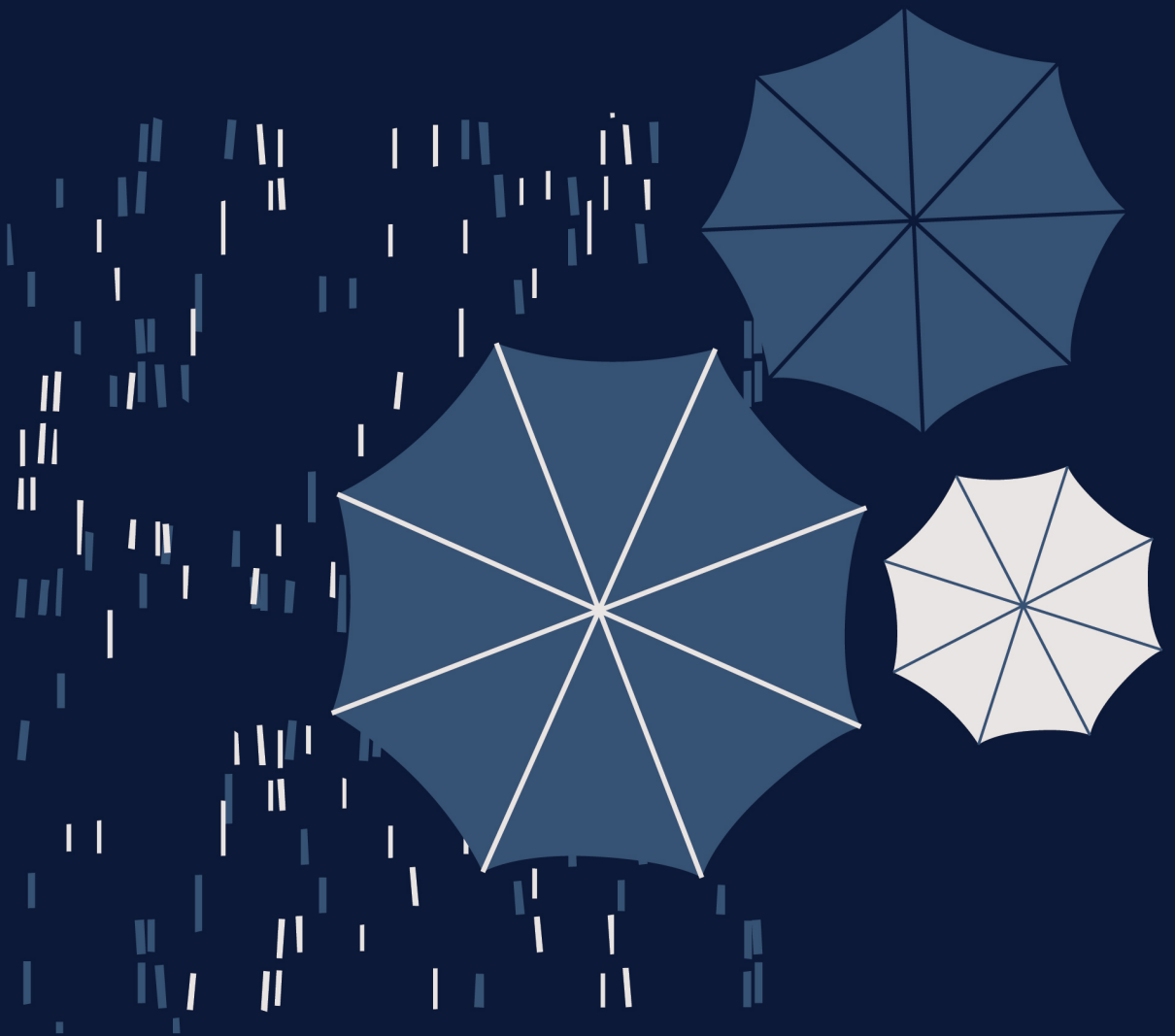




# PMAC 2020

## UHC Forum 2020



ACCELERATING PROGRESS TOWARDS UHC

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# UHC in the here and now: One step at a time



It is now a tradition for the Prince Mahidol Award Foundation to host the annual Prince Mahidol Award Conference (PMAC), one of the biggest international conferences on policy-related health issues. Prof. Dr. Vicharn Panich, Chairman of the Prince Mahidol Award Conference International Organizing Committee, spoke of the goals and purposes of this grand, invitation-only conference:

"We want to spark conversations about policies on public health issues. Each year, we join forces with many international organisations to drive the issues forward. As a foundation that was established to commemorate the anniversary of Prince Mahidol of Songkla, The Father of Modern Medicine and Public Health in Thailand, we find that the PMAC is the right platform to honour his dedication to Thailand's public health."

