



# **Building Confidence in Services for Vulnerable and Service-Inaccessible Groups**

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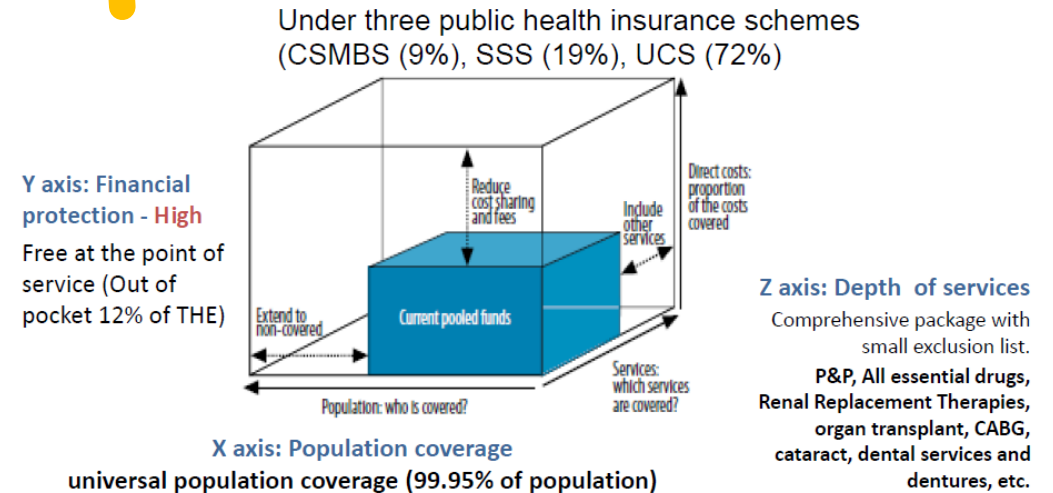
National Health Security Office, Thailand , November 20, 2023

Dr. WERAPHAN LEETHANAKUL

- NHSO was established in 2002
- “Everyone who lives in Thailand is covered by Universal health Coverage (UHC) and access to health care with confidence when needed”
- Easily accessible, , enable the beneficiary registration facility in accordance with their convenience and necessity
- The effective information system for communications, monitoring and evaluation system.

