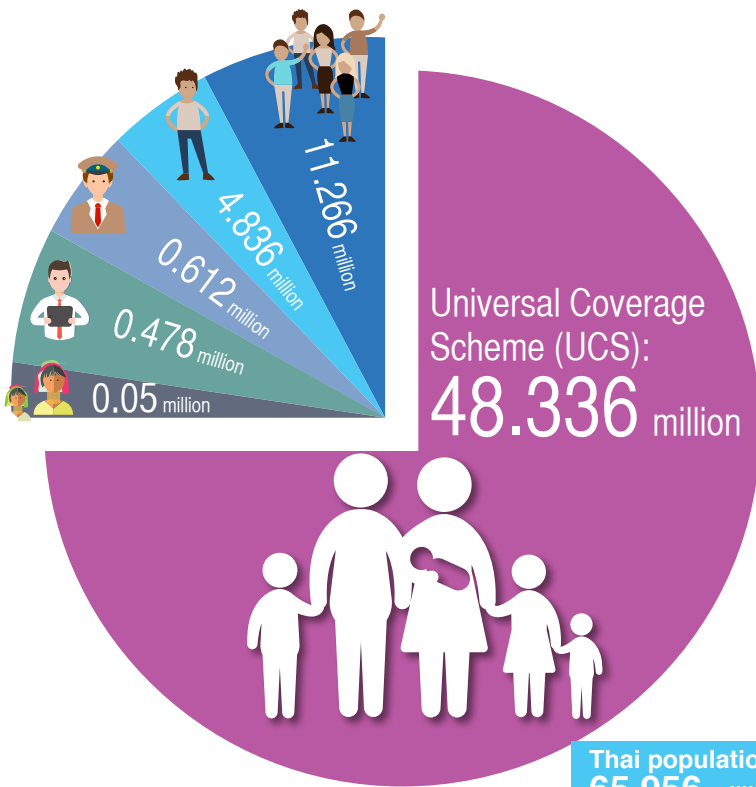


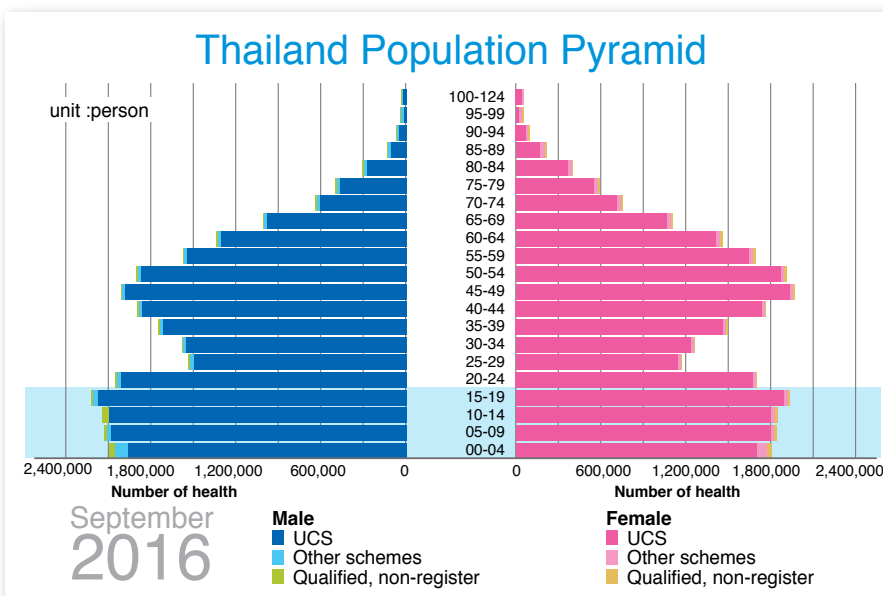
Universal Health Coverage in Thailand



UHC Profile, 2016



- Universal Coverage Scheme (UCS): 48.336 million
- Social Security Scheme (SSS): 11.266 million
- Civil Servant Medical Benefit Scheme (CSMBS): 4.836 million
- Local Government Benefit Scheme (LG): 0.612 million
- Other schemes: 0.478 million
- Non registers: 0.05 million