The theme of the conference this year is "Accelerating Progress Towards Universal Health Coverage (UHC)".

"UHC has been given a lot of attention in recent years and we have actually held two PMACs on the topic before," said Prof. Dr. Vicharn. "However, it is the continual effort and passionate commitment that gave rise to this year's theme."

In 2012, the PMAC presented the theme of "Moving towards Universal Health Coverage: Health Financing Matters", while in 2016 the theme was "Priority Setting for Universal Health Coverage."

"This year, we feel that the urgent need of the UHC can no longer wait. It is now one of the seventeen UN Sustainable Development Goals (SDGs). But the reality is that progress has been slow and uneven."

Prof. Dr. Vicharn explained the importance of the UHC: "Health is a human right," he said. "UHC covers everyone, especially the most vulnerable. When I was a kid in the countryside, I witnessed cases of children having to sell their assets in order to pay for the parents' treatment cost. They had to do everything, in part out of social pressure, and they ended up destitute and miserable. UHC will help these people who are valuable members of the labour force, so it in turn helps contribute to the country and to the wealth of the nation as well."

Discussions and sub-themes include implementation challenges and innovative solutions for UHC 2030, sustainable financing for expanding and deepening UHC, and efforts to adapt to the changing global landscape.

"UHC is such a delicate topic. This year, there are a great number of side meetings supported by many organisations aimed at addressing the complexity of this. Moreover, each country has their own ways and paths to achieve it."

"The most important thing is that you have to proceed with the right knowledge and tools. Do it wrong, and you lose it all. This is why a conference like PMAC will help all parties to tap into the research, and together find effective solutions."

The 2020 PMAC will host more than 1,000 guests between 28 January and 2 February 2020. When asked about the expected results of the conference, Prof. Dr. Vicharn concluded:

"We hope the conference will be a driving force, and serve as a step forward towards achieving better healthcare throughout the world."

# Ramathibodi Poison Center's role as a great pillar in the fight against poisons

As chemicals are everywhere around us, we all can fall prey to many kinds of poison. Globally, poison incidents exceed the number of professionals who can provide proper help. Fortunately, Thailand has "Ramathibodi Poison Center" to tackle this serious problem.

Established in 1996 under the Faculty of Medicine, Ramathibodi Hospital, Mahidol University, the center started small with only a few staff members who worked 24/7, recounted **Prof. Winai Wananukul, Director of Ramathibodi Poison Center.**

In its early days, the center faced and solved several difficulties, including the high cost of toxicology databases and regional database creation with indigenous venomous animals. One of the biggest challenges was antidote and antivenom were not oftenly use, were not easily available, and some were expensive; making them sometimes unobtainable at critical times.

The poison center had been solely funded by Faculty of Medicine Ramathibodi Hospital. In 2005, the **National Health Security Office (NHSO)** financially supported the center to set up a one-stop-service call center for the public. Later, in 2010, it collaborated with the center to better administer antidotes and antivenoms in a systematic way with the help of external partners, including the Government Pharmaceutical Organization (GPO), Queen Soavabha Memorial Institute (QSMI) and the Food and Drug Administration (FDA). Together, they successfully worked on antidote supply and storage. For example, which drugs can be locally produced and which drugs are to be kept



near potential patients at provincial hospitals or can be stored at the center according to epidemiological methods.

Besides effective drug administration, there are an innovative GIS system that locates the nearest antidotes and knowledge sharing sessions on toxicology for doctors, nurses, and pharmacists nationwide. Moreover, the budget for antidote acquisition is reduced while the coverage is expanding more. With over 23 years of success and round-the-clock operation, **Ramathibodi Poison Center** has proven itself to be one of the most trusted institutes among hospitals around the country and is known for its excellent care of every patient, from step one through to treatment completion.

