



***Financial Aspect of
Universal Health Coverage:
“Thailand’s experience”***

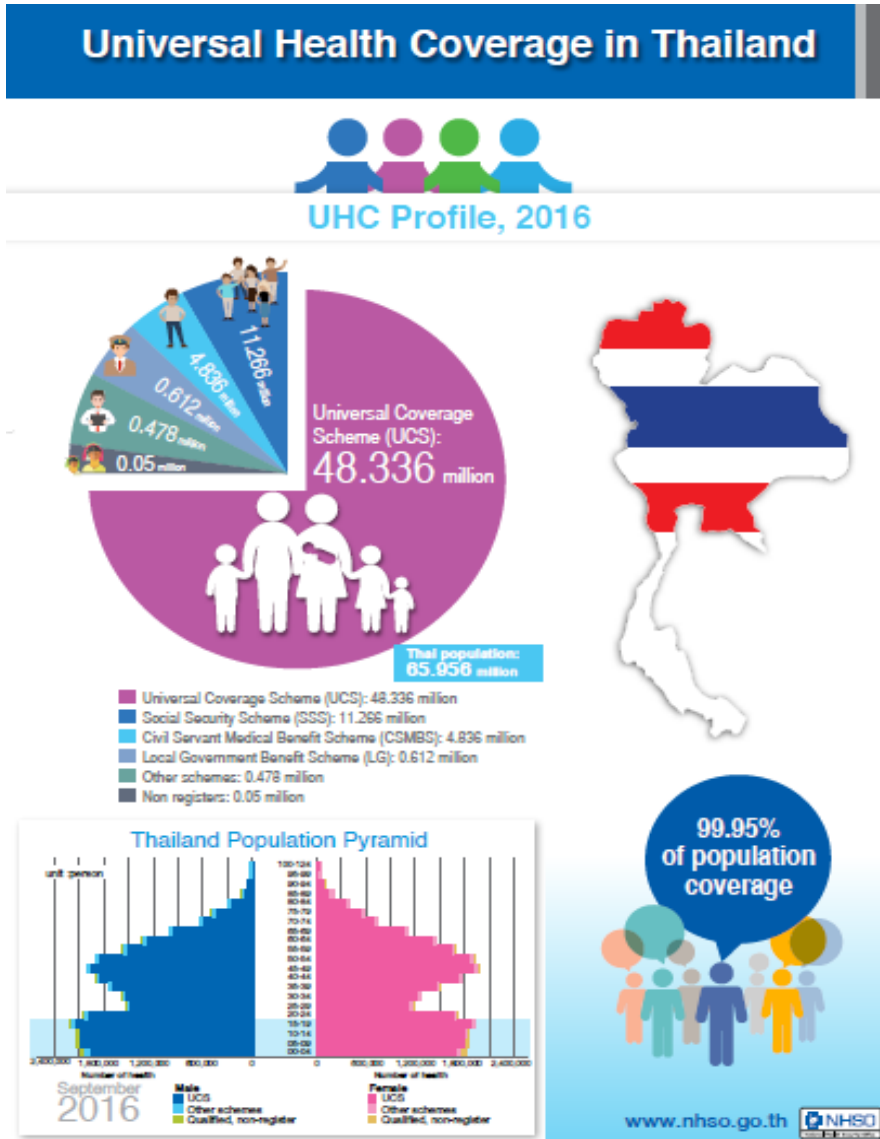
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Thailand**

Topics

- 1. Background**
- 2. Experiences in Thailand**
- 3. Success & Lesson learned**
- 4. Future Challenge & Conclusion**

Thailand: country profiles



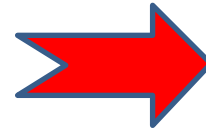
- Population – 65.956 million
- GNI 2015 US\$5,620 per capita , GINI 42.5
- **UHC achieved in 2002 under 3 schemes (2016 =99.95%)**
 - civil servants, social security, and UCS
- **Health status**
 - Life expectancy at birth 75 years (2012)
female 79 (2012) / male 71 (2012)
 - **IMR 20/1000 LB, MMR 30/100,000 LB**
 - Physicians per capita 5/10,000
 - **ANC & hospital delivery 99-100% (2009)**
- **Total Health Expenditure**
 - US\$300 per capita, 6% GDP
 - **Half from public , 14% of National budget**
 - Out-of-pocket 11.3% of Total Health Expenditure

More information:

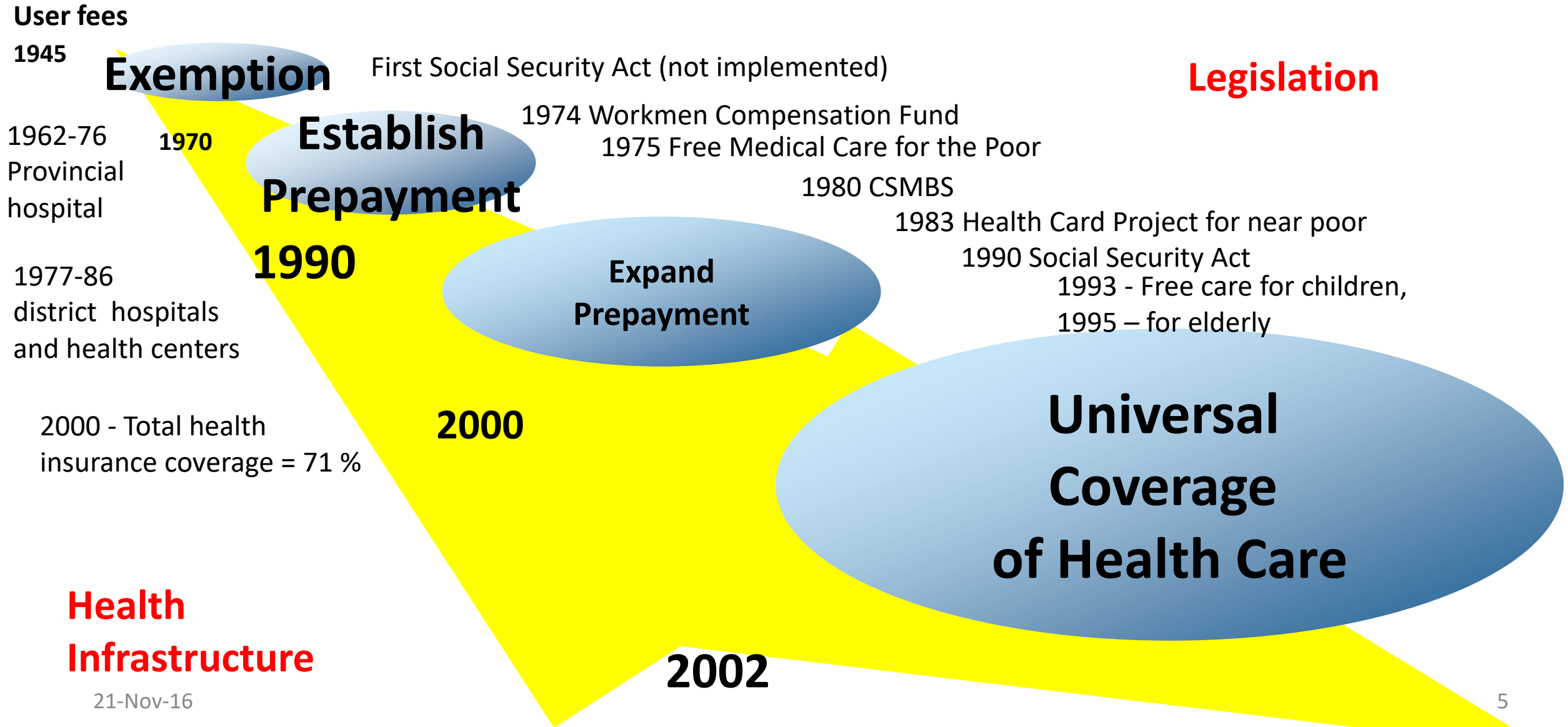
1. Thailand health profile, <http://www.moph.go.th/ops/thp/thp/en/index.php>
2. http://www.who.int/gho/publications/world_health_statistics/2014/en/

