

UHC System in Thailand: Achievement and challenges

Wuttichai lamduan
NHSO Thailand

Background on UHC

Situation Before the UC: Health Insurance System

- Multi-health insurance schemes covered 70% of population with different benefit packages, government budget subsidies and payment methods.

Scheme	Low Income Card (LIC)	Civil Servant Medical Benefit Scheme(CSMBS)	Voluntary Health Card (VHC)	Social Health Insurance (SHI)
Introduced in	1975s	1980s	1983s	1991s
Target beneficiaries	Poor, elderly, children under 12 years,	Govt employees & dependents, retirees	Non-poor, predominantly rural	Private sector employees:
Pop Coverage	32%	32%	20%	7%
Funding	Govt budget	Govt budget	Govt budget and household	Payroll contribution, Tripartite
Payment to health facilities	Budgeting	Fee-for-service, reimbursement	Budgeting	Capitation

Thailand: UHC achieved in 2002 (16 year ago)

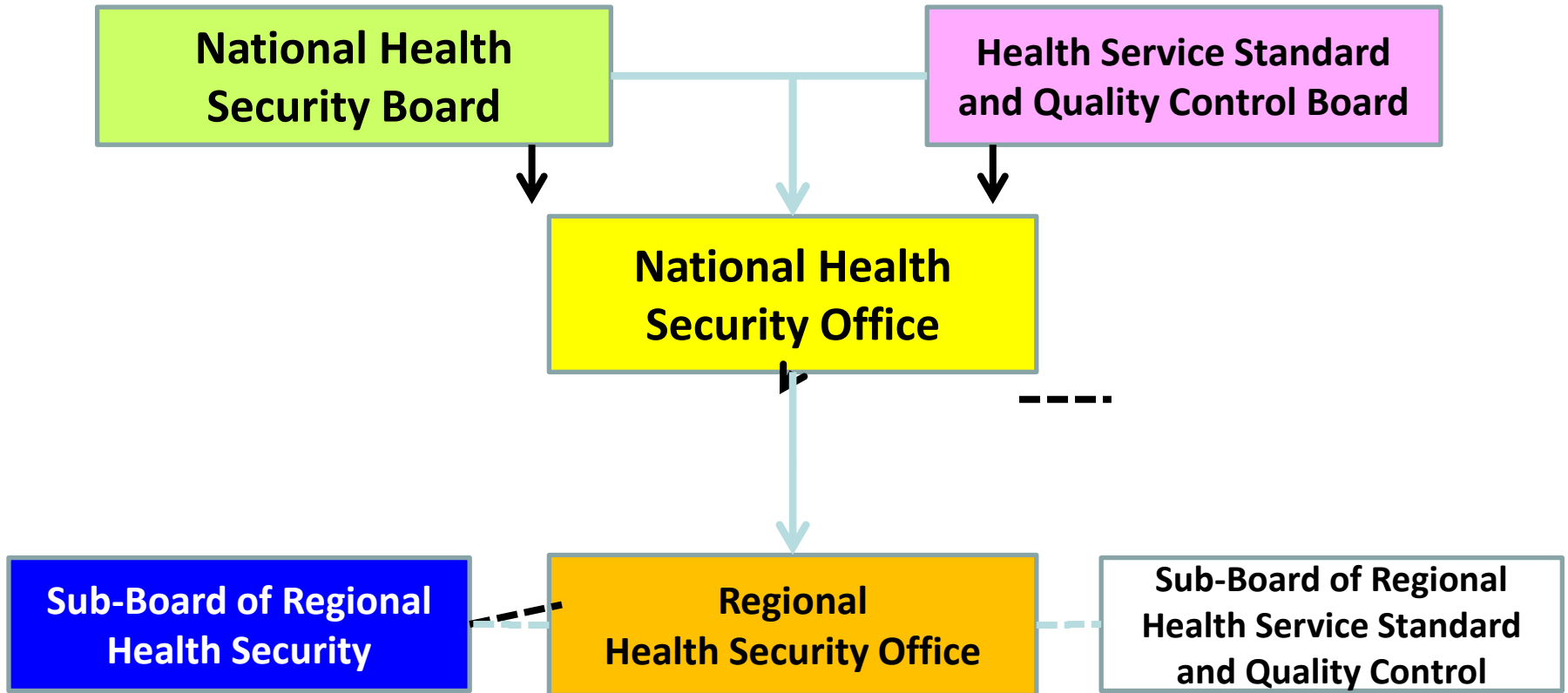
- **UC Scheme:**

- Managed by National Health Security Office(NHSO)
- Under the supervision and control of the National Health Security Board, chaired by Minister of Public Health

