Universal Coverage experience of Thailand

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# Preparation Stage

<table>
<thead>
<tr>
<th><strong>Do</strong></th>
<th></th>
<th><strong>Don’t</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Do research</strong></td>
<td></td>
<td><strong>X</strong> Copy other countries</td>
</tr>
<tr>
<td>✔ Use local researcher</td>
<td></td>
<td><strong>X</strong> Implement by intuition, without evidence support</td>
</tr>
<tr>
<td>✔ Design according to Local context</td>
<td></td>
<td><strong>X</strong> Don’t trust consultant too much, do believe in your own evidence and political organizational culture</td>
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<tr>
<td>✔ Capacity strengthening of national health systems researchers</td>
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<td><strong>Conduct pilot projects</strong></td>
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<td>✔ To test the systems</td>
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<td>✔ Get more evidence from different contexts</td>
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<tr>
<td>✔ Evidence for implementation</td>
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### Financing (1)

#### Collecting

<table>
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<tr>
<th>Do</th>
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<tbody>
<tr>
<td>√ Compulsory SHI for formal private sector employee</td>
<td>X Voluntary insurance can never achieve UC</td>
</tr>
<tr>
<td>√ General tax for public servant and rest of population</td>
<td>X Out of pocket</td>
</tr>
<tr>
<td>+/- Earmarked tax</td>
<td>X Contributory scheme for informal sector: high cost to collect premium, difficult to enforce enrolment</td>
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## Financing (2)

<table>
<thead>
<tr>
<th>Pooling</th>
<th>Do</th>
<th>Don’t</th>
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<tbody>
<tr>
<td>√ Regional or National</td>
<td>√ Thailand choose national pool through general tax</td>
<td>X Too small population no enough risk sharing pool</td>
</tr>
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## Financing (3)

### Benefit package

<table>
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<th><strong>Do</strong></th>
<th><strong>Don’t</strong></th>
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<tbody>
<tr>
<td>✓ Comprehensive package: covers OP, IP, A&amp;E, P&amp;P, high cost, rehabilitation, dialysis, ART etc.</td>
<td>X Allow additional charges by providers for which results in two tiers services</td>
</tr>
<tr>
<td>✓ A small number of negative list e.g. cosmetic surgery</td>
<td></td>
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<tr>
<td>✓ Based on evidence of cost effectiveness</td>
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</table>
Financing (4)

Purchasing

**Do**

√ Close ended payment:
  √ For SHI: inclusive capitation for OP and IP,
  √ For UC scheme:
    √ Capitation for OP and prevention, health promotion;
    √ global budget + DRG for IP ,

**Don’t**

× Open ended payment: e.g. fee for service, per day of admission,
  × Stimulate supplier-induced demand
  × Fee for service with high copay results in household catastrophic health expenditure
Information Technology

Do

√ Harmonization of three public insurance schemes, as beneficiaries cross schemes
√ Beneficiary registration
√ Provider registration
√ Electronic transfer of funds
√ Strong ground DRG development
√ E-patient records
√ Maximize use of information and evidence for decisions

Don’t

X Implement UC using paper work transaction
Health Services Delivery

**Do**

√ Purchase services from a contractor network in particular district health systems (DH, HC)

√ Strengthen primary care as gatekeeper [budget holding for OP]

√ Develop comprehensive referral system

√ Private partnership through contractual agreement

**Don’t**

X Direct contact to tertiary care or specialist
Governance System

**Do**

- Enact a Law on National Health Security
- Purchaser provider split
- Multi-partner governance board,
- Evidence based culture
- Hotline for and transparent mechanism to handle complaints
- No-fault liability payment to compensate medical adverse events
- Balance interests between members and healthcare providers

**Don’t**

- UC scheme should not governed by bureaucratic Department
Enabling factors for Thai UC

1. Political commitment – policy agenda setting
2. Evidence based policy formulation
3. Existing functioning primary healthcare, close to client services, easy access by rural populations
   • Result in equitable utilization and benefit incidence
4. Government effectiveness in scaling up and sustaining UC scheme
5. High capacity on information systems: enabling monitor, evaluate and continued systems fine tuning
6. Champion of Thai UC
Dr. Sanguan Nittayarumpong

The first Secretary General of National Health Security Office