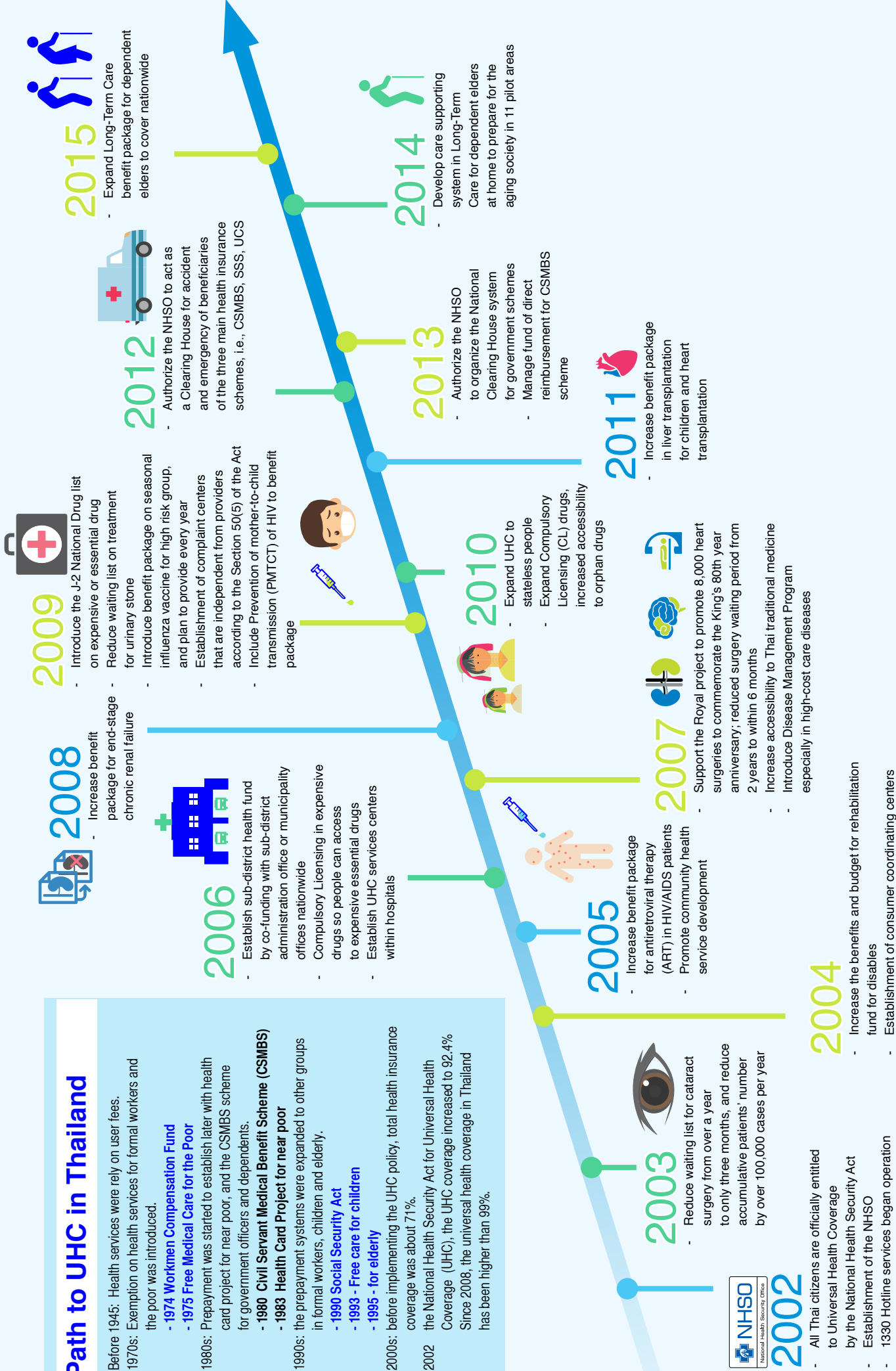


99.95%
of population
coverage



Path to UHC in Thailand

- Before 1945: Health services were rely on user fees.
- 1970s: Exemption on health services for formal workers and the poor was introduced.
 - 1974 Workmen Compensation Fund
 - 1975 Free Medical Care for the Poor
- 1980s: Prepayment was started to establish later with health card project for near poor, and the CSMBS scheme for government officers and dependents.
 - 1980 Civil Servant Medical Benefit Scheme (CSMBS)
 - 1983 Health Card Project for near poor
- 1990s: the prepayment systems were expanded to other groups in formal workers, children and elderly.
 - 1990 Social Security Act
 - 1993 - Free care for children
 - 1995 - for elderly
- 2000s: before implementing the UHC policy, total health insurance coverage was about 71%.
- 2002 the National Health Security Act for Universal Health Coverage (UHC), the UHC coverage increased to 92.4%. Since 2008, the universal health coverage in Thailand has been higher than 99%.



Child Protection under UHC in Thailand



Child protection in Healthcare

Comprehensive health benefit package for all age groups including children covers Outpatient, Inpatient, Accident & Emergency high cost care, with a minimum negative list

Healthy Children for better Adults

“Children are a high priority group to ensure quality and adequacy of health services according to UHC strategies, 2017 – 2021.”



Before birth

Women and maternal care to promote maternal and child health

- Screening for Thalassemia: 92%
- maternal mortality rate 27.5 per 100,000 live births
- 54% of women attended at least 5 times for antenatal care during pregnancy
