

# Inception Report

STRENGTHENING SOCIAL HEALTH PROTECTION  
TOWARDS UNIVERSAL HEALTH COVERAGE

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# Universal Health Coverage in Thailand



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# The 3 Main Topics

1. Thailand
2. Universal Health Coverage (UHC) in Thailand
3. Bangkok, The capital city of Thailand



# Thailand

- Area: 513,120 km<sup>2</sup>
- Provinces: 77
- The capital and largest city is [Bangkok](#), a special administrative area.

# Population

Trends in population/demographic indicators, selected years

	1970	1980	1990	2000	2010
Total population (millions) <sup>a</sup>	34.427	44.824	54.548	60.916	63.827 <sup>b</sup>
Population, female (% of total) <sup>a</sup>	50.1	50.2	50.4	50.7	51.2 <sup>b</sup>
Population ages 0–14 (% of total) <sup>a</sup>	45.1	38.3	29.2	24.4	19.6 <sup>b</sup>
Population ages 65 and above (% of total) <sup>a</sup>	3.1	3.6	4.7	6.3	8.9 <sup>b</sup>
Population ages 80 and above (% of total) <sup>a</sup>	0.5	0.5	0.8	1.0	1.7 <sup>b</sup>
Population growth (average annual growth rate, %) <sup>a</sup>	3.1	3.0	2.2	1.2	0.5 <sup>b</sup>
Population density (people per km <sup>2</sup> ) <sup>a</sup>	67.1	87.4	106.3	118.7	128.5 <sup>b</sup>
Fertility rate, total (births per woman) <sup>d</sup>	5.6	3.4	2.1	1.7	1.6
Birth rate, crude (per 1000 people) <sup>d</sup>	37.8	26.3	19.1	14.7	12.1
Death rate, crude (per 1000 people) <sup>d</sup>	9.7	6.7	5.0	6.3	7.4

Notes:

b Does not include 2.1 million people who were temporary residents

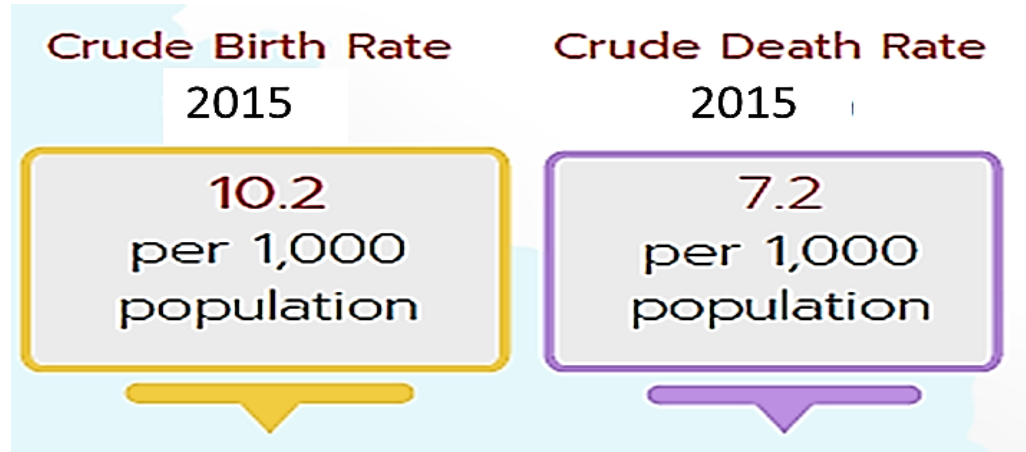
c Include all temporary residents.

Source: a NSO(Undated-b,Undated-c,Undated-d, 2002, 2012), d WorldBank(2013).

- Population: 69 million (2017)

- children under 15: 17%
- working age (16–59 years): 65.1%
- elderly (60+ years): 15.5%

Source: National Statistical Office,2017



Source : Health at a glance Thailand,2017

## Macroeconomic indicators, selected years

	1980	1990	1995	2000	2005	2010
GDP per capita (US\$)	710	1480	2720	1930	2560	4150
GDP per capita, PPP (US\$)	1050	2800	4550	4800	6350	8120
GDP average annual growth rate for the last 10 years (%)	5.2	11.2	9.2	4.8	4.6	7.8
Public expenditure (% of GDP)	12.3	9.4	9.9	11.3	11.9	13.0
Tax burden (% of GDP)	-	-	-	-	17.2	16.0
Public debt (% of GDP)	-	-	-	-	27.3	28.8
Value added in industry (% of GDP)	28.7	37.2	40.7	42.0	44.0	44.7
Value added in agriculture (% of GDP)	23.2	12.5	9.5	9.0	10.3	12.4
Value added in services (% of GDP)	48.1	50.3	49.7	49.0	45.8	43.0
Labour force (total, thousands)		32 478	32 068	34 805	37 902	39 384
Unemployment, total (% of labour force)	0.9	2.2	-	2.4	1.3	-
Gini coefficient	44.2	45.3	43.5	42.8	42.3	40.0

GDP per capita: **\$7,448** (2018)

GDP per capita, PPP: **\$19,484** (2018)\*



Gini coefficient: **36.5** (2017)\*\*

Source: World Bank (2012a).

\*Source: World Economic Outlook Database, October 2019".

\*\*Source: GINI index (World Bank estimate)". [data.worldbank.org](http://data.worldbank.org). World Bank. Retrieved 11 June 2019.

## Mortality and health indicators, selected years

	1980	1990	1995	2000	2005	2010
Life expectancy at birth (years)						
Male	62.7	69.3	68.6	68.8	69.7	70.6
Female	68.4	75.8	76.1	76.5	76.8	77.4
Total mortality rate, adult (per 1000)						
Male	-	-	-	236.7	221.9	204.8
Female	-	-	-	117.0	110.6	101.0

Source: World Bank (2013a)

Life expectancy at birth m/f (2017): 72.9 / 80.5

Total mortality rate, adult (per 1000) Male: 199.348 (2017)\*  
Female: 91.148 (2017)\*

## Maternal, child and adolescent health indicators, selected years

Indicator	1980	1990	1995	2000	2005	2010
Adolescent birth rate (per 1000 women aged 15–19 years)	ND	ND	ND	44.5	43.4	39.5
Infant mortality rate (per 1000 live births)	46.3	26.4	18.0	15.2	13.0	11.2
Under-five mortality rate (per 1000 live births)	60.0	31.8	21.1	17.7	15.1	13.0
Maternal mortality ratio (per 100 000 live births)	ND	42	37	40	34	26*

9 (2018)\*

20 (2015)\*\*

ND: not determined.