# Concept of Universal Health Coverage

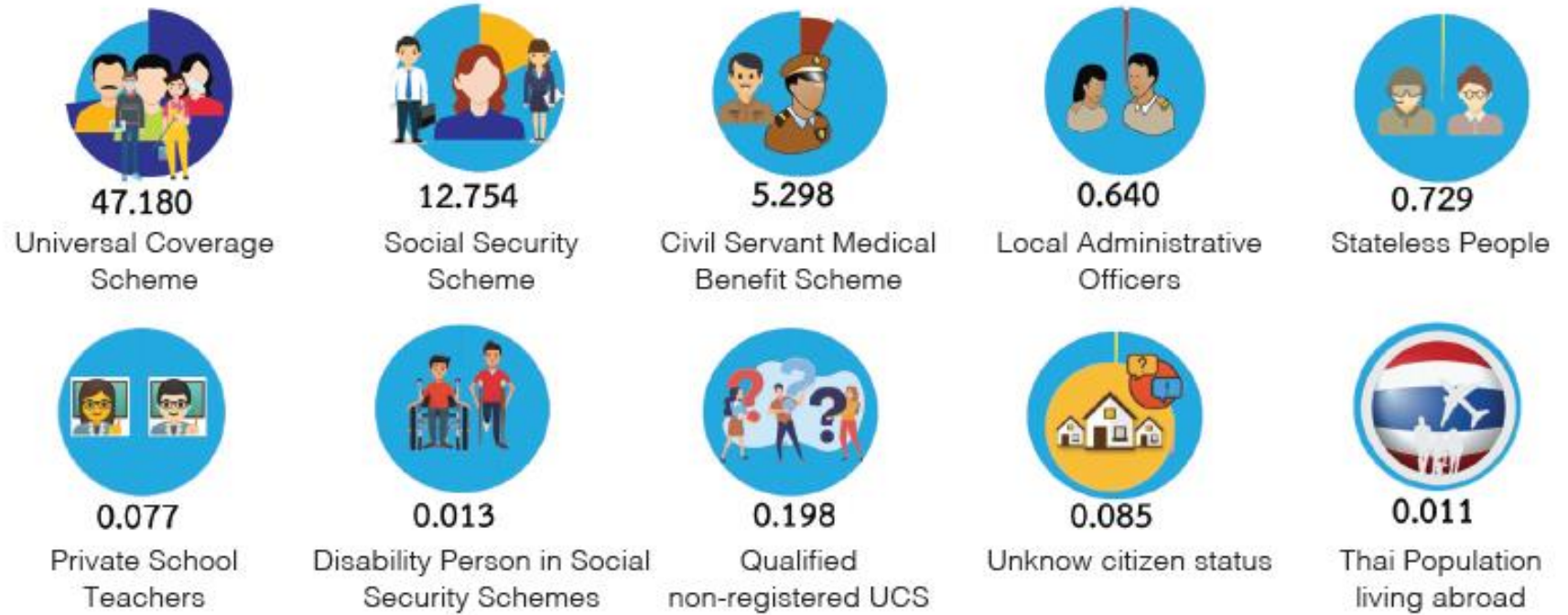
- **Expanding UHC for Population Coverage** by increasing coverage for citizens, who are eligible for public health insurance system.
- **Expanding UHC Services Coverage** by increasing the frameworks and diversity of health services to fulfill the healthcare demands for the citizens.
- **Expanding UHC for Financial Coverage** where there will be a decrease in financial obligations for citizens for healthcare services to be coherent with the main purpose of building a healthcare system that frees citizens from financial catastrophes, one of the core grounds deterring the population from eliciting healthcare services



WHO, Health financing for universal coverage: universal coverage-three dimensions, [http://www.who.int/health\\_financing/strategy/dimensions/en/](http://www.who.int/health_financing/strategy/dimensions/en/)