The center currently has three full-time and four part-time attending physicians and three medical fellows in Clinical Pharmacology and Toxicology. Plus five full-time and 18 part-time scientists who take calls and answer questions on poison. Each year, the center serves over 25,000 cases. This considerable success has led to Ramathibodi Poison Center being recognised as an international hub that sends antidotes to other countries in cases of emergency.

Prof. Winai spoke of future challenges. The center needs to figure out how to sustainably manage its operational cost of about 10 million

bahts each year with no income, he said. Like poison centers around the globe, the center does not charge patients or physicians for the services. This is to make sure there are no any limitations to access to this services. In the long run, for the public's good, the center requires a public subsidy. Moreover, the country needs more toxicology experts and laboratories to ensure quality treatment. The center aims to empower local hospitals to be able to manage the poisoned patients properly in order to reduce mortality and morbidity.

As one of the eight centers of excellence of Ramathibodi Hospital, Ramathibodi Poison Center believes that the heart of toxicology is to save critical patients before it is too late. Thus the center is determined to treat patients from all regions of the country regardless of their health care coverage schemes, ethnics, and pre-conditions.



**Prof. Winai Wananukul**  
Director of  
Ramathibodi  
Poison Center



# Phaholpolpayuhasaena Hospital: The original "One Day Surgery"

One Day Surgery (ODS) has been well-established in the medical field for quite a while, but it was only recently, after the Ministry of Public Health issued a policy to have ODS featured in provincial hospitals, that the public learned about this practice. Nevertheless, Phaholpolpayuhasaena Hospital has in fact been offering ODS services for over 20 years, since long before the Ministry's announcement.

**Dr. Wibun Phanthabordeekorn, Surgical Specialist at Phaholpolpayuha-saena Hospital in Kanchanaburi and one of the ODS pioneers**, said that the hospital initiated the practice to solve the problem of too many patients 20 years ago. Back then, the common practice was to perform surgery with the patient under anaesthesia which required patients to be admitted to hospital one day prior and rest one to two days after the operation before being discharged. This led to overcrowded wards with no room to treat other imperative cases.



Inspired by inguinal hernia surgery that uses a local anaesthetic applied to the targeted part of the body and helps patients recover faster, Dr. Wibun studied and expanded the practice to other types of surgical operations. In 2015, he developed an ODS guideline with anaesthesiologists, leading to standard treatments with no complications or deaths. Later, in 2017, a One Stop Service centre was opened to streamline the treatment process. Every step from first appointment and nursing advice to patient preparation and anaesthetic assessment is

conducted at the centre.

The unique feature of ODS is that patients' relatives are involved in the care process under the supervision of a professional nurse.

"The relatives and patients receive health literacy instruction from the hospital," explained Dr. Wibun. "Patients are prepared at home by the relatives. At the initial appointment, the nurses teach the relatives about the disease and the operation and give them a schedule and contact details. Then they receive a date for the surgery and preparation guidelines. Four days and one day prior, the hospital calls to assess whether the patient is ready for the operation. The calls not only benefit patients in terms of their readiness but help the hospital to operate smoothly and not miss the chance to maximise the facilities."

After the surgery, an assessment is conducted prior to discharge. If patients want to rest at the hospital, they are welcome to do so. However, when asked, they usually prefer to recover at home. The relatives also benefit in that they can continue their daily life more easily. After discharge, the nurses call to check the patient for three days. A hotline at 1669 is available round-the-clock in case of emergencies. In this way, the hospitals can reduce cost, staff workload, and the number of in-patients, resulting in better care.

In future, the ODS platform will be expanded to hospitals in every province. Disease coverage is also increasing. In 2020, eight more operations will be included in the platform, bringing the total number of operations available to 32.

Dr. Wibun says he believes that ODS will disrupt the public health sphere as we now know it. "Previously there were only two options: in-patient or out-patients. Hospitals were overcrowded. But with ODS, more hospital beds can be available to those in critical need and with the help of relative involvement medical staff can take better care of each patient."



## Rehabilitation Fund Saraburi PAO breaks the mould: from local system to public health role model

**Saraburi Provincial Administrative Organisation (PAO)** has long been committed to helping the disabled, elderly, and bedridden people. In 2012, in collaboration with National Health Security Office (NHSO) – District 4 Saraburi, Saraburi PAO established "Rehabilitation Fund Saraburi Provincial Administrative Organisation".