Millennium Development Goals (MDGs) 2000-2015

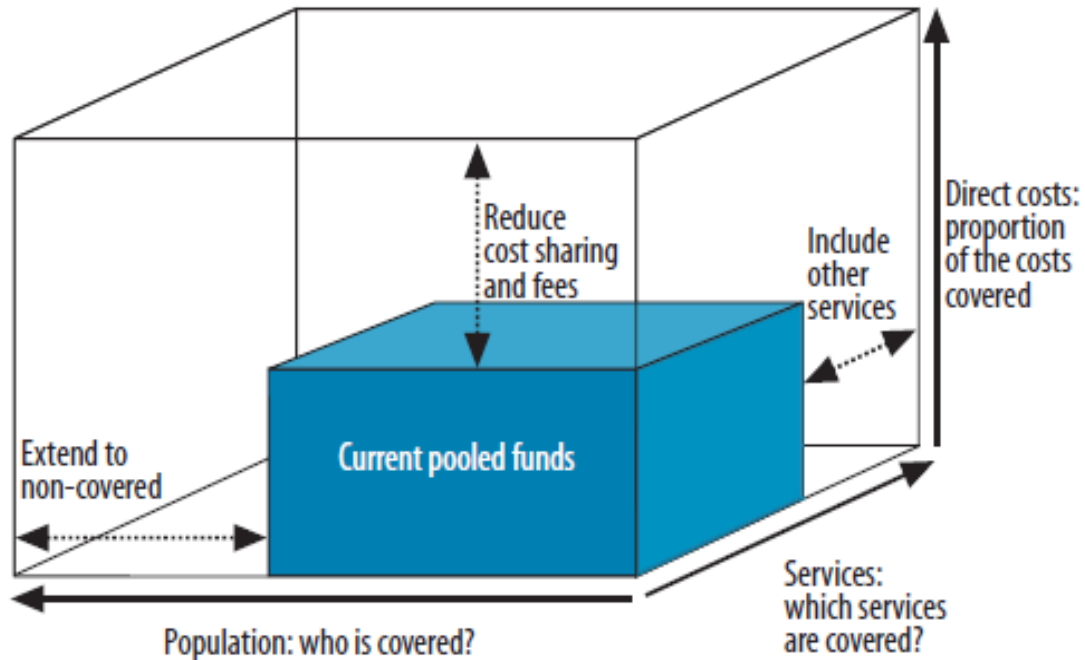
 <p>1 ERADICATE EXTREME POVERTY AND HUNGER</p>	 <p>2 ACHIEVE UNIVERSAL PRIMARY EDUCATION</p>	 <p>3 PROMOTE GENDER EQUALITY AND EMPOWER WOMEN</p>	 <p>4 REDUCE CHILD MORTALITY</p>
 <p>5 IMPROVE MATERNAL HEALTH</p>	 <p>6 COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES</p>	 <p>7 ENSURE ENVIRONMENTAL SUSTAINABILITY</p>	 <p>8 A GLOBAL PARTNERSHIP FOR DEVELOPMENT</p>



Thailand: Historical development

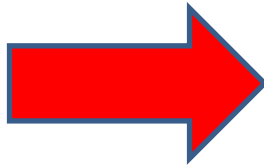
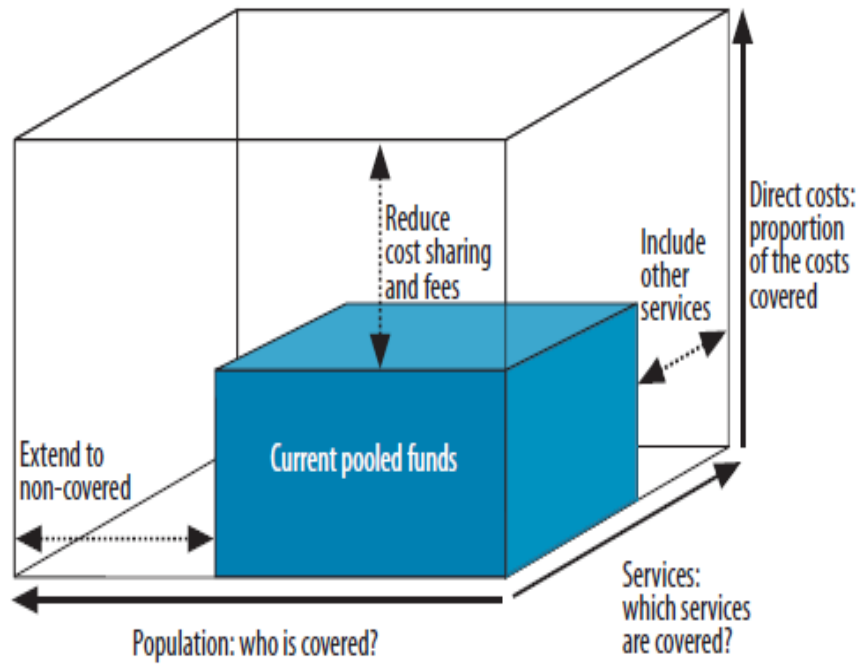


Thailand UHC cube, 2016



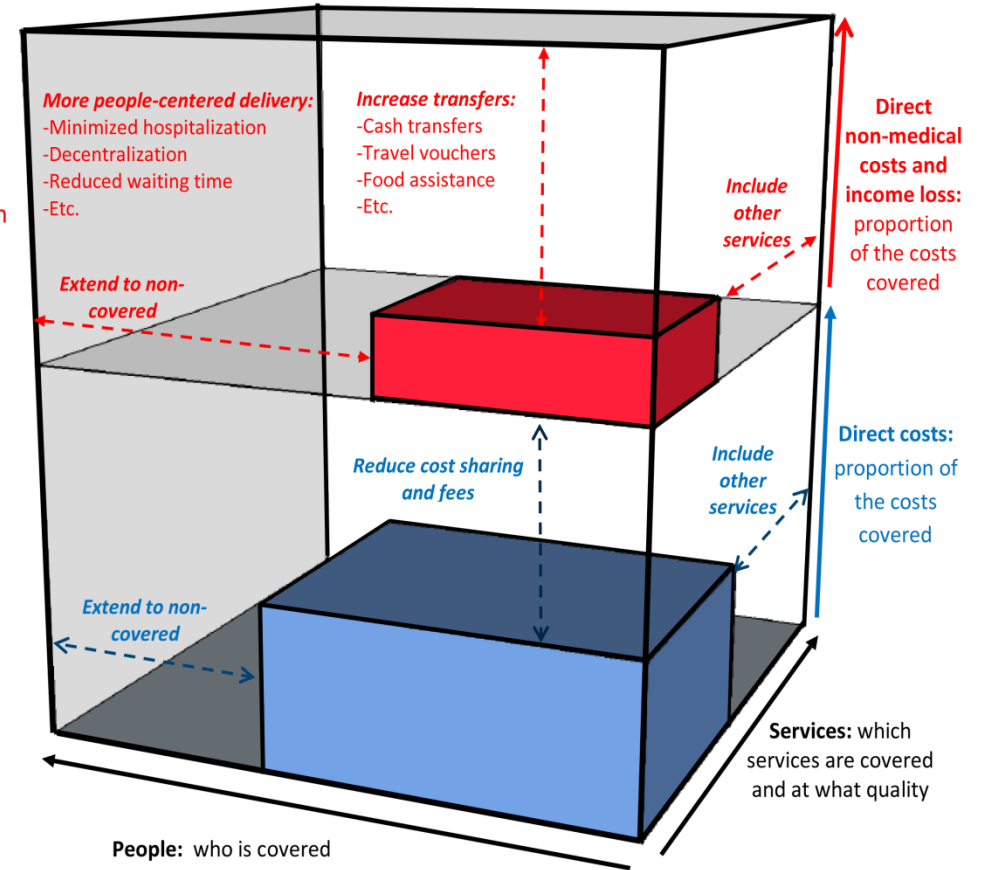
- X axis:
 - 99% of population coverage
- Y axis:
 - Free at point of services, very minimum OOP,
 - Low incidence of catastrophic health expenditure and health impoverishment
- Z axis:
 - Extensive comprehensive package, small exclusion list, almost all high cost interventions covered