Note: \*data for 2013

Source: WHO (2014).



**Main causes of death, 1980–2005, selected years (age-standardized death rates per 100 000 population)**

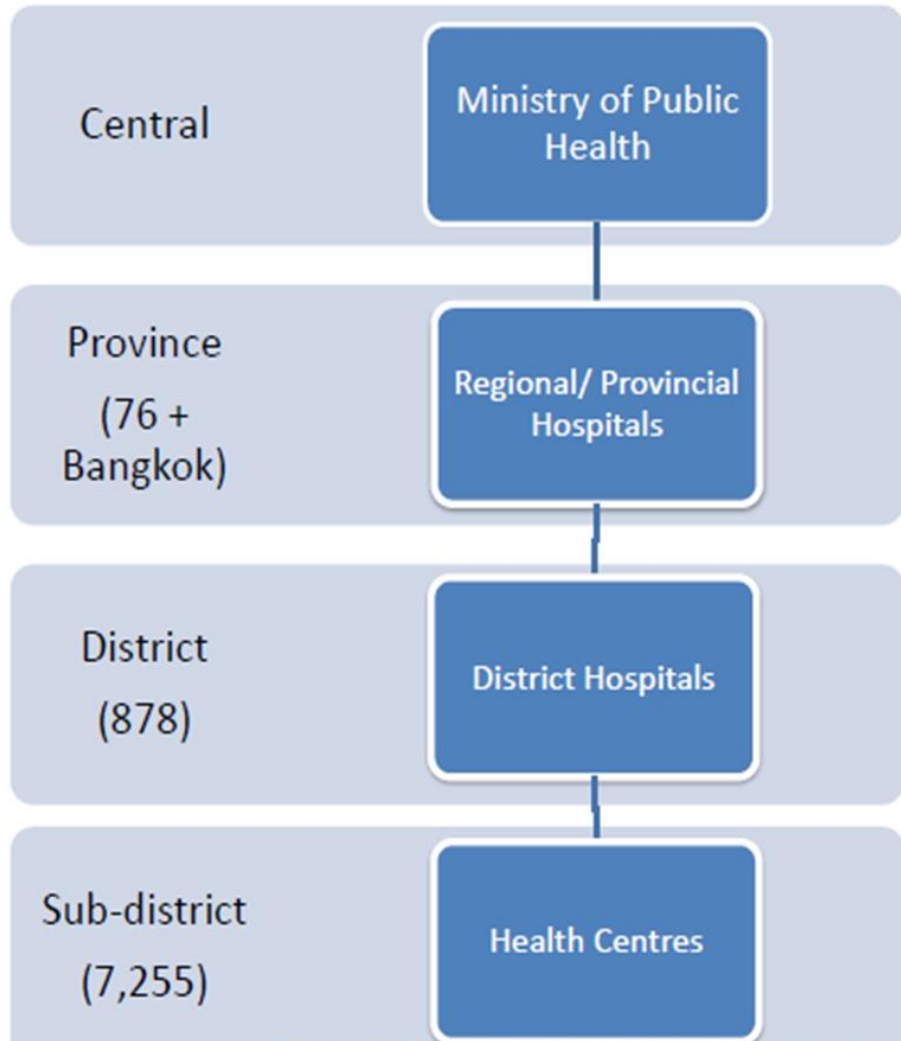
<b>Cause of death</b>	<b>1980</b>	<b>1985</b>	<b>1990</b>	<b>1995</b>	<b>2000</b>	<b>2005</b>
<b>Communicable diseases</b>						
<b>All infectious and parasitic diseases (A00-B99)</b>	59.4	35.6	27.7	32.5	50.8	59.7
<b>Tuberculosis (A15-A19)</b>	25.2	15.6	9.6	7.9	9.9	7.9
<b>Sexually transmitted infections (A50-A64)</b>	0 <sup>a</sup>	0 <sup>a</sup>	0 <sup>a</sup>	0 <sup>a</sup>	0 <sup>a</sup>	0 <sup>a</sup>
<b>HIV/AIDS (B20-B24)</b>	ND	ND	0*	3.4	12.5	10.8
<b>Noncommunicable diseases</b>						
<b>Malignant neoplasms (C00-C97)</b>	40.6	39.7	52.8	59.7	66.6	74.3
<b>Colon cancer (C18)</b>	1.3	1.1	1.8	2.0	3.3	2.3
<b>Cancer of larynx, trachea, bronchus and lung (C32-C34)</b>	4.2	3.1	4.4	5.8	9.4	11.9
<b>Breast cancer (C50)</b>	1.4	0.9	1.0	1.8	3.5	5.1
<b>Cervical cancer (C53)</b>	1.3	1.2	0.6	0.8	2.8	4.0
<b>Diabetes (E10-E14)</b>	5.6	5.5	7.0	9.2	13.4	11.1

ND: not determined.

Note: <sup>a</sup> Rates are less than 0.1 per 100 000.

Source: WHO (2012b).