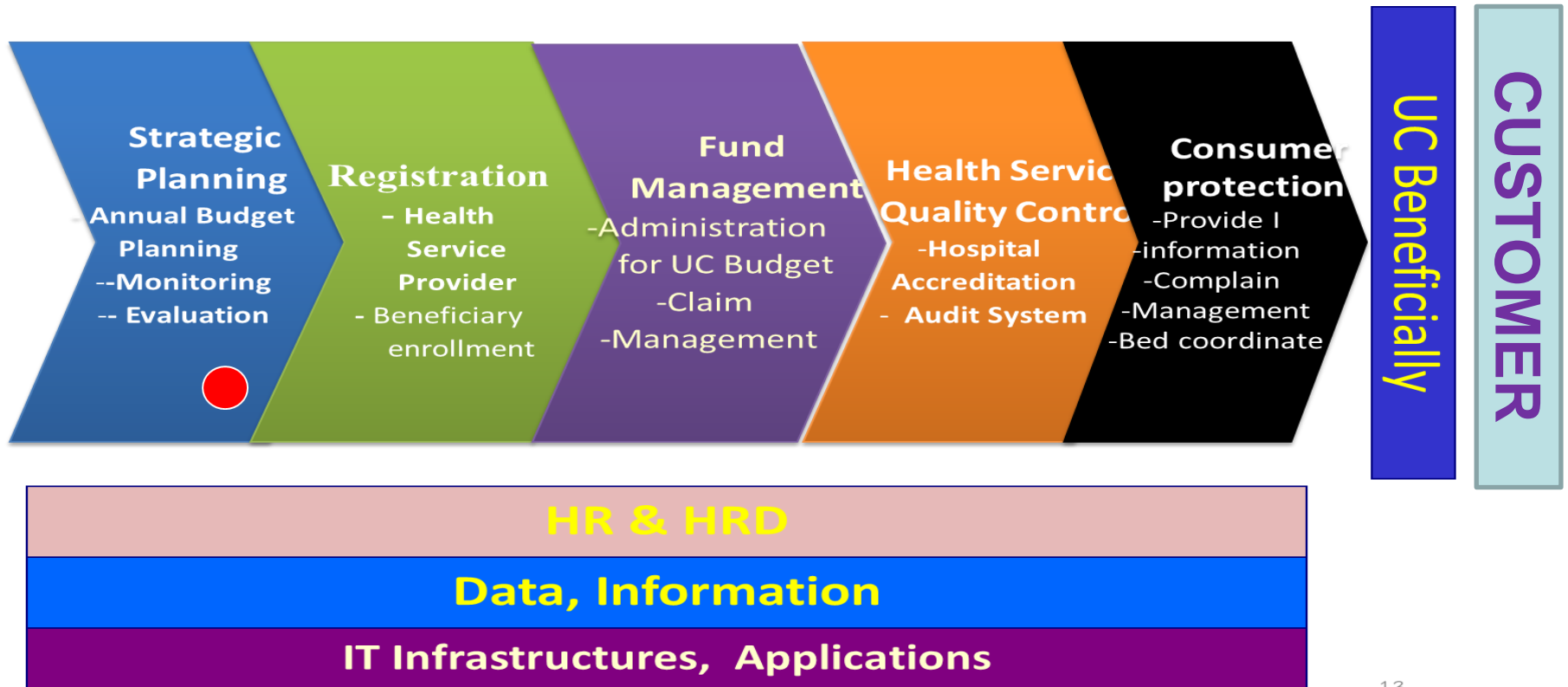
- **Goals:**

- Ensure the member can access to effective health care services when needed
- Provides effective protection impoverishment or catastrophic illness expenditure of beneficiaries' household

Governance Structure of National Health Security Office (NHSO)



Core Business of UCS



NHSO responsibilities

- 1) Administrative work of NHSB and HSQCB
- 2) Assessment of health need, service delivery system, accessibility and service utilization of UCS beneficiaries.
- 3) Registration of beneficiaries, service providers and their networks.
- 4) Management of the fund
- 5) Claim processing and paying health provider.
- 6) Monitoring provider behavior and quality of services provided and enable access to complaint channel.