http://www.who.int/health_financing/strategy/dimensions/en/



Social protection

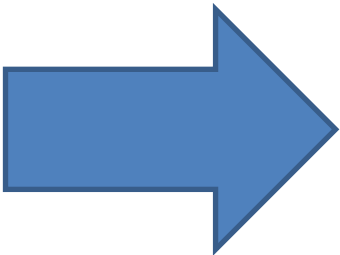
Universal health coverage



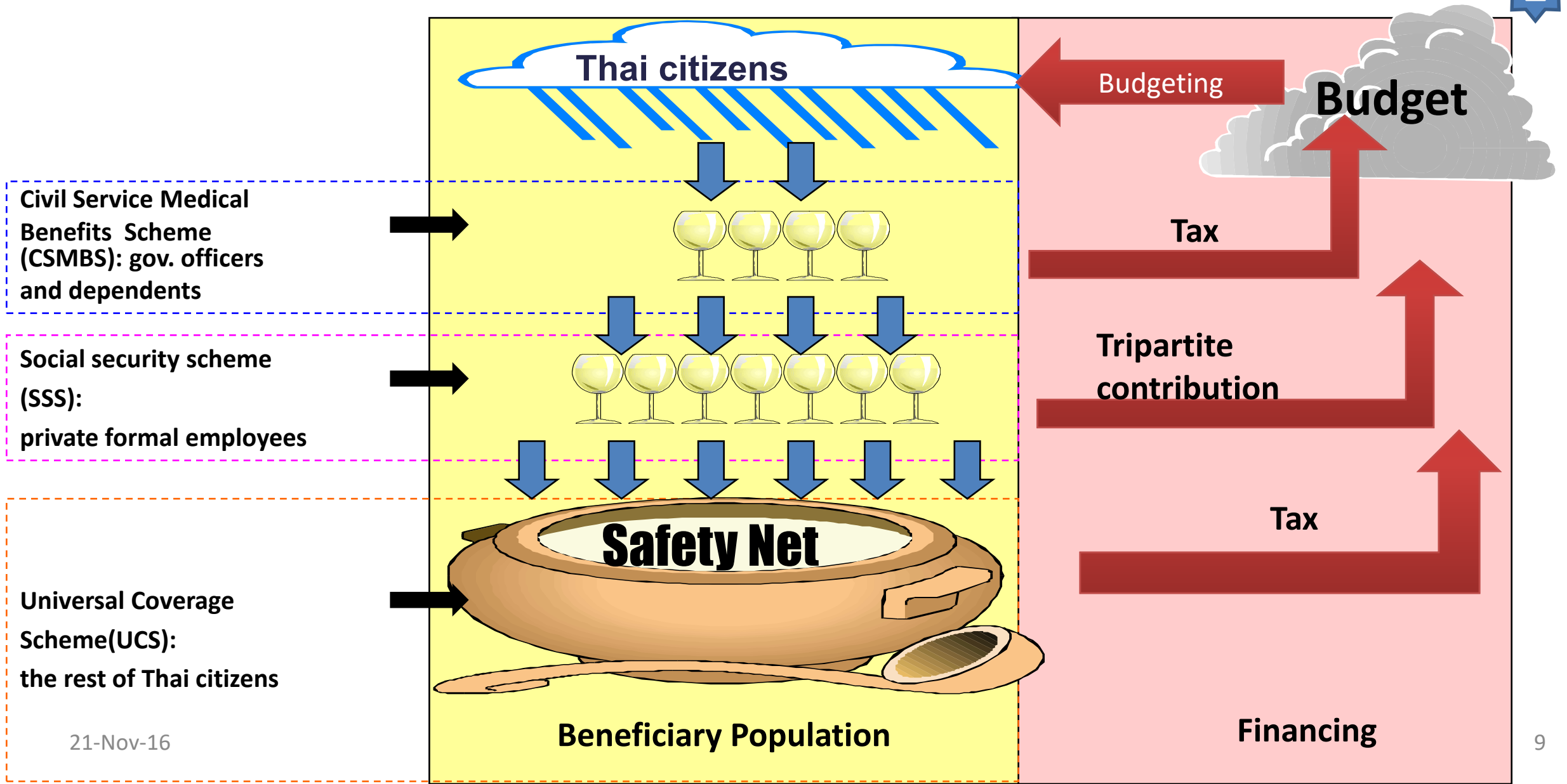
<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001693>