# Health service network facilities in Thailand



Other public health facilities

Private Hospitals & Clinics



**20,000+** private  
Private hospitals ~300  
Private clinics ~ 17,000

**8000+**  
**Public Health Facilities**

Source: adapted from The Kingdom of Thailand health system review (Health Systems in Transition, Vol. 5 No. 5 2015)

# Universal Health Coverage (UHC) in Thailand

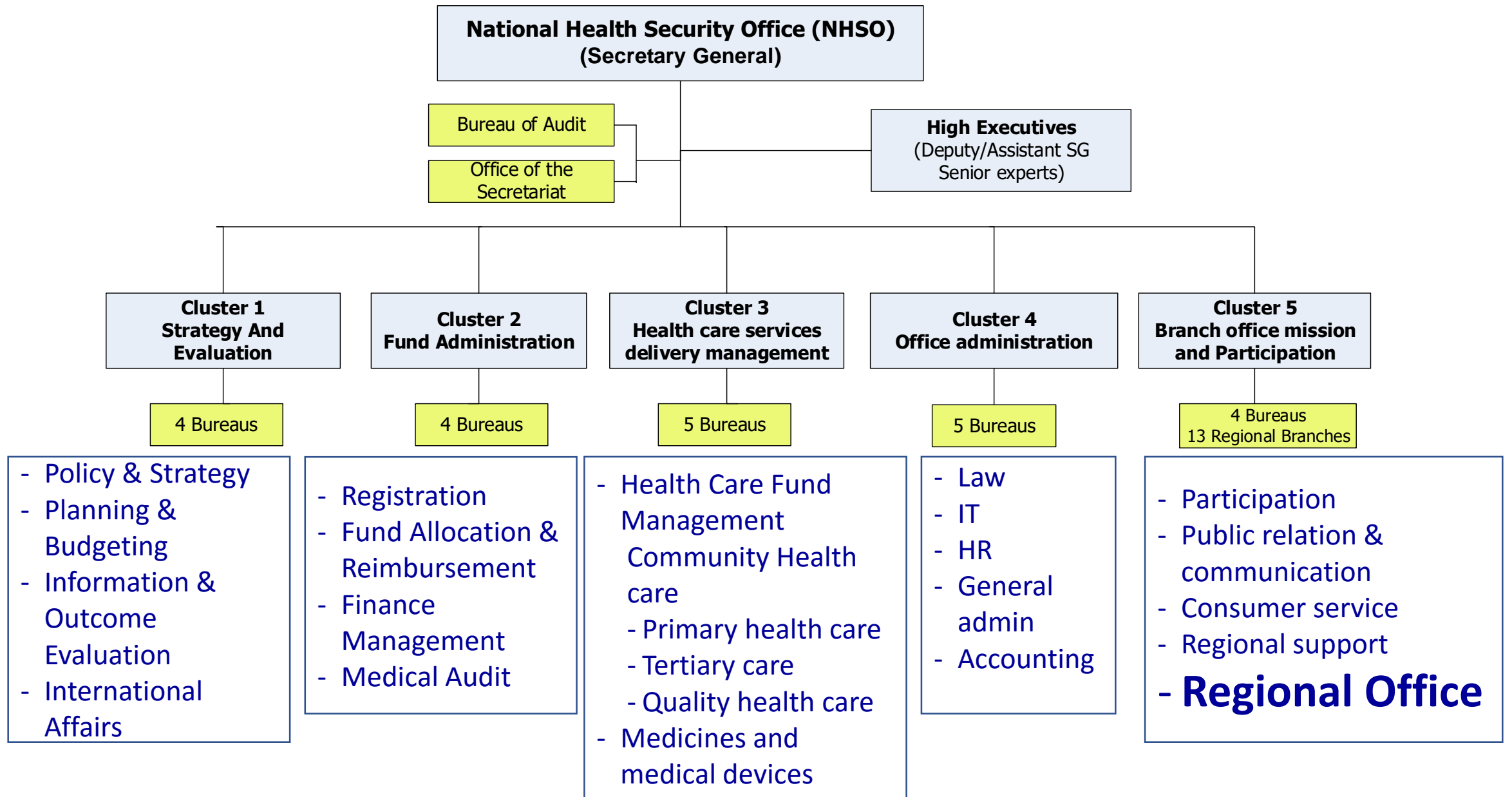
# National Health Security Act (NHSO)



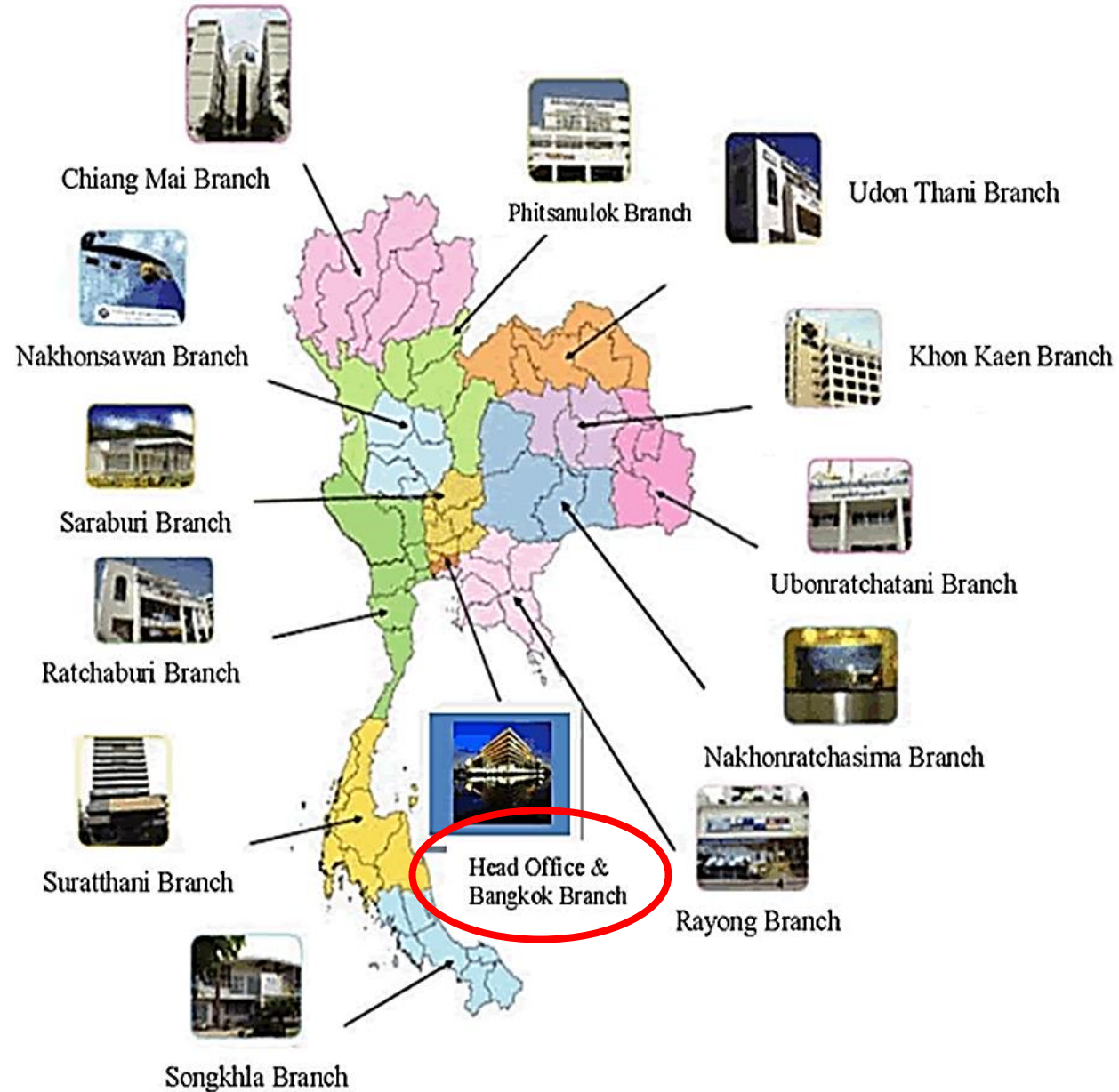
- Legislated in 2002
- **The National Health Security Office (NHSO)** was established to manage the funds under the Universal Coverage Scheme (UCS).
- Applies to all Thai citizens.
- NHSO is an autonomous public organization, under the supervision of the Minister of Public Health.
- Two national committees were established:
  - **National Health Security Board**
  - **Standard and Quality Control Board**