- 57% attended the first visit of ANC within the first 12 GA
- Birth delivery rate of teenage pregnancy, age 15-19 years, UCS (per 1000 girls aged 15-19 years): 43.11%
- Prevention of mother-to-child transmission (PMTCT) of HIV
- New case of HIV/AIDS in newborn reduced to 11.5 case per 100,000 live births
- Reduce mother to child infection to 1.9% in 2015



Newborn

Stakeholder collaboration (Hospitals, district offices) to promote high-quality, continuous and well-maintained CRVS systems in order to provide a great number of benefits to all

- Birth Certificate and Birth registration to enable children to their right and security according to the law including health security

Results:

- Infant mortality rate (per 1000 live births): 8.57
- Birth asphyxia rate in UCS: 26.51%
- low birth weight (<2,500 grams) in UCS: 10.27%
- Fatality rate of low birth weight (<2,500 grams) within 28 days in UCS
- Neonatal deaths: 5 per 1,000
- Neonatal mortality rate (per 1000 live births): 6.7



Preventive & Promotive care

Include most of promotive care and screening, such as:

- Screening for Thyroid hormone deficiency
- immunization: BCG (Tuberculosis), MMR (Measles, Mumps, Rubella), DPT/OPV (Diphtheria, Pertussis, tetanus), JE (Japanese Encephalitis), Influenza vaccine etc.
- Oral health examination
- Routine growth monitoring

Stakeholder collaboration to promote consumer network participation to increase accessibility to healthcare of their families and children:

- Homeless network
- patient networks
- Autistic and disability network



Curative care

Comprehensive care with vertical programs for high cost care

- Antiretroviral Therapy (ART) in HIV/AIDS
- Liver transplantation
- Heart transplantation