Z-axis to solve Health Needs or Effective Coverage

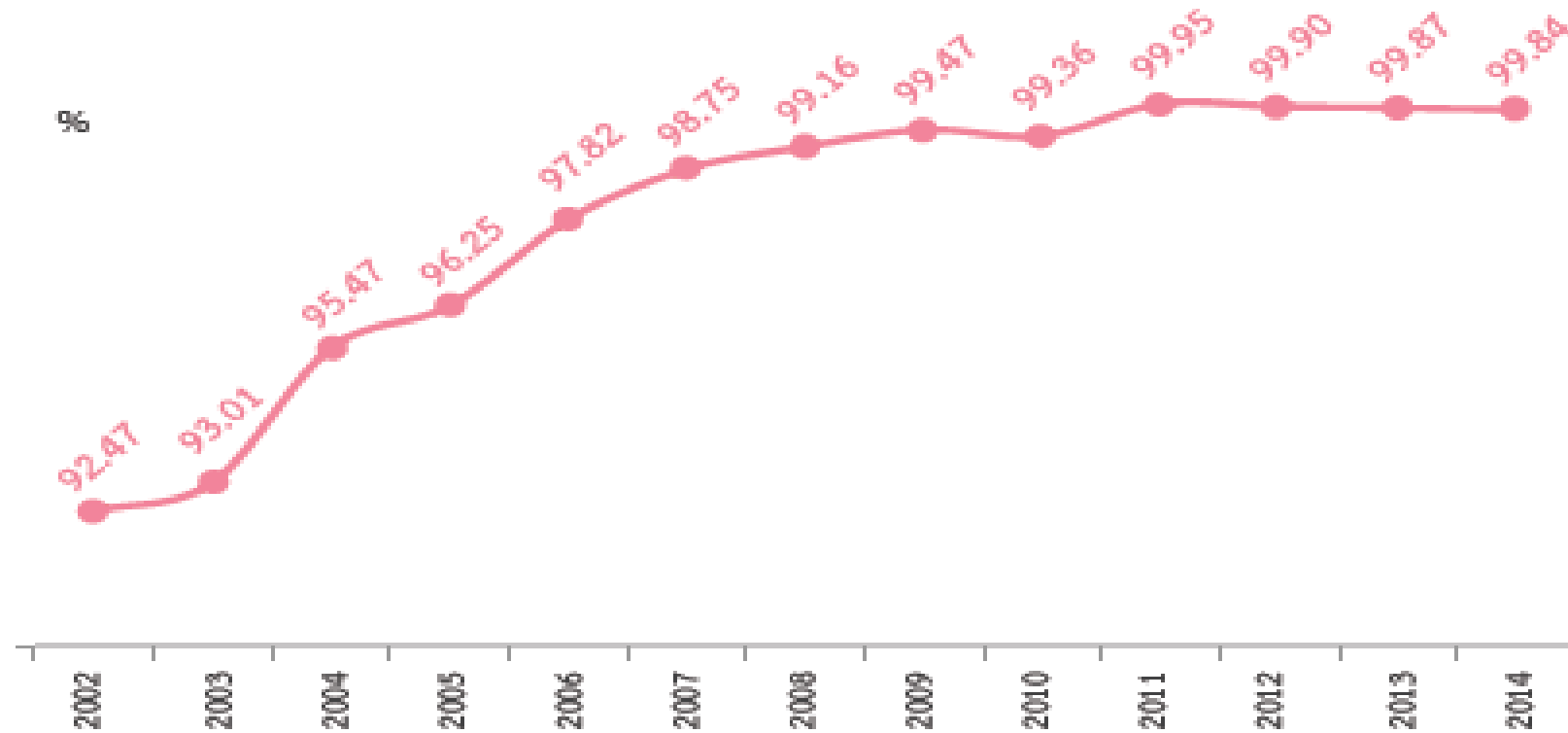
Z axis:
Extensive comprehensive package, small exclusion list, almost all high cost interventions covered



Dynamics of health insurance status and budgeting flow in Thailand



Population Coverage

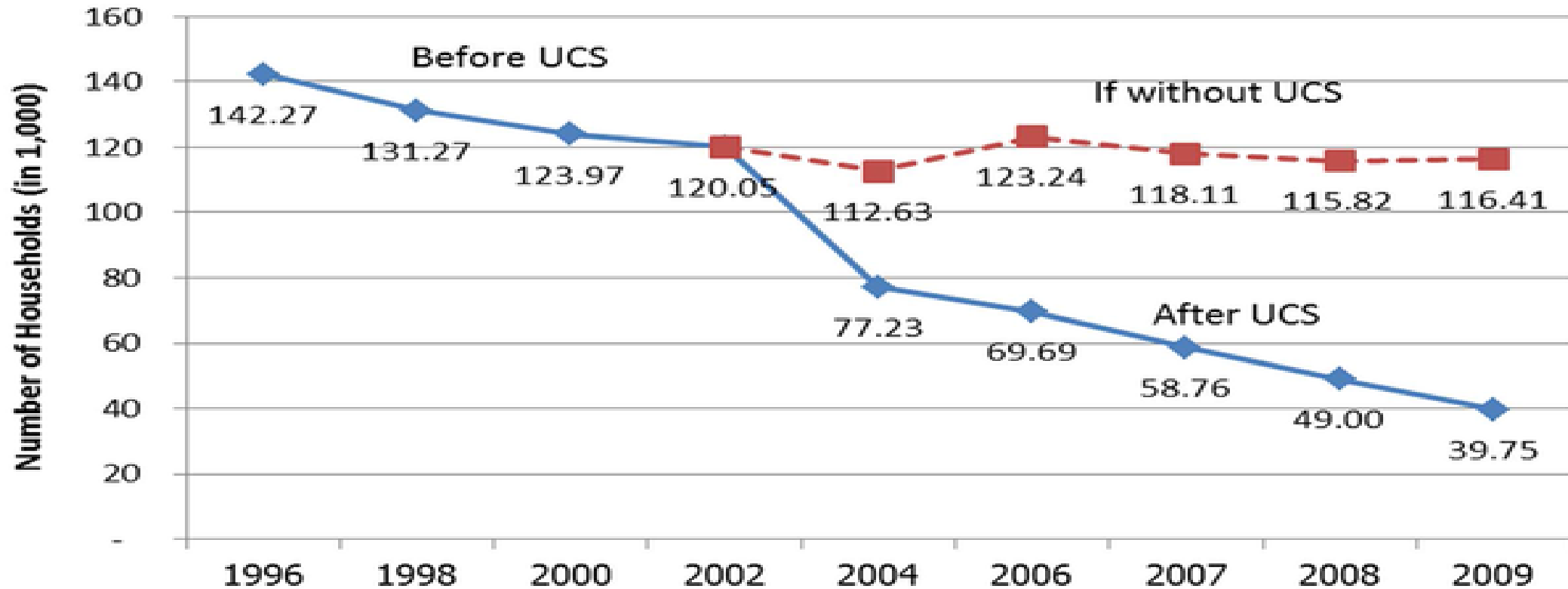


Source: Bureau of Registration Administration, NHSO

Table 3 The number of Population in Thailand classified by health insurance status, FY2002 - 2014

Health financial protection

Number of households prevented from medical impoverishment.



Tangcharoensathien V, Limwattananon S, Patcharanarumol W, Thammatacharee J (2014) Monitoring and Evaluating Progress towards Universal Health Coverage in Thailand. PLoS Med 11(9): e1001726. doi:10.1371/journal.pmed.1001726
<http://journals.plos.org/plosmedicine/article?id=info:doi/10.1371/journal.pmed.1001726>

Expansion of Benefit Package under UCS – evidence based policy decision

2016: Long term care for elderly, Chronic Psychiatric pt. in community

2015: Any CD 4 to Anti Retroviral Therapy

2012: Liver (Age <18) & Heart transplant

2011: NCD Secondary Prevention

2008: Renal Replacement Therapy [PD First Policy, Haemo-dialysis & Kidney Transplant

2007: Thai Traditional Medicine (TTM)

2005: Anti Retroviral Therapy for HIV/AIDS

2004: Rehabilitation fund for disability group

2003: Cataract surgery to reduce long waiting list & bargaining price of lens

2002: OP IP Prevention & Health Promotion, EMS, capital replacement

OP & IP Utilization Rate

Figure 22 The number of out-patient visits and utilization rate per person per year of the UCS scheme, FY2003 – 2014