As Thailand is becoming an aging society and non-communicable disease cases rise, more bedridden patients in need of intensive care are expected.

**Mr. Sujin Boonmalert**, Deputy Chief Administrator of Saraburi PAO, said the vision of the fund is to help disabled and elderly people who find it hard to access public health because without a helping hand they will suffer more.

The fund sees the importance of the public sector helping as well as involvement of local communities. Saraburi PAO brings local people into the project because, after patients leave hospital, the best support is from the community.

One of the main operations of the fund is adjusting the residential environment for disabled and the elderly, and rehabilitating people as they walk with difficulty. For example, bathrooms are built for the elderly, making the handrails, making the floor smooth and creating ramps. Another project involves tool storage for over 30 borrowed medical instruments, including low rise beds, air mattresses, and oxygen generators.

Mr. Sujin said that the scale of the project stretches across entire provinces and the fund's success is thanks to collaborations with many sectors, including Provincial Health Office, Provincial Social Development and Human Security Office, hospitals across Saraburi, and clubs for the disabled and elderly. Plus four sub-committees in the domains of public health, quality of life improvement, information and performance, and management.

"Every initiative comes from one of the four sub-committees before it goes through to the fund's committee. This means that every project deals directly with patients," said Mr. Sujin. "This is a big strength of the fund because every sector truly joins forces and comes to help each other."

The collaboration is considered a key success of the fund which is essential to the wellbeing of the people of Saraburi. It is an act of "breaking the mould" where the awkwardness of bureaucracy disappears and every sector is willing to contribute to the effort.

Ms. Suwannee Sripraj, responsible for managing the fund of the NHSO – District 4 Saraburi, explained: "It is important to note that there is no sole organisation or department that runs the fund. Each partner has their own job but is willing to do the extra work necessary. It is a joint effort by all parties involved that makes the fund possible and makes it move forward."

"We believe that this fund is a model of decentralisation that can solve public health problems. It really meets the needs of the community and benefits the public."



## PCC Nong Sarai powers into 19<sup>th</sup> year

It is common knowledge that primary care is the heart of public health. That is because primary care can prevent people from falling ill and making hospitals overcrowded.

This is why **Pakchongnana Hospital** in Nakhon Ratchasima has placed great emphasis on its primary care unit for almost two decades.

**Dr. Ratana Yodarnont**, Deputy Director – Primary Care, Pakchongnana Hospital, recalled the launch of the primary care unit in 2002, around the same time as the arrival of universal health coverage.

"The Primary Care Cluster (PCC) started by reaching out to Pak Chong Municipality. From that collaboration with the local community came the success of Pakchongnana Hospital's PCC. Like other PCC's, we offer general services, including prevention, treatment, and rehabilitation. The difference though is that working alongside the doctors we have personnel who were children in the area who are dedicated to helping the people they grew up among."

"The strength of the community prompts people to help, be it with money or their time and labour. Many times, people donate funds and come to help with the work of the PCC. As they are familiar with the patients, they can help to streamline the treatment process. It reflects how much the local community values the PCC."

Usually, a PCC will administer to a population of 10,000. As such, four PCCs have been established to serve all 40,000 people in Pak Chong Municipality area.

**Ms. Sumalai Wannakitpaisarn**, Registered Nurse – Senior Professional Level, at **PCC Nong Sarai**, spoke of the services provided by the cluster:

"In the morning and evening, we provide general treatment. In the afternoon, we visit the local community. On certain days of the week we have a specialised clinic. Our work at PCC Nong Sarai covers all patients, from birth to death, including providing new-born care and teaching Buddhist meditation and herb use."

The success of the PCC Nong Sarai can be seen by the fact that over 70% of patients rarely have to visit the hospital, including those with diabetes or high blood pressure.

A survey of the community found that almost all patients are satisfied with the activities and their annual health examination results. PCC Nong Sarai is backed by doctors, nurses, academics, public health officers, dentists, physical therapists, and Thai traditional medical doctors. With the support of Pakchongnana Hospital, PCC Nong Sarai provides comprehensive care for people in the community.

"We have a clear vision and direction to develop local public health services," explained Ms. Sumalai. "We continue to grow our primary care unit. For myself, it has taught me to be more than a nurse on a ward. Moreover, working for and with the local community makes me happy and keeps moving me forward."