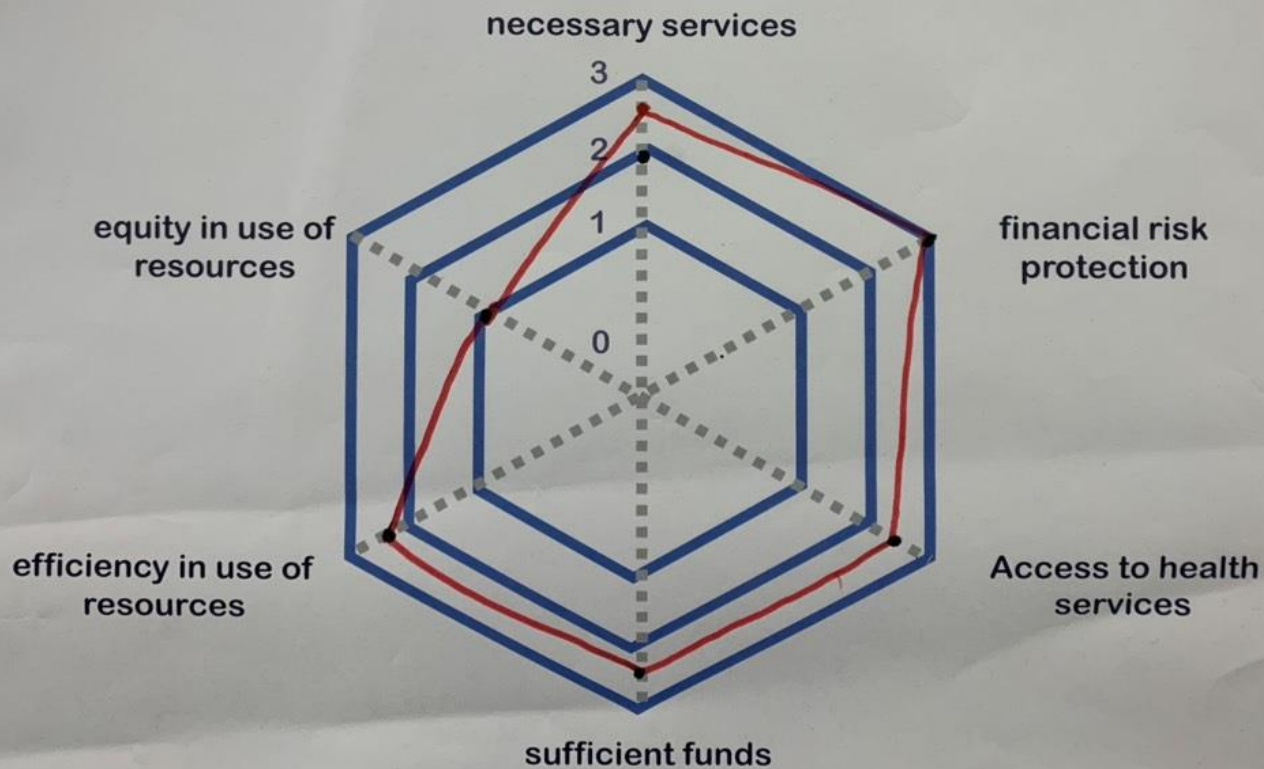
Regional Health Security Offices



Current Situation in UHC

Where is my country in its response to promoting UHC?

Country: Thailand



Challenges in UHC

1. Long term financial sustainability

S: Health care expenditure = 4.1%GDP

W :The government pay 80% of health care expenditure

O: Medical hub

T : ASEAN Community

2. Harmonization of the three main schemes is challenging as individual fund has its' own legal framework and governing board

S: Good governance system

W: There are many differences between each other scheme

O : Increase demand for health care

T : Advance medical technology

3. Demographic change : Aging society

S : LTC Fund enact 2016

W : No direct responsibility

O: Have care manager & care giver

T : Completely increase aging society pop
>=65 yo = 18% & low birth rate

Share Idea

- UHC does not mean only ‘financial protection’ but more on ‘universal (equitable) access to comprehensive essential quality health services’
- Achievements and sustainability of UHC depend more on **the committed spirits of the health workers, the ownership by the people, and the good governance systems** than the money
- UHC is context specific – learn from others and adapt but not copied

Lessons learned Applicable

1. Health Insurance Claims & Reimbursement

Service is Important to apply to medical audit

- Reflect good governance
- Ensure transparency and quality
- Verify correctness of reimbursement
- Strengthen accuracy of medical record keeping

2. LTC insurance is Important to apply to decide long-term copayment

THANK YOU



ขอบคุณคุณหมอ...ขอบคุณพยาบาลพี่ต๋องเดี๋ยว :
รวมพลังสร้างสวรรค์ให้กับประกันสุขภาพที่ยั่งยืน