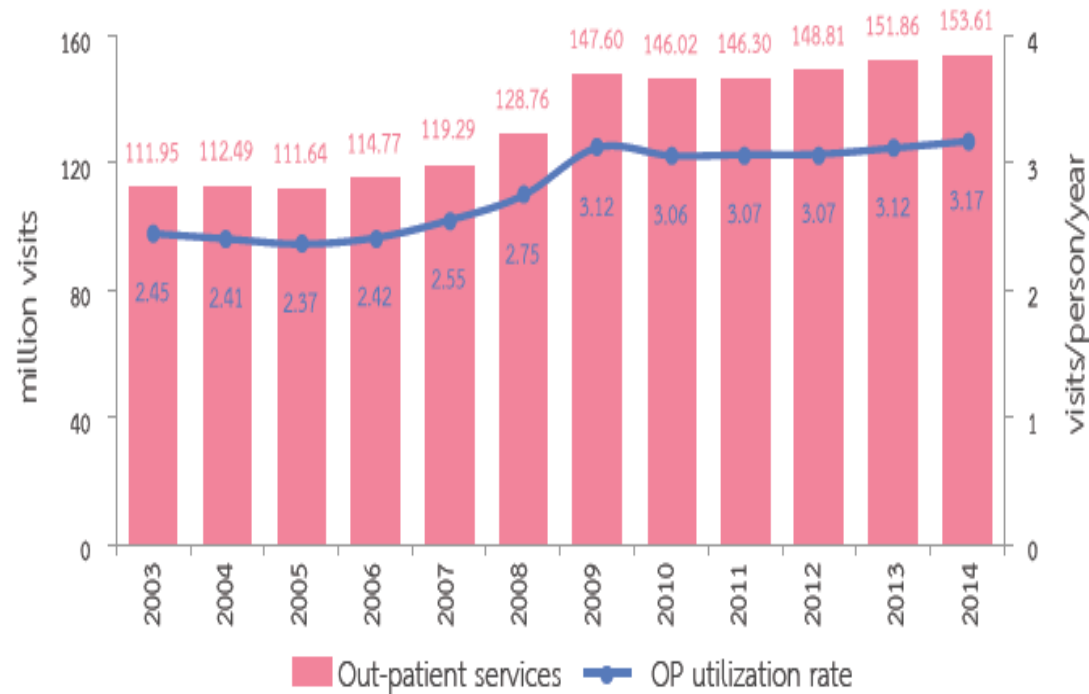
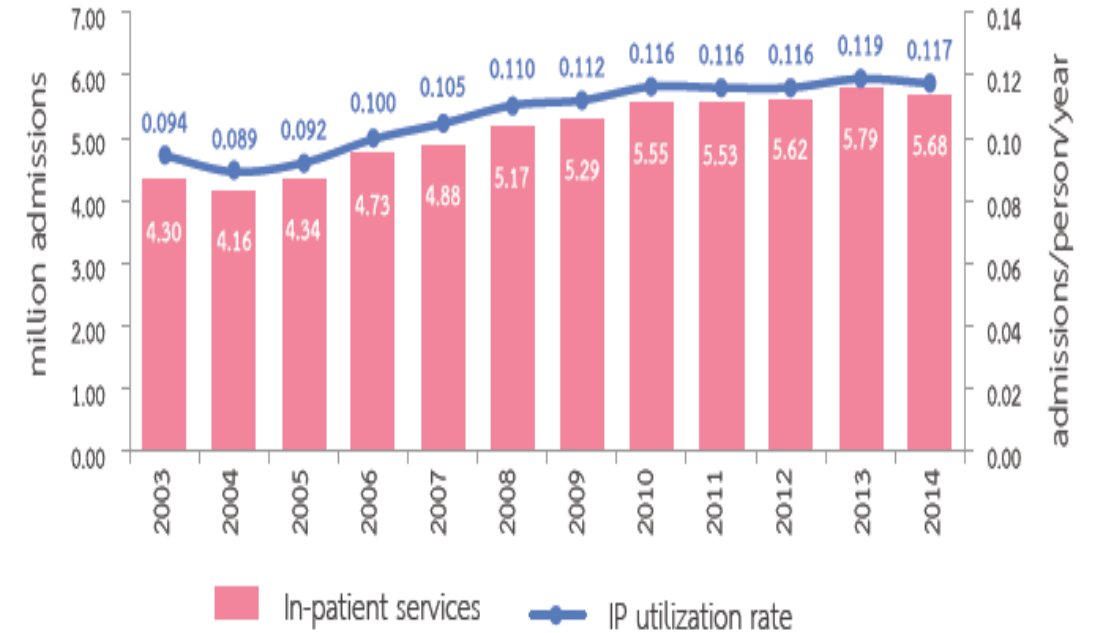


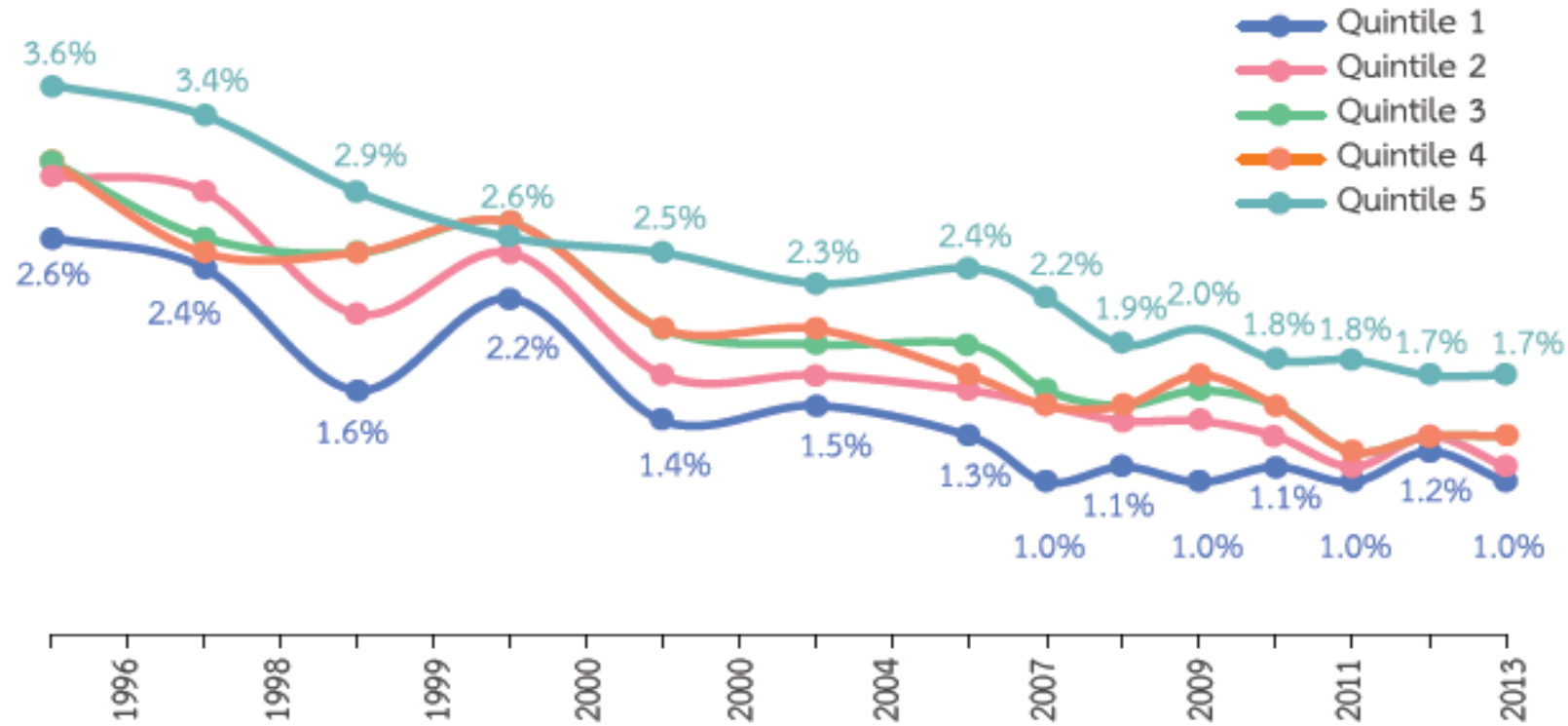
Figure 24 In-patient services under the UCS scheme, FY2003 – 2014