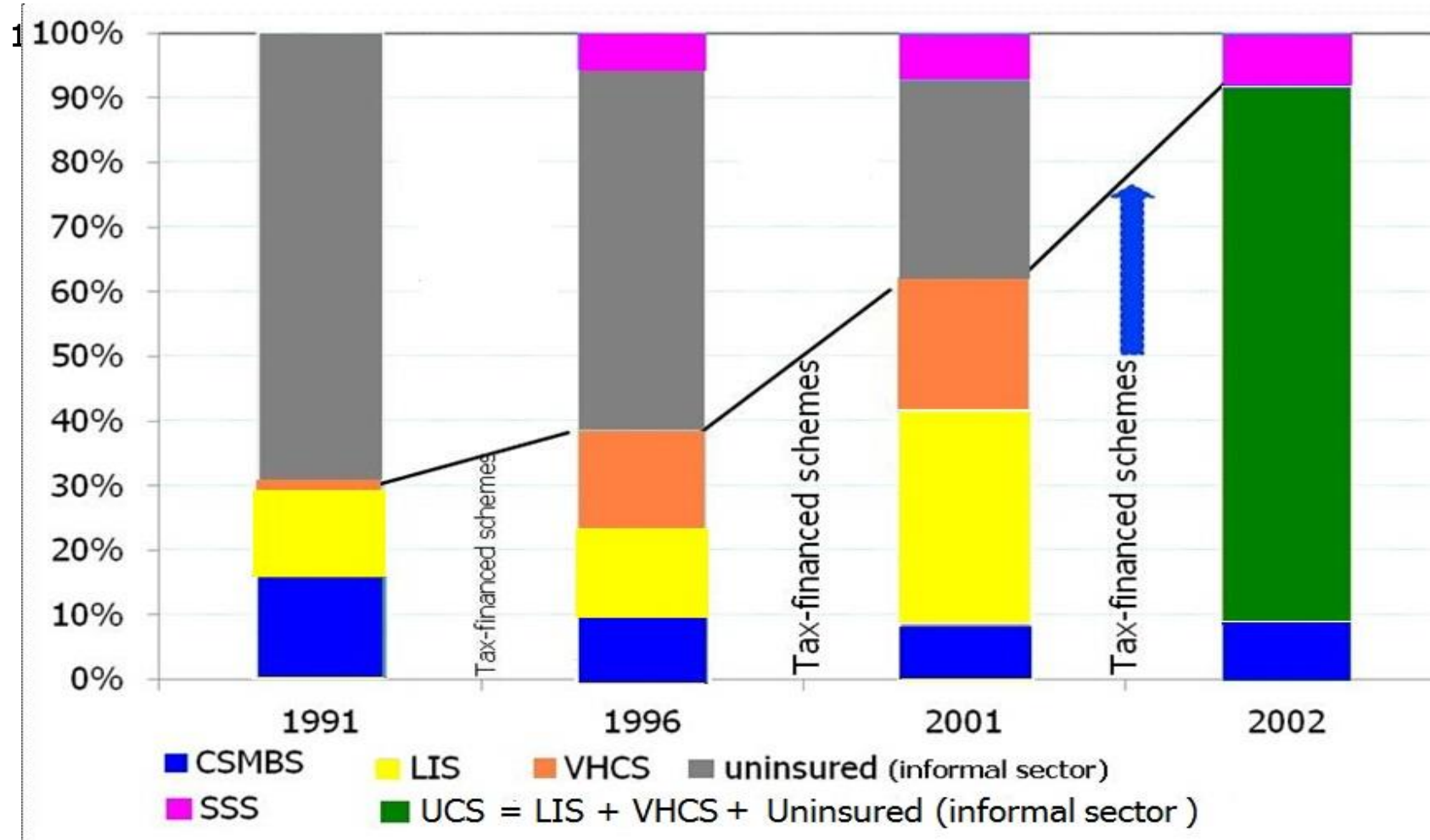
# National Health Security Office (NHSO): structure



