are small scale and short-term rather than addressing the root cause of the problem, and the need to have long-term impact to improve health.

THE WAY FORWARD

The vision of the future of the UCS is to elevate the capacity of CSOs and build collaboration between CSOs, professional organizations, and local administrative organizations to develop a community health master plan.





National Health Security Office