Source: In-patient data, NHSO, December 2014

Equity

Figure 16 Percentage of household health expenditure to the overall household expenditure classified by income groups, FY1994 – 2013



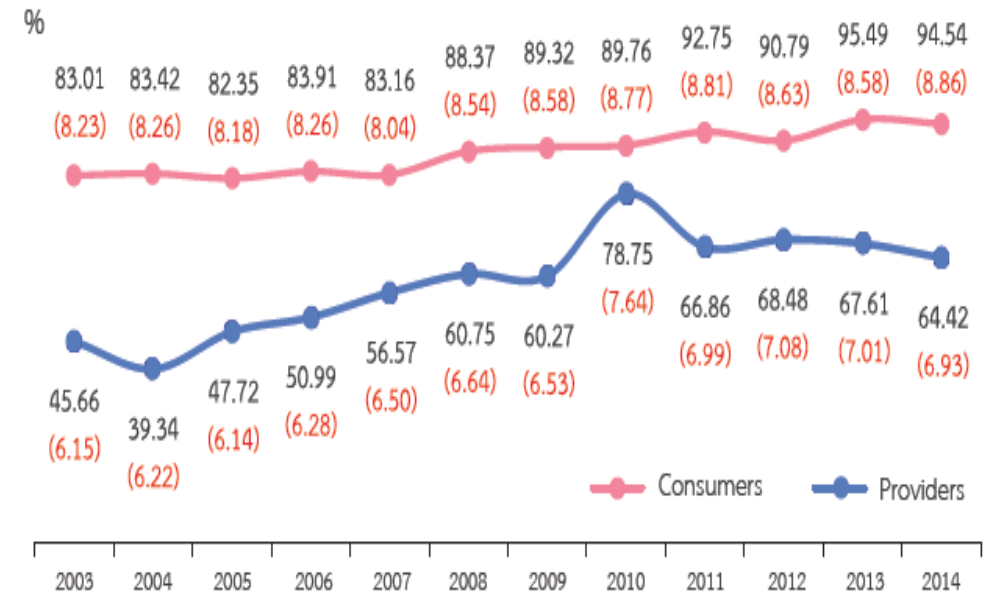
Quality

Figure 3 Percentage of UCS registered hospitals classified by level of accreditation, FY2003-2014



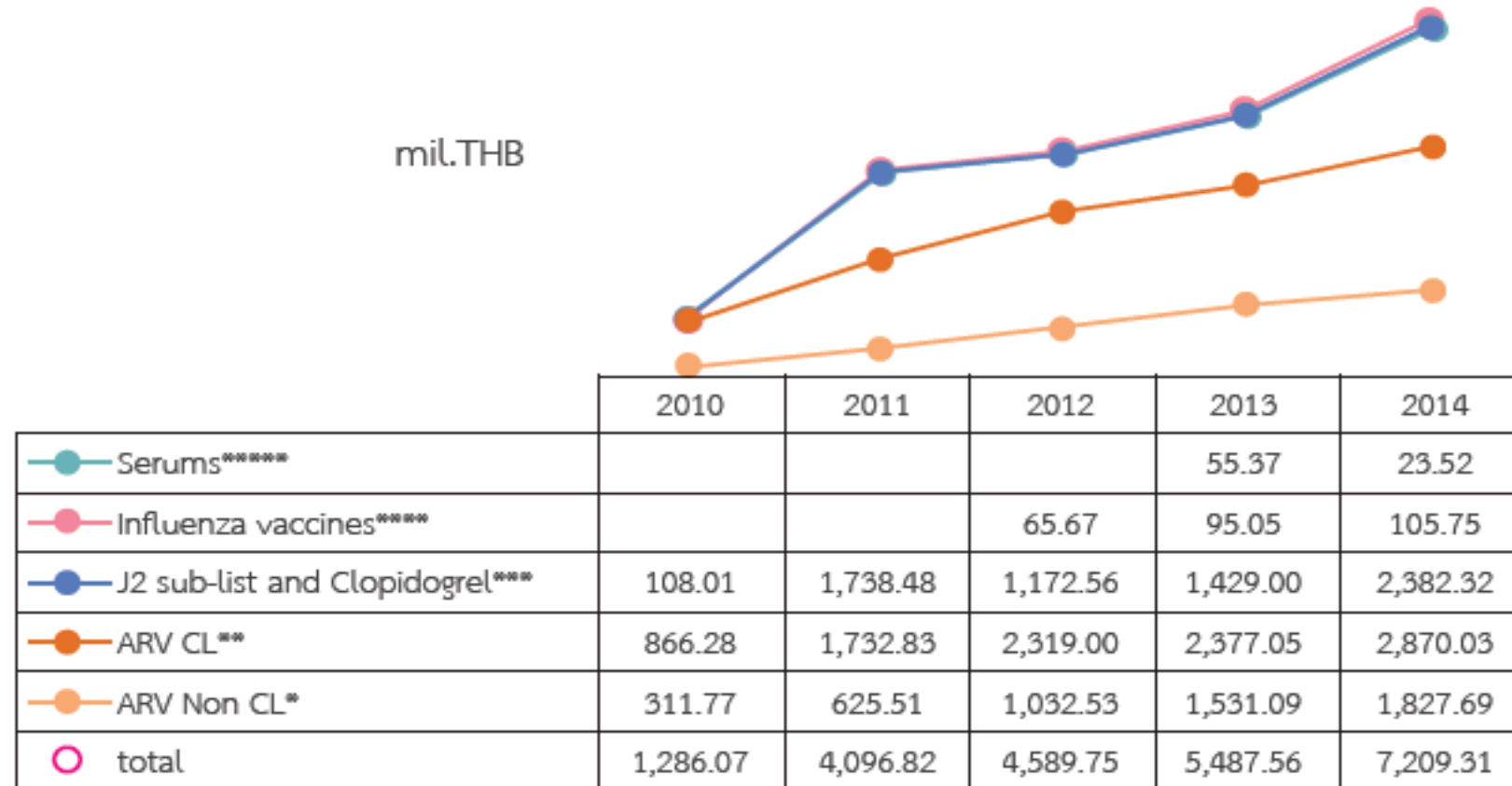
HA complete 45.09% . No PHC Accreditation

Figure 75 The percentage of respondents satisfy at level 6 or more and average satisfactory score, FY2003-2014



Cost containment

Figure 46 Value of government budget saved from central management on specific drugs, FY2010 – 2014