Birth Registration Project in Thailand with UNICEF

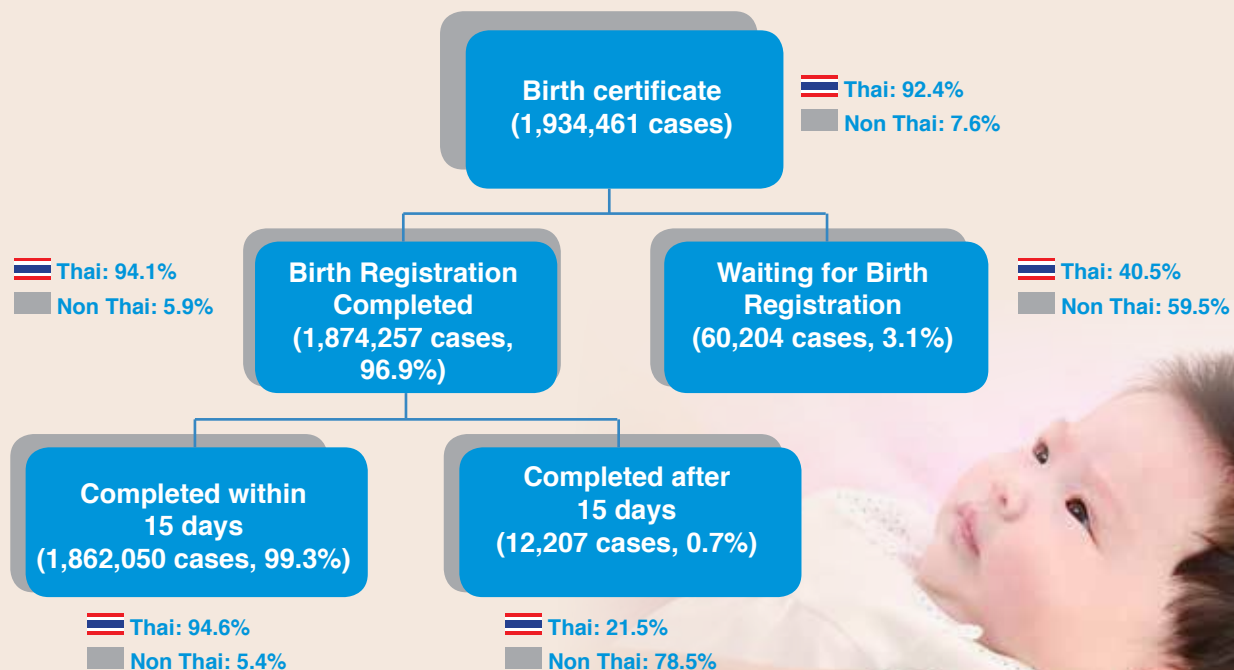
“Birth Certificates and Birth Registration” is a key strategy to enter to Universal Health Coverage to ensure that newborns will eligible to their rights including healthcare benefit package for All. Therefore, they will be able to access to healthcare as needed according to the law.

UNICEF worked with stakeholders in Thailand, i.e., the Department of Provincial Administration, Ministry of Interior, Ministry of Public Health, and the National Health Security Office (NHSO) to develop an online birth registration programme that links information on each child born in a hospital to the civil registration system. When this information is linked to the registration system, registrar officials immediately know and can track families that have not come to make a record their child’s birth or obtain a birth certificate. In 2009, the programme was piloted in 4 hospitals. The number of piloted hospitals was expanded to 44 and 534 hospitals in 2010 and 2012, respectively.

Currently, more than 800 hospitals nationwide are using the online birth registration programme.

Birth Registration project, August 2016

	Total*	%	Thai	non-Thai	Thai	non-Thai
Birth certificate	1,934,461	100%	1,787,802	146,659	92.4%	7.6%
Birth Registration	1,874,257	96.9%	1,763,426	110,831	94.1%	5.9%
waiting for Birth Registration	60,204	3.1%	24,376	35,828	40.5%	59.5%
Birth Registration within 15 days	1,862,050	99.3%	1,760,800	101,250	94.6%	5.4%
Birth Registration after 15 days	12,207	0.7%	2,626	9,581	21.5%	78.5%



*The total number of registration under the project since 2011

National Health Security Office (NHSO)

The National Health Security Office (NHSO)

The National Health Security Office (NHSO) is an autonomous public organization established by the National Health Security Act in B.E.2545 (A.D. 2002) to manage the Universal Coverage Scheme (UCS) for the rest of 48 million (75%) of Thai population who do not cover by other government schemes.