## Bueng Yitho strives to fight kidney disease

With its time-consuming and costly **Haemodialysis (HD)** technology, chronic kidney disease has always been expensive to treat. However, the advent of **Peritoneal Dialysis (PD) technology** gives patients a more affordable treatment option. Meanwhile, **Bueng Yitho Medical and Rehabilitation Center**, under Bueng Yitho Municipality (pop. 32,000), has been a strong advocate for the "PD First" campaign.

The centre offers primary care services covering comprehensive medical treatment, from prevention to diagnosis to rehabilitation, including alternative treatments. One of its main features is the "Kidney Clinic" that takes care of patients at risk of kidney failure. Patients with kidney disease stage 3, of which there are currently 77, are treated by a multi-disciplinary team, including doctors, nurses, pharmacists, physical therapists, and dentists who also dispense life quality improvement advice. Patients with kidney disease stage 4 are referred to partner hospitals.

After patients receive PD treatment, the clinic pays weekly visits to the patient's home to assess the symptoms and environment in order to achieve the best



results. Feedback is positive, with patients saying that the service gives them a better understanding of PD treatment and how to take care of themselves during the process. This, in turn, results in reduced complication rates.

In 2018, the clinic's performance was satisfactory: 32 out of 62 patients with kidney disease stage 3, or 64%, reached a targeted glomerular filtration rate (GFR). Fourteen of them were well enough to leave the clinic.

**Mr. Kwanjai Jaemtim**, Director, Division of Public Health and Environment, Bueng Yitho Municipality, explained that the Kidney Clinic has developed "4 Steps to Fight Kidney Disease". The Clinic provides

individual advice on health aspects such as diet and how to properly administer PD at home. Advice is also given on kidney disease prevention through group activities. Physicians and pharmacists monitor drug use. Follow-up procedures involve laboratory work and physical examinations covering renal function, blood pressure, and blood sugar areas.

The Clinic's success is also thanks to its partners, including Thanyaburi Hospital, Samutprakarn Hospital, National Health Security Office (NHSO) – District 4, and Faculty of Medicine, Srinakharinwirot University.

Going forward, Bueng Yitho Medical and Rehabilitation Center will push for the establishment of "CAPD Center" which will promote proper PD treatment practices for patients. There are also plans to elevate the Kidney Clinic to a standardized clinic certified by the Ministry of Public Health.

**Assoc. Dr. Siribha Changsirikulchai**, Head of Nephrology, Faculty of Medicine, Srinakharinwirot University, commented that PD treatment, whereby patients get to help themselves under the supervision of doctors, is well-suited to the Thai context with its limited resources.





## Bhumibol Adulyadej Hospital shows the right way to build trust with partnered clinics

**B**humibol Adulyadej Hospital is a tertiary hospital under the **Directorate of Medical Services, Royal Thai Air Force**. One of the first to join the universal health coverage scheme, it serves as many as 200,000 patients each year.

In order to take care of patients thoroughly, covering primary to critical care, and reduce congestion in the hospital, in 2006 the hospital collaborated with the National Health Security Office (NHSO) to find 25 private clinics as partners.

However, partnering clinics and taking patients who need primary care from Bhumibol Adulyadej Hospital did not directly translate into the patients' trust. Meanwhile, Bhumibol Adulyadej Hospital remains committed to supervising service standards and has come up with several projects to achieve this goal.

One of them is to build primary care networks with clinics in the area called primary care trust. Bhumibol Adulyadej Hospital has worked closely with the clinics not only in fund management but also capacity building to ensure quality of services by the clinics. Currently, over 150,000 of primary care visits can be provided at clinics instead of hospital. Therefore, patient satisfaction is increase

because they can access to the service near their home and do not have to wait in a long line in hospital, and they can still to get services from hospital when need. Furthermore, this can reduce hospital congestion.

**Air Vice Marshal Thaweepong Pajareya, Director of Bhumibol Adulyadej Hospital**, said the project has significantly reduced the number of primary care patients. Only 10%-15% of chronic patients are sent back to the hospital. This helps Bhumibol Adulyadej Hospital focus on more difficult tertiary cases.