Health expenditure increasing trend

Figure 7 National Health Expenditure, FY1994 – 2012

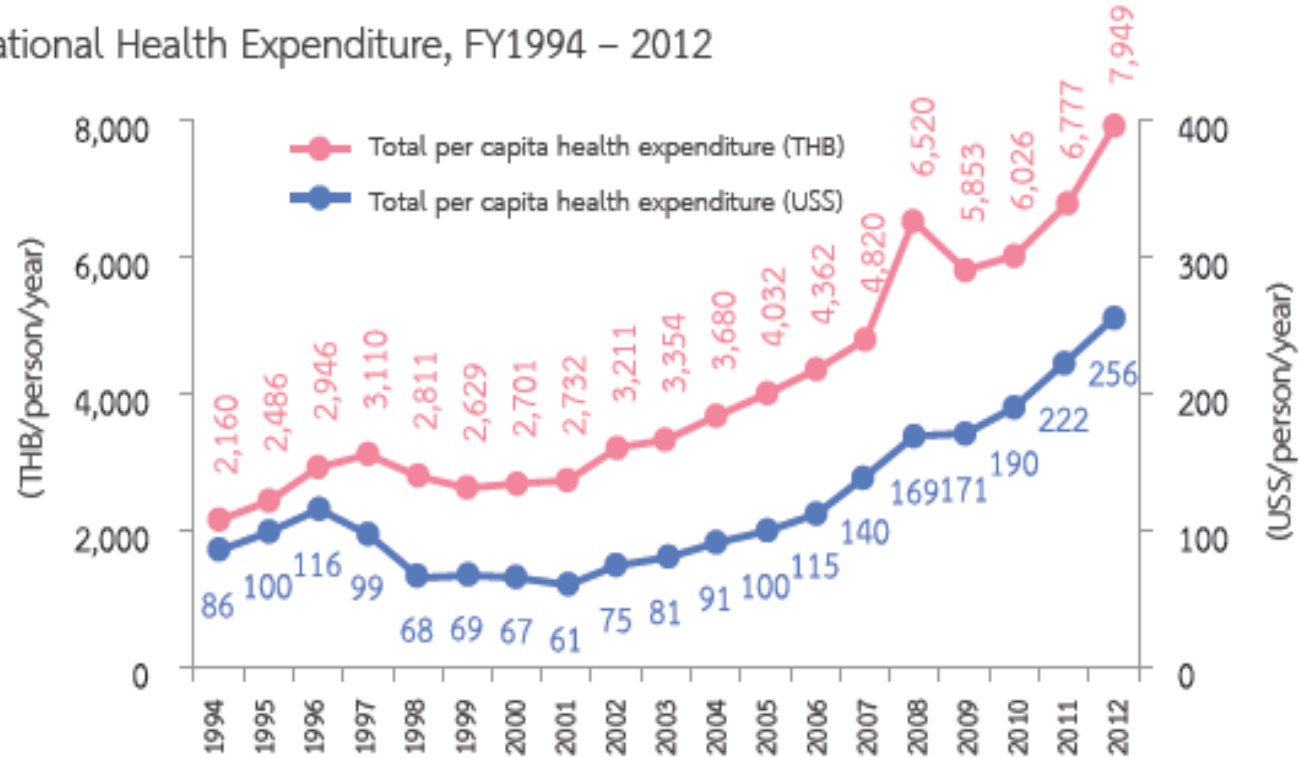
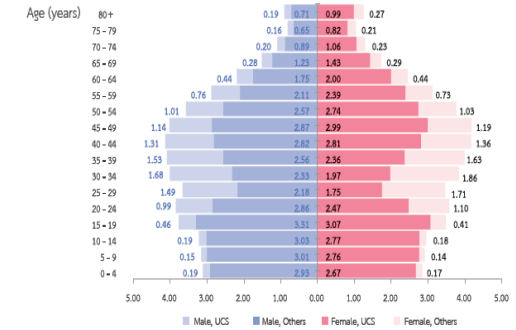


Figure 11 Proportion of population of the UCS and other government schemes classified by gender and age group, FY2014

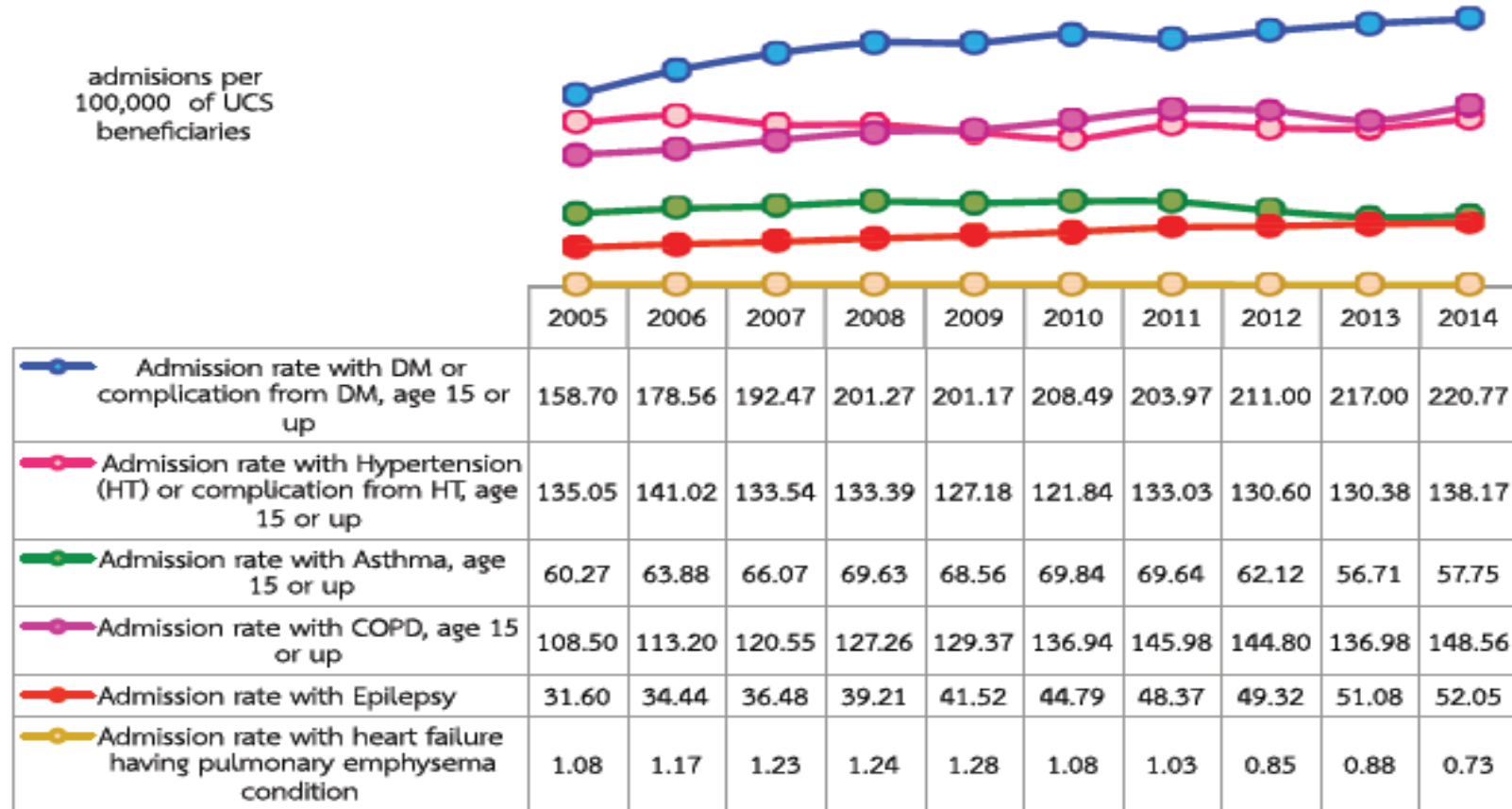


Source: Bureau of Insurance Information Technology, NHSO

Source: National Health Account FY2002-2012, International Health Policy Program (IHPP), Ministry of Public Health, Thailand

Ambulatory Care Sensitive Conditions (ACSC)