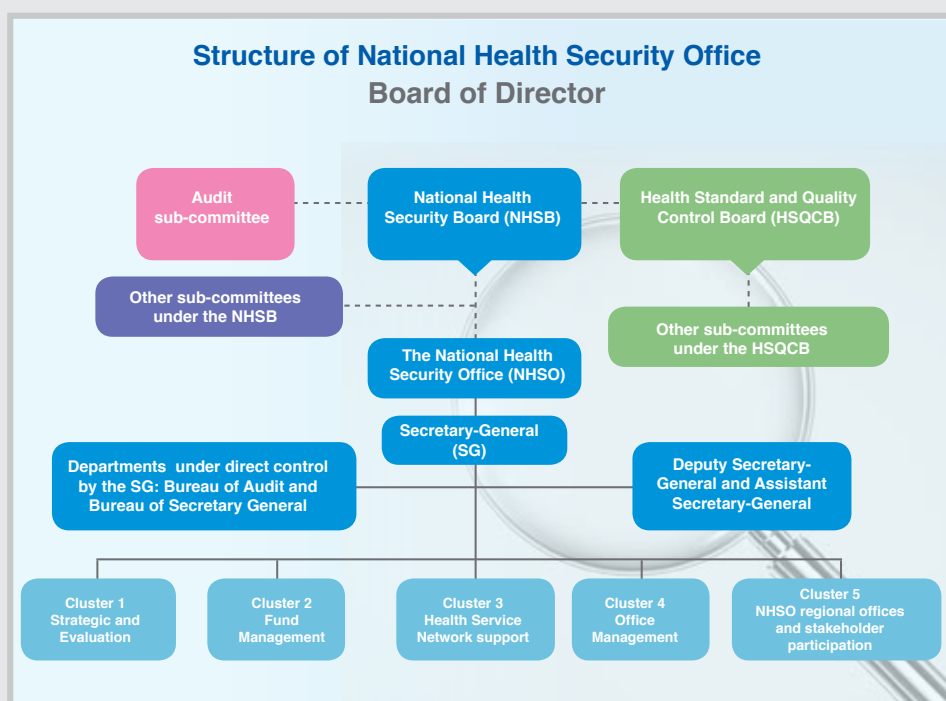
Vision:

“All residents in Thailand are assured under the universal health coverage”



NHSO has two governing national Boards, namely the National Health Security Board (NHSB) and the Health Standard and Quality Control Board (HSQCB). NHSB take a responsible for a policy setting and system development. In principle, the development of benefit packages, health care service standard, criteria for fund management and no-fault compensation as well as regulation frameworks for contracting providers are decided. Meanwhile, HSQCB will take a responsible for controlling, monitoring and supporting standard and quality of health care providers. Their responsibilities are also concerned about providing comments on standard fees for treatments, regulation no-fault liability payment and supporting public access to Universal Health Coverage information, including giving a response to consumer complaints.

On organization management, the NHSO's Secretary General plays the leader role of the organization and work with Deputy and Assistant Secretary General to manage 5 Clusters; Strategic and Evaluation, Fund Management, Health Service Network Support, Office Management and NHSO regional offices and stakeholder participation. On regional management, there are 13 regional NHSO offices take a responsibility for administering and monitoring the fund management. They will ensure a health security implementation is responding to the local health needs. In order to accomplish this goal, co-operation and participation of stakeholders in decision-making process and health-related activities are required.