Another important project is **"E-Referral Healthcare System"** whereby some of the referral processes are removed or made more convenient. In collaboration with the National Electronics and Computer Technology Center (NECTEC), Bhumibol Adulyadej Hospital has developed a cloud-based database whereby partnered clinics and hospitals can share patients' information in realtime. Patients can save their time and money and the treatment procedure runs more smoothly.

Air Vice Marshal Thaweepong explained that the system isn't fully electronic yet due to some issues, such as staff experience and lagged Internet connection. E-Referral Healthcare System now covers 92% of all

information and going forward the hospital aims to up it to 95%.

In addition to having better connectivity between the hospital and primary care partnered clinics with both projects, Bhumibol Adulyadej Hospital aims to enhance patients' experience with **"Application for Patients"**. With support from the Digital Government Development Agency (Public Organisation), Bhumibol Adulyadej Hospital launched an application called **"BAH Connect"** on 9 December 2019 that allows patients to make an appointment and browse their medical records.

"In the next phase, we wish to push patients to start taking better care of their health," said Air Vice Marshal Thaweepong.

He concluded: "Every project aims to build an integrated service with central focus on excellent primary care and further it with the E-Referral Healthcare System and application. Our goal is to ensure that patients receive high standard treatment so we can build the trust of the people we serve."



## Samut Prakan Prison works to improve inmates' health with royal inspiration

**T**he non-discriminatory policy of the universal care coverage scheme dictates that everyone is entitled to equal and thorough health care. However, prison inmates are a vulnerable group of people usually neglected. Nevertheless, they can resume being useful labour for the country after their prison terms.

"There have been many problems concerning inmates' health care," says **Mr. Sithi Suthewong, Director of Samut Prakan Prison in Samut Prakan**. "For example, at Samut Prakan Prison, there are only five nurses who take care of about 7,800 inmates, so one nurse to every 1,500 inmates. Though able to complete day-to-day operations, the medical team cannot work in a proactive way. Moreover, the lack of proper medical instruments worsens the situation."

"Another serious problem is treatment rights where the prison has to cover inmates' medical expenses, creating budget and management issues."

"Initially, Samut Prakan Prison tackled these problems by collaborating with Bangbo Hospital. Doctors from the hospital come to the prison to treat inmates and promote health and disease prevention. Medical equipment was provided and a special area was constructed for inmates who needed referrals to outside hospitals."

"Later, Samut Prakan Prison worked with the National Health Security Office (NHSO) to more effectively administer healthcare rights

and expenses under the universal care coverage scheme. Currently, almost all inmates in Samut Prakan Prison have registered for the healthcare plan."

A turning point came with the "Corrections Give Happiness and Do Good Deeds with Heart" campaign, an initiative of His Majesty King Maha Vajiralongkorn Phra Vajiraklaochaoyuhua. The project has a clear vision to improve healthcare provision for inmates across the country, provide necessary medical equipment, and develop medical areas in prisons. This empowers all parties involved to work efficiently toward the common goals.

Samut Prakan Prison now has TB screening, is working proactively to prevent specific communicable diseases like HIV and AIDS, and has projects to improve female inmates' wellbeing according to the Bangkok Rule.

**Mr. Kwanchai Santiparapob, Former Director – Inmate Development, Samut Prakan Prison**, said that the strength of the prison is its collaboration with network hospitals and local organisations. The programme's success leads to more partnerships and more budget to promote development. Meanwhile, other prisons come to learn about the operation and start to adopt it.

"The key factor behind the success is that everyone works for the benefit of the inmates," said Mr. Kwanchai. "We treat them as our citizens and try to work out specific pre-conditions to keep them healthy. Their health is always our main goal."



# History of the Prince Mahidol Award and Prince Mahidol Award Conference

His Royal Highness Prince Mahidol of Songkla was born on January 1, 1892, a royal son of Their Majesties King Rama V and Queen Savang Vadhana of Siam. In 1912, His Majesty King Rama VI commissioned him as a lieutenant in the Royal Thai Navy.