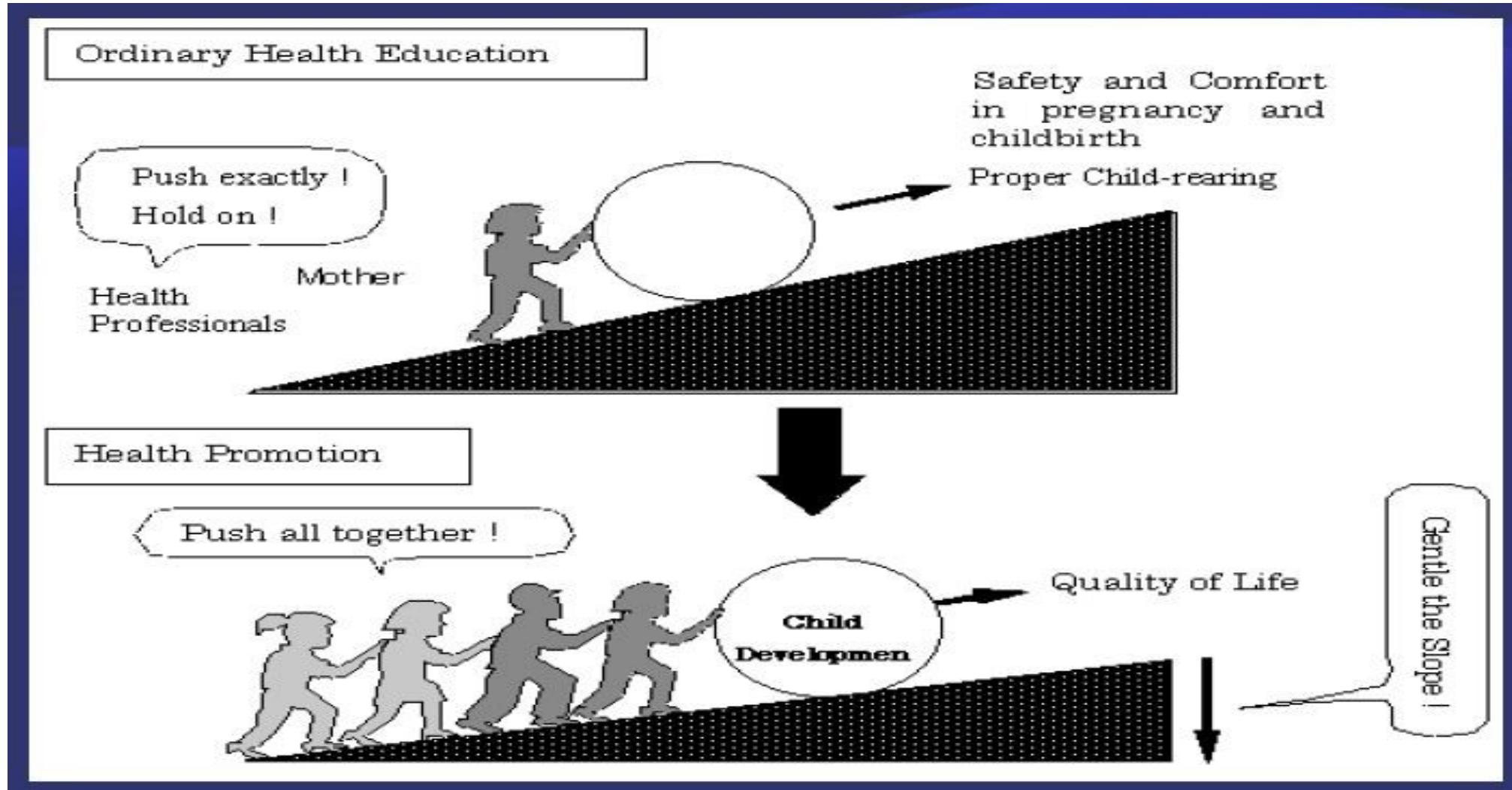
Figure 54 Admission rate of the UCS scheme with ACSC conditions of chronic diseases, FY2005-2014



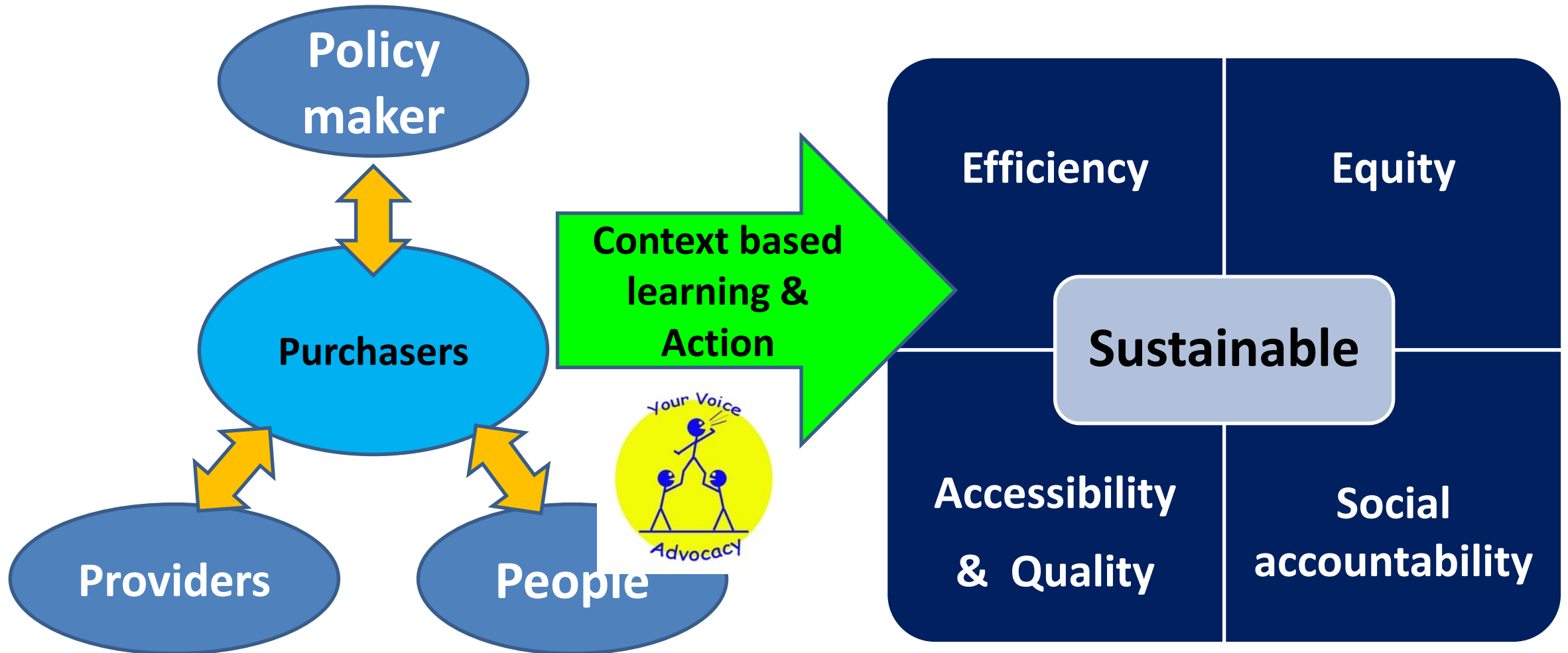
Future Challenge

- Preparedness for **economic bust or crisis** : UCS relies on tax financing is sustainable?
- Importance of **sustaining institutional capacities** to generate evidence for policy formulation
- **Conflict role of MOPH** (Regulator & Providers)
- **Health workforce** : the most critical asset in overcoming any future difficulties
- **Demographic transition** and long term care policies (financing and care provision)
- Health protection for **non-Thai citizen**: a new agenda (labor migrant :legal & Illegal) → **ASEAN Issue**

For UHC , NCD → SDG Challenges



Conclusion



Thank you for you attention

Terima kasih atas perhatian Anda