Health Rights Protection Strategy



Ensure consumers' health rights

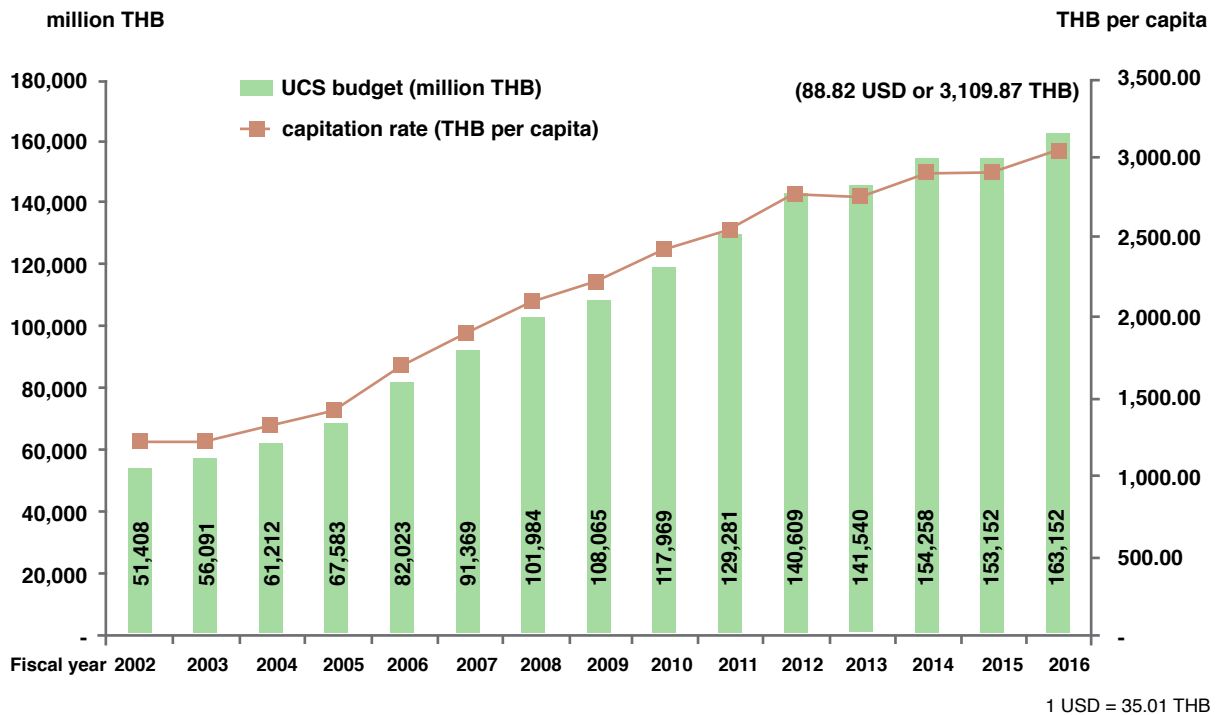


Access to quality health services



Protect their rights in health care complied to the law

Government budget for the UCS and ratio to the overall government budget, FY2003 - 2016



Benefit package of the UCS

UCS comprehensive package covers OP, IP, A&E, high cost care, with a minimum Negative list:

- Promotive and preventive care, e.g. antenatal care, delivery, family planning, The Expanded Programme on Immunization (EPI), Flu vaccine, etc.
- Curative services, including diagnosis, medicine, medical supplies, organ transplants and medical equipments; room and board, newborn and child care, Renal Replacement Therapy-RRT, Antiretroviral drugs-ARV;
- Rehabilitation: Physical and mental rehabilitation;
- Transportation: Ambulance or transportation for patients, disabled people
- accredited alternative medicines with an exclusion list of some services
- Other expenses necessary as decided by the Committee.

The Negative list:

1. Unnecessary services
 - Infertility services
 - Organ transplantation
 - Cosmetic surgery
 - Over diagnosis or treatment without medical indication
 - Services that are still in research
2. Services that are covered by the specific source of budget
 - Treatment for drug addicts
 - Services for injuries from vehicle accidents under the Protection for Motor Vehicle Accident Victims Act, B.E. 2535 (A.D. 1992)