**W**hile serving in the Royal Thai Navy, Prince Mahidol of Songkla had noted the serious need for improvement in the standards of medical practitioners and public health in Thailand. In undertaking such a mission, he decided to study public health at M.I.T. and medicine at Harvard University in the US. Prince Mahidol set in motion a whole range of activities in accordance with his conviction that human resource development at the national level is of utmost importance and his belief that improvement of public health constitutes an essential factor in national development. He also provided a considerable sum of his own money to be used as scholarships for talented students to study abroad. After he returned home with his well-earned M.D. and C.P.H. in 1928, Prince Mahidol taught preventive and social medicine to final year medical students at Siriraj Medical School. He also worked as a resident doctor at McCormick Hospital in Chiang Mai and performed operations alongside Dr. E.C. Cord, Director of the hospital. As ever, Prince Mahidol did much more than was required in attending his patients, taking care of needy patients at all hours of the day and night, and even, according to records, donating his own blood for them.

Prince Mahidol's initiatives and efforts produced a most remarkable and lasting impact on the advancement of modern medicine and public health in Thailand such that he was subsequently honoured with the title of "Father of Modern Medicine and Public Health of Thailand".

In commemoration of the Centenary of the Birthday of His Royal Highness Prince Mahidol of Songkla on January 1, 1992, the Prince Mahidol Award Foundation was established under the Royal Patronage of His Majesty King Bhumibol Adulyadej to bestow an international award – the Prince Mahidol Award – upon individuals or institutions throughout the world that make outstanding and exemplary contributions to the advancement of medicine, public health and human services.

The Prince Mahidol Awards are conferred on an annual basis with prizes worth a total of approximately US\$100,000. A Committee, consisting of world-renowned scientists and public health experts, recommends a selection of laureates whose nominations must be submitted to the Secretary-General of the Foundation before May 31st of each year. The committee will decide on the number of prizes to be awarded annually, which shall not exceed two in any one year. The prizes are given for outstanding performance and/or research in the field of medicine for the benefit of mankind and for outstanding contributions in the field of health for the sake of the well-being of the people. These two categories were established in commemoration of His Royal Highness Prince Mahidol's graduation with a Doctor of Medicine (Cum Laude) degree and Certificate of Public Health and in respect to his statement that:

"True success is not in the learning, but in its application to the benefit of mankind." The Prince Mahidol Award ceremony will be held in Bangkok in January each year and presided over by His Majesty the King of Thailand.

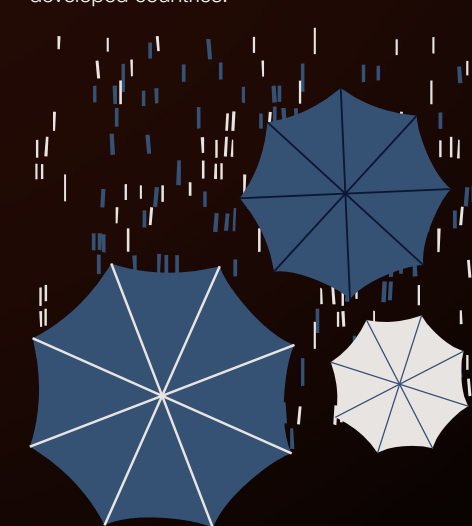
**The Prince Mahidol Award Conference** was first organised in 1998 to celebrate the 5th anniversary of the Prince Mahidol Award. It was held again in 2002 to celebrate the 10th anniversary of the award. To celebrate the 15th anniversary of the award and the 115th Birthday Anniversary of His Royal Highness Prince Mahidol of Songkla in 2007, Her Royal Highness Princess Maha Chakri Sirindhorn, President of the Prince Mahidol Award Foundation under the Royal Patronage, requested the conference be organised annually.

Since then, the Prince Mahidol Award Conference has been organised as an annual international conference focusing on policy-related public health issues of global significance. The conference is hosted by the Prince Mahidol Award Foundation, the Royal

Thai Government and other global partners, for example the World Health Organisation (WHO), the World Bank, the United States Agency for International Development (USAID), the Japan International Cooperation Agency (JICA), the Rockefeller Foundation, the China Medical Board (CMB), and other UN agencies.

The general objective of the annual Prince Mahidol Award Conference is to bring together leading public health leaders and stakeholders from around the world to discuss high priority global health issues, summarise findings and propose concrete solutions and recommendations. It aims to be an international forum that global health institutes, both public and private, can co-own and use for the advocacy and seeking of international advice on important global health issues. Specific objectives of each year's conference are discussed among