# NHSO Regions



# Filling the Gap (Informal Sector) by UCS: Universal Coverage Scheme

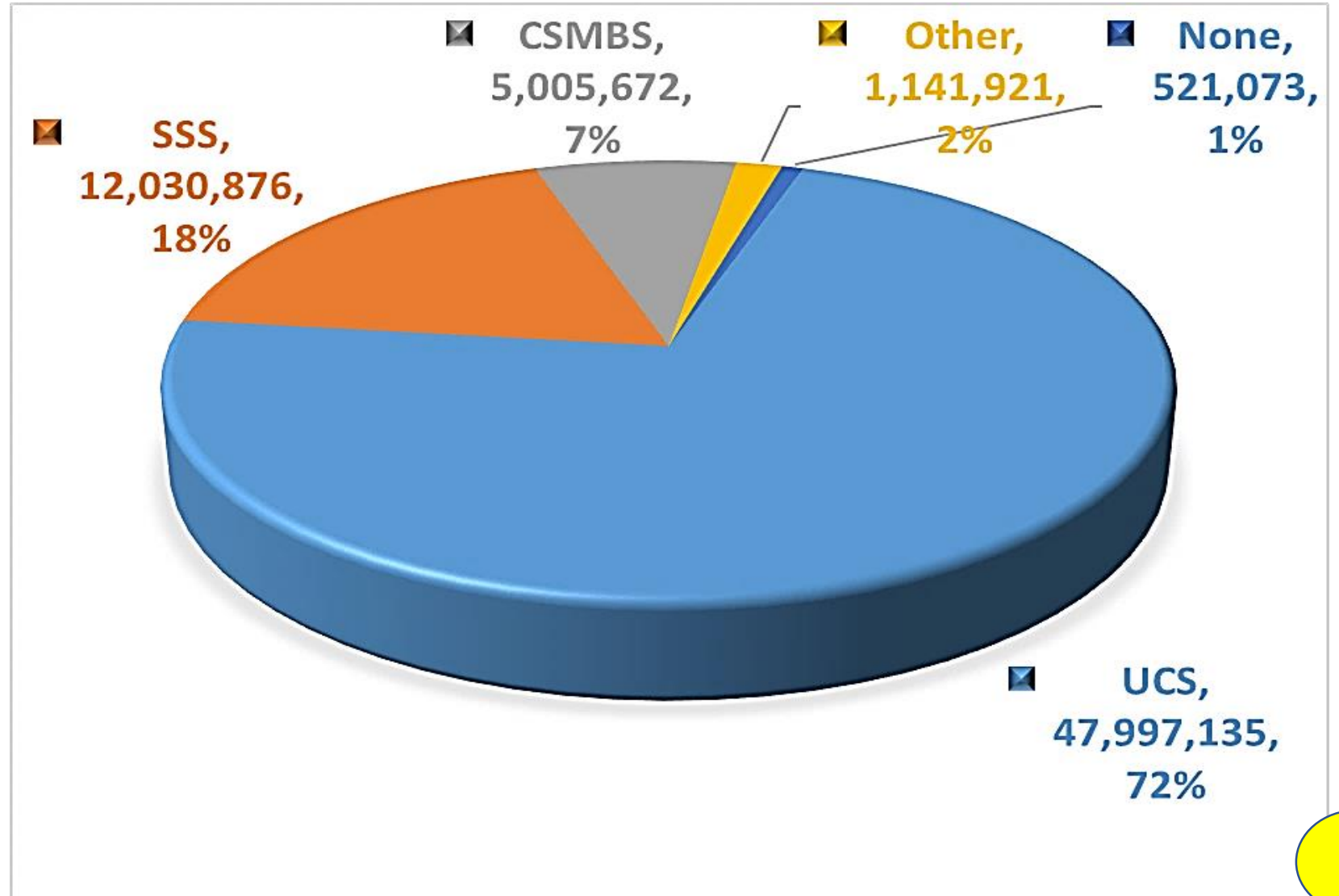


CSMBS = Civil Servant Medical Benefit Scheme  
 SSS = Social Security Scheme  
 UCS = Universal Coverage Scheme

LIS = Low income scheme  
 VHCS = Volunteer Health Card Scheme

# Proportions of the Government Health Insurance Schemes, FY 2018

CSMBS = Civil Servant  
Medical Benefit Scheme  
SSS = Social Security Scheme  
UCS = Universal Coverage  
Scheme  
Others, e.g. local  
administration office  
employee, state enterprise  
employee





# Private Healthcare Facilities in Thailand under UCS

**Table 5.1 Numbers of private hospitals providing services under different health insurance schemes, 2003–2010**

	2003	2004	2005	2006	2007	2008	2009	2010
No. of private hospitals under UCS <sup>a</sup>	88	71	63	61	60	55	50	49
No. of private hospitals under SHI <sup>b</sup>	131	134	127	119	113	104	98	92
No. of private hospitals providing elective surgery for CSMBS <sup>c</sup>	–	–	–	–	–	–	–	26
Total no. of private hospitals <sup>d</sup>	260	260	259	258	253	256	255	250

*Source:* a National Health Security Office Annual Reports; b Social Security Office Annual Reports; c Comptroller General Department; d Annual reports of the Medical Registry Division, MOPH.

# Healthcare Providers in Bangkok

	All Providers		Under UCS	
	Public	Private	Public	Private
Hospital	23	112	23	18
Primary Care Clinic/Health Center	68	4,410	68	171
Dental Clinic		1,461		76
Drug stores		4,895		88

# 171,373.6703 Million Baht

# Global UCS budget



remarked: \* include salary of public providers \*\*Specific vertical programs, e.g., high cost care, disease management programs, OP refer out of province. \*\*\*depreciation cost for building and medical investment in registered hospitals \*\*\*\*compensation budget to health provider for losses from health services in accordance with to Section 41 of the Act

# Health Services Delivery Management

- **Beneficiaries**
  - Freedom to choose the contracted unit and PCUs within the district (catchment area)
- **Health Care Facilities**
  - All public facilities are required to be providers under the scheme;
  - Only accredited private facilities can be enrolled
  - Gate keeping Primary Health Care as contracting unit for outpatient care and P&P
- **Referral Backups**
  - Patients will be referred by contracting unit to secondary/tertiary care, such as, provincial hospitals / regional excellent centres – when needed
  - Patient bypassing contracted providers are liable for full payment

# Provider Payment Mechanisms

- **Closed-End Payment Methods >> Cost Containment**

- **Capitation** for Outpatient Services and P&P

- Weighted by the % of the ageing population and remoteness

- **Global budget** for IP

- DRG single-base rate for all providers
- Fee schedule for high cost care, medical devices

- **Risk of under-service provision**, counteracted by

- Additional payment for some high cost care
- Complaint management through the 1330 hotline (call centre)
- Standard and Quality Control mechanism: Quality Board, CPG applied, Auditing system
- Working with The Healthcare Accreditation Institution (Hospital accreditation)

- **To ensure access to some specific diseases with high burden**

- Fee schedule with conditions e.g. cataract, stroke fast tract.