# Thai population under Universal Health Coverage Policy in FY 2022, 66.984 million persons

Population  
coverage,  
Universal  
Health  
Coverage: UHC

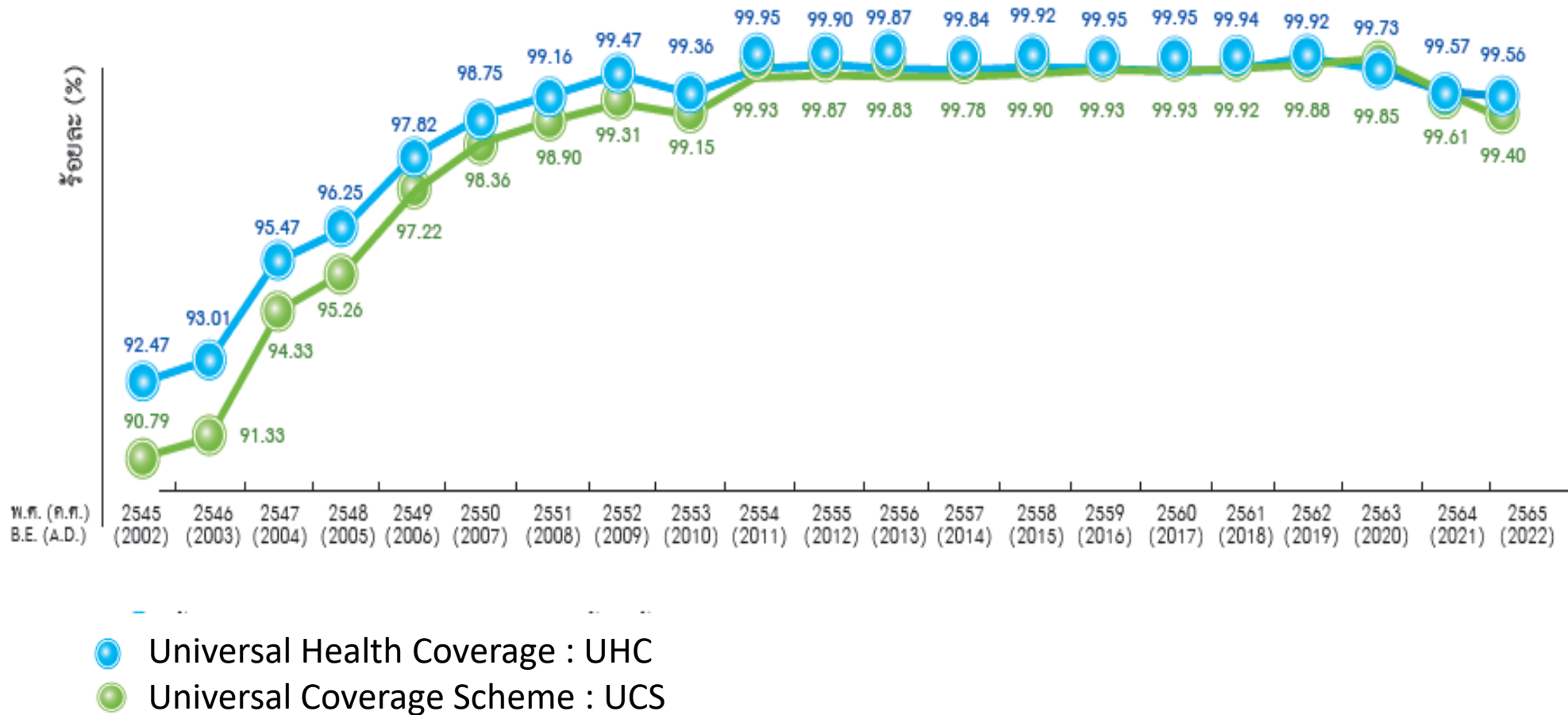


Source: Department of Registration, Fund Management Unit, NHSO, Data as of September 30th, 2022

# Public Health Insurance Schemes in Thailand

	Civil Servant Medical Benefit Scheme (CSMBS)	Social Security Scheme (SSS)	Universal Coverage Scheme (UCS)
Administrator office	Comptroller General Department, Ministry of Finance 	Social Security Office Ministry of Labor 	National Health Security Office 
Population	7%	20%	73%
Beneficiaries	Civil servants and dependents	Employees in private and public sector	The rest of Thai citizens
Sources of finance	General tax (~15,000 Baht/Cap)	Tripartite : 1.5% of salary (3,500 Baht/cap)	General tax (3,500 Baht/Cap)
Benefit packages	Comprehensive curative and rehabilitation	Comprehensive curative and rehabilitation	Comprehensive include prevention and promotion for all Thais
Payment method	FS for OP, DRGs for IP	Capitation for OP and IP DRGs for IP AdjRW>2+ add on	Capitation for OP & PP, DRGs with global budget for IP, FS for high-cost drugs and Medical Instrument

# Percentage of Universal Health Coverage (UHC) in the Fiscal Year 2002-2022



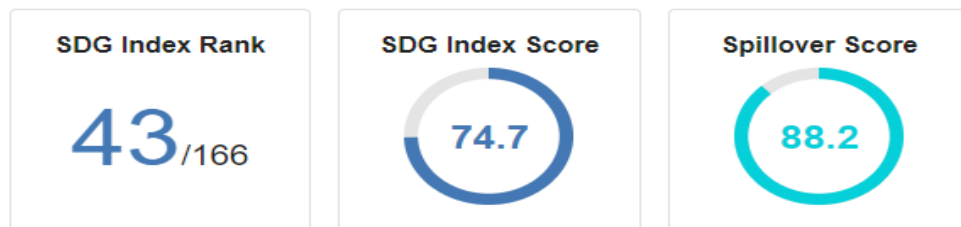
Source: Department of Registration, Fund Management Unit, NHSO, Data on 30 September 2022

# Thailand

East and South Asia



BACK OVERVIEW INDICATORS FACT SHEET POLICY EFFORTS



## SDG Dashboards and Trends

Click on a goal to view more information.