## **Providers Contracts Management**

Recruit and regulate participation in healthcare facilities to maintain standard and quality services.

## **Quality Assurance / Quality of Services**

- ✓ Annual standard evaluation
- ✓ Surprise visits
- ✓ Quality and Outcome Framework (QOF)

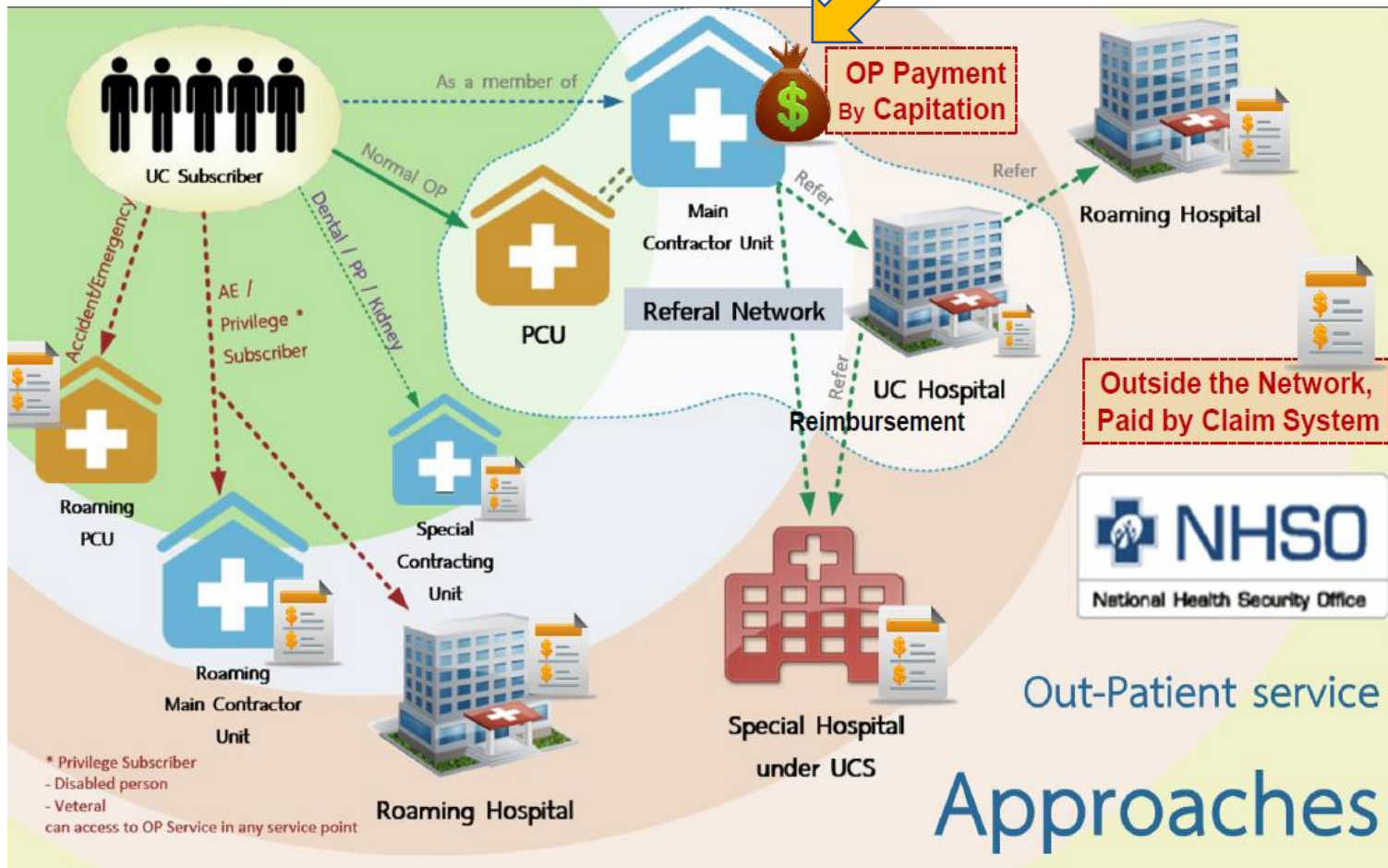
## **Standard of 'Primary Care' Unit in Private Sector**

To have 5 major criteria's:

1. out-patient service and promotion and prevention
2. referral system with the hospital
3. standard structures and human resources
4. standards of medicine & infectious control mechanisms
5. Information system s

# How to access to services for UCS subscribers

## Referral network\*



- Register to be member of main contraction unit nearly home
- Go to main contractor unit first
- Referral system
  - Refer to Hospital within the same Referral network
  - May be refer to Roaming hospital or special hospital under UCS
- Accident and Emergency
  - PCU or Hospital under UCS

\*Contracting unit of primary care (CUP)