**Dashboards:** ● SDG achieved ● Challenges remain ● Significant challenges remain ● Major challenges remain ● Information unavailable

**Trends:** ↑ On track or maintaining SDG achievement ↗ Moderately improving → Stagnating ↓ Decreasing ● Trend information unavailable



## Health Equity

- UHC aim that all people access to necessary health services without financial catastrophe, achievement of this goal needs the chance of access for everyone.
- In the real situation, all citizens in every country have different status resulting in unequal access to necessary and there are also numerous obstacle factors of access to health services such as geographic countryside, a city, or sickness and disability, especially the Vulnerable and Service-Inaccessible Groups.
- One of Action Plan in the Year 2017-2022 under Section 9 and Section 10 of the National Health Security Act 2002



19 November 2022

# 20<sup>th</sup> years NHSSO

Moving forward  
to the 3rd decade



**Citizens**  
access to all necessary  
healthcare services



**the National Health Security Fund**  
have efficiency and sustainability

## Goals



**The management**  
Maintain good governance practice

Every Thai citizen in the Kingdom of Thailand  
is assured of access to quality care.



Strengthen the implementation according to roles and responsibilities under the National Health Security Act B.E. 2545



Join hands with the Thai government to achieve BCG Model and Sustainable Development Goals, while ensuring the rights to health and equitable healthcare access. Complying with government policies, BCG Model: fostering Sustainable Development Goals (SDGs) for rights protection services and accessible services equally and fairly.



Emphasizing health promotion and disease prevention for all Thai citizens, providing coverage for diseases/health problems, and reducing catastrophic health expenditure, specifically for the vulnerable group or other services.



To increase the management of the fund and sustainability of finance efficiently.



Aiming to balance the participation of strategic partners.



Become a highly-efficient organization.

## Moving forward to 3rd decade



Reaching the target at  
**more than 80% effective health  
coverage within 2027**



Reaching the target  
**more than 89%  
within 2027**



Health expenditure  
not to exceed 5%  
of GDP



Health expenditure  
not to exceed 20%  
of the government  
spending



Less than 0.25% of  
households with  
catastrophic health  
expenditure

# Building Confidence in Services for Vulnerable and Service-Inaccessible Groups

## Integration of 3 public health insurance system

### 1. Management during COVID-19 Outbreak

- Integrated Benefit packages for the same standard among all public health insurance schemes
- Integrated COVID – 19 databases from all resources
- NHSO 1330 Contact Center for all Thais and who's live in Thailand

### 2. All Thai citizens get health promotion & disease prevention services (P&P) and long-term care for dependents in the community with the same standard and system

### 3. Revised the scope of benefit packages and reimbursement rate among 3 public health insurance funds for appropriateness, consistency, and same direction such as Cancer, Renal Disease, Tuberculosis, and Rare Diseases treatment

# Lessons learned from COVID-19

## Centralized procurement and distribution

(through the Ministry of Public Health) To prevent unavailability and inaccessibility of essential drugs, vaccines, and medical devices

## Financial coverage for all beneficiaries

Regardless of insurance schemes, to minimize confusion among care seekers and care providers

## Single Claim system

Special Covid-19 budget to ensure full reimbursements of Covid-19 services

## Uniform price list

For all public insurance schemes to ensure fast access to public and private health facilities

## Green Chanel

Establishment of the "Green Channel" to fast-track approval of Covid-19 services



Engagement of non-governmental entities in the response against Covid-19

## Sharing of physical

human and financial resources (e.g. vaccination sites, locally-produced devices, community mobilization) to increase access to services

## Centralized communication

through government channels (e.g. 1330; center for covid-19 situation administration spokesperson) to ensure consistent information for the public

## GPO drug inventory management

Rapid, timely and legitimate response

Cooperation with foreign countries

Access to medicines and vaccines

# Support PHC delivered services

**1. Providing primary medical care with family doctor** delivering care to people at appropriate proportion

**2. Supporting innovative service intending to increase access to services**

- Telemedicine/telehealth
- Common illness treatment at pharmacy
- The Thailand National Quitline center(the Quitline 1600), Mental Health Hotline 1323 : for all Thai
- Automatic condom dispensing machine