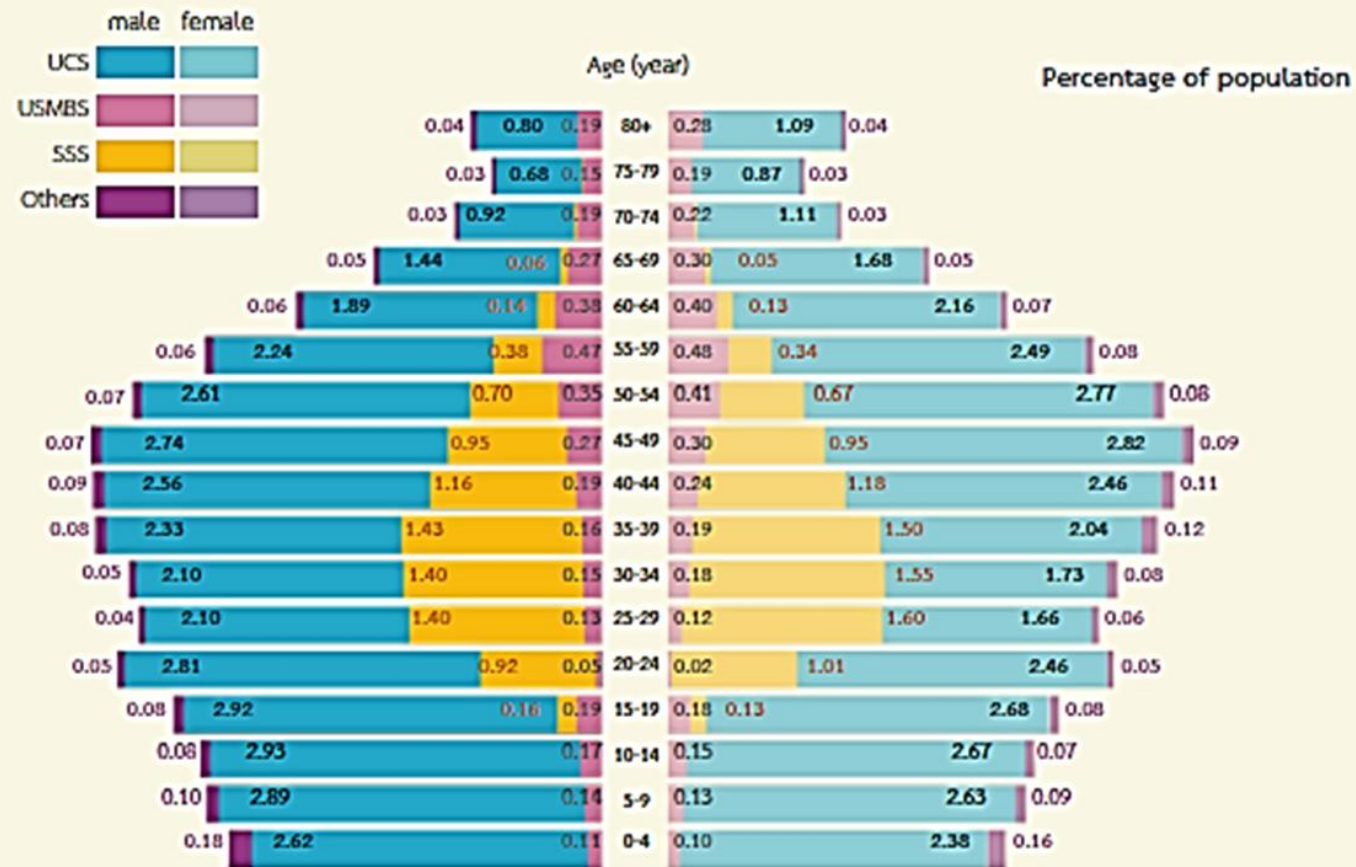
# Remaining Challenges

- **Beneficiary Side:** Demographic and epidemiologic transition, demand to meet their needs and rights
- **Provider Side:** Demand to adjust the payment method, while containing cost and ensuring access to quality care, rapid health technology development
- **Financial Side:**
  - Cost escalation while government budget tends to be limited
  - Preparedness for economic challenge: UCS reliance on tax financing
- **Developing UCS in urban areas such as Bangkok**

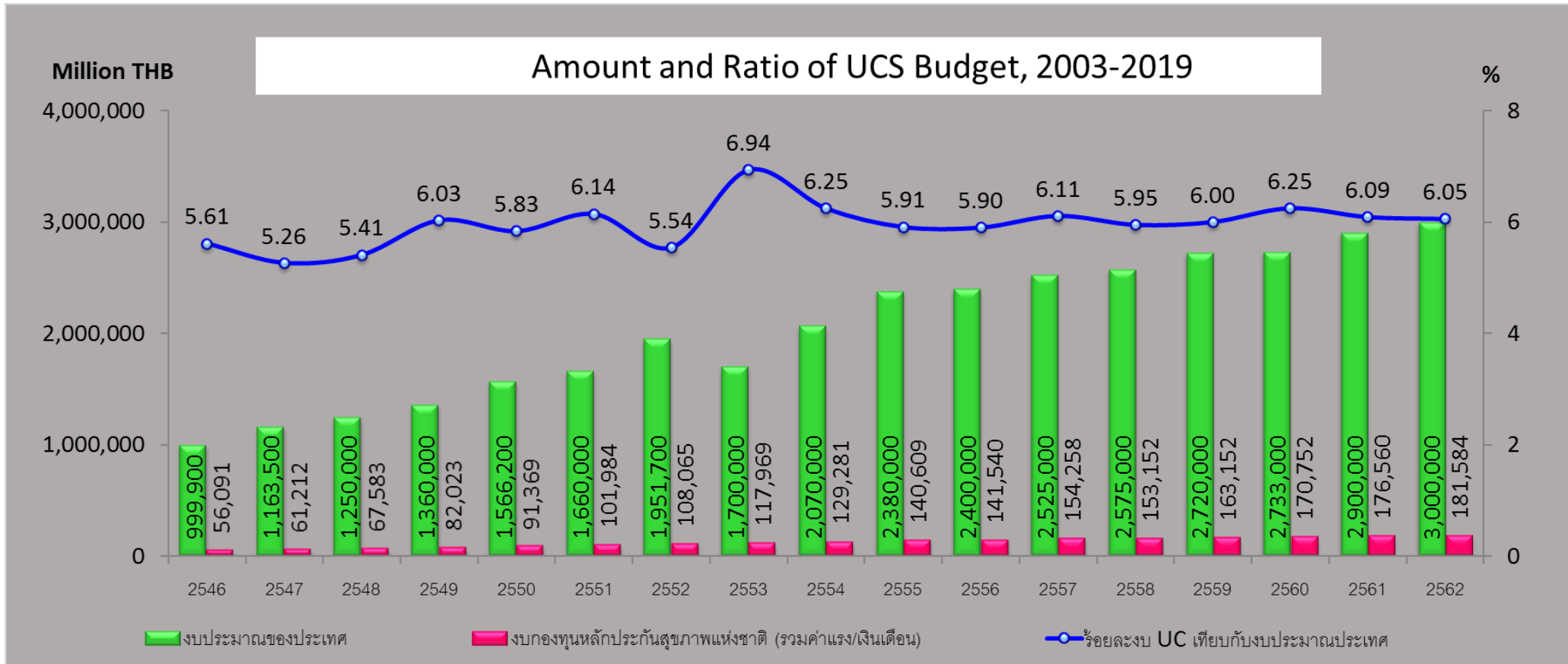


**What do the people get?**

Proportions of the population using UCS or other government health schemes classified by gender and age group, FY2017



Source: NHSO Registration Office, Data as of September 30, 2017, processed as of October 15, 2017.



## Total Health Expenditure (2019)

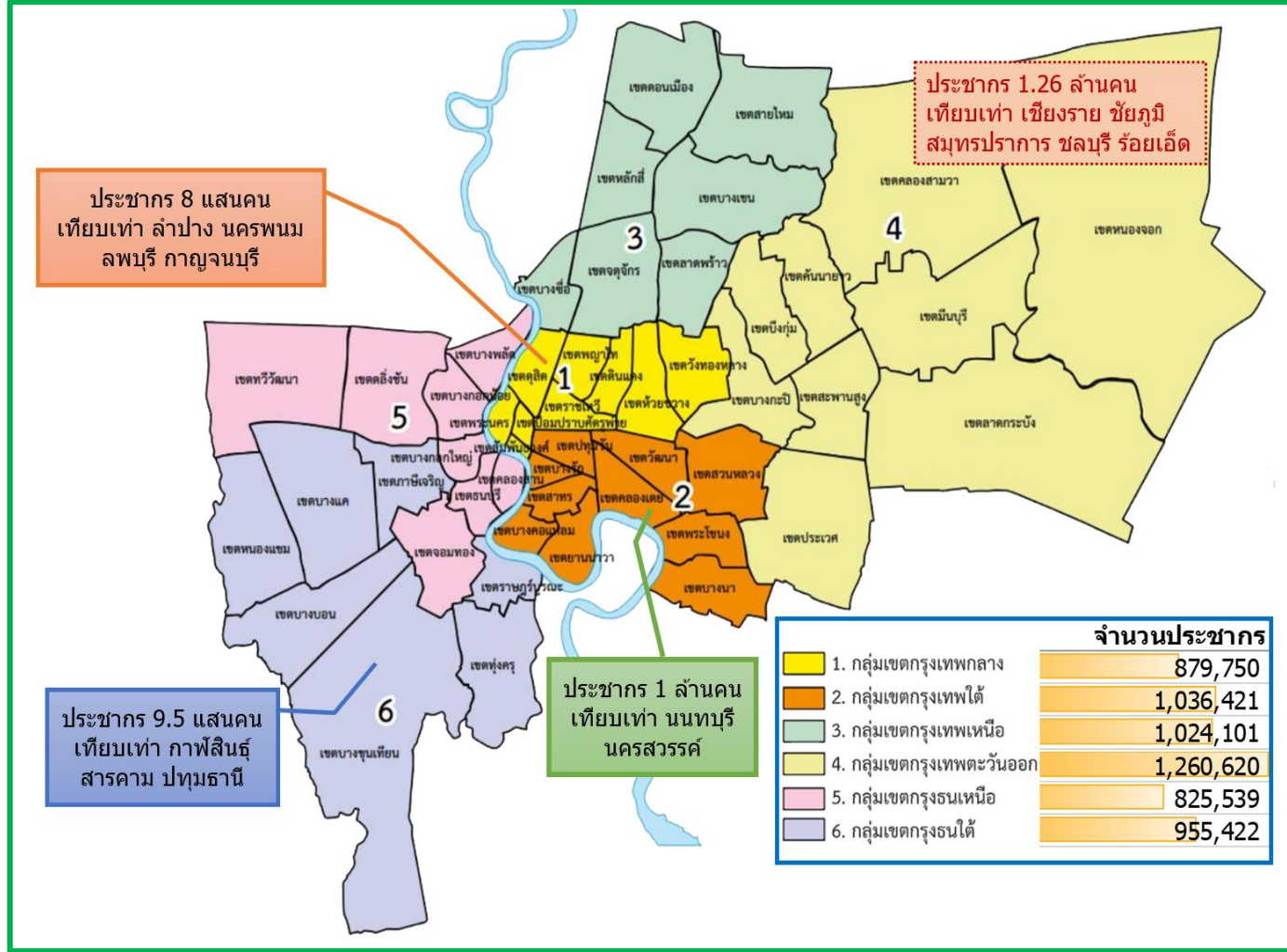
6.05% of GDP

1.03% of GDP total govt expenditure

# Utilization rate in UC scheme (Thailand)

KPIs	Units	Target (according to budget allocation)	Output	Performance (% of output)
Targeted population <sup>1</sup>				
- Thai citizens (30 Sept.2017)	person	65,521,660	66,013,645	100.75
- UCS beneficiaries (30 Sept.2017)	person	48,802,900	48,109,957	98.58
1. Out-patient services (OP) <sup>2</sup>				
- total OP visits	visits	156,624,071	184,275,260	117.65
- utilization rate	visits/person/ year	3.209	3.821	119.06
2. In-patient services (IP) <sup>3</sup>				
- total admissions	visits	5,849,261	6,015,586	102.84
- utilization rate	visits/person/ year	0.120	0.125	104.07

# Bangkok



- The Capital City of Thailand
- Area 1,568.7 KM<sup>2</sup>
- Population > 8,000,000
- A special administrative area
- Bangkok Metropolitan Administration (BMA)
- 50 districts / 6 zones
- 0.8-1.3million people in each zone
- 1 zone related 1 province
- 3.7 million under UCS in Bangkok
- 22% non-resident group

# Some Special Characteristics of Bangkok: Differences from the Other Regions

- Special administrative.
- The number of population is comparable to 6 provinces
- Many workers are informal sectors e.g. taxi drivers, side street vendors, freelancers, etc.
- Different affiliation healthcare providers
- 7 University Hospitals (UHOSNET)
- Many private clinics under UCS

THANK YOU  
FOR YOUR ATTENTION