**3. Set up primary care service units with multi health professionals** located in communities to facilitate and increase access to services for the beneficiaries and the vulnerable with mobile health services

Postal medicine delivery, Picking up medicine at pharmacies, Laboratory services outside service unit, and home ward/hospital care at home, Telemedicine/telehealth

**4. Set primary service units convenient to access** such as private clinic, dental clinic, nursing clinic, Rehabilitative clinic, Laboratory clinic, Pharmacy, including municipal service units such as Rehabilitative clinic and Thai traditional clinic

**5. Allocate budget to support employers which their workplaces for providing P&P in Factory's nursing room**

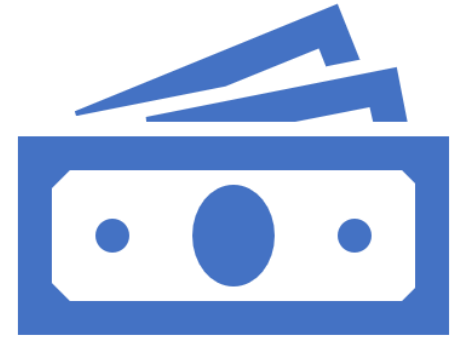
# Resilience of the payment mechanism

**1. Payment mechanism adjustment** : from the original capitation payment pay as service-rendered in the set price, or called as **Fee Schedule**, to increase confidence in beneficiaries using the primary health care services, OP Anywhere model, Health promotion and disease prevention

## 2. Integration of the three insurance schemes

Expansion of essential benefits packages, compensation mechanism and mechanisms for the integrative management of the 3 insurance schemes:

- Management of COVID-19 patients
- Health Promotion and Disease Prevention including Long Term Care for dependent persons
- Adjustments and Expansion of benefits, payment rates including management of all three schemes to be appropriate, consistent, of the same standard and move in the same direction specifically for diseases
- Support decentralization by transferring Primary healthcare units from the Ministry of Public Health to Provincial Administrative Organizations



# Partner Networks Participation

Promoting, supporting and developing mechanisms for implementing policies at the local level together with representatives of various sector network organizations.

Output performances of partner networks participations

**1. Increase right perception** : Networks will play a basic important role in increasing perception of people in their networks or area of work.

## **2. Increase access to rights**

- Co-providing health services by Civil Society Organizations enrolled to referral service units in specific fields
- Physical rehabilitation service unit : Disabled People's Organizations (DPOs)
- HIV/AIDS referral service unit : Community Base Organization (CBO)
- Kidney patients with COVID-19 access to services : Kidney Friends Association
- Increase access to UCS service system for undocumented persons : Slum Community network, Minority Community network village health volunteers

**3. Right protection and standard & quality control** : Independent Complaint Service Unit 50(5), Customer Service Centers in the Health Facilities, Coordinating Centers in Local Administration Organizations

**4. Participation of Local Administrative Organization <LAO>** : Matching Fund from NHSO and LAO to operate and manage the health security system for many activities at the local level according to their readiness, appropriateness, and need such as P&P, physical rehabilitation, Palliative Care

# Way Forward

Supporting the driving of public health policy



**BORDER HEALTH AND  
SPECIFIC AREAS**



**DIGITAL HEALTH**



**TOURIST SAFETY  
MEASURES**

# Lessons learned and challenges

## **1. Moving forward universal health coverage**

- Health finance and investment in health and strengthening the public health system
- Strengthening primary care systems that covers all areas is an important basis
- Partner Networks Participation : Non-health sector, Non-government
- Monitoring progress and continuous development

## **2. Policy development from the bottom up**

## **3. Seeking alliances and cooperation networks**

## **4. Always be aware of new knowledge and changes.**

## **5. Use empirical evidence to inform policy and decision-making.**

## **6. The main goal is clear. “What benefits do people get?”**

## **7. Equality, Leaving no one behind.**







[www.nhso.go.th](http://www.nhso.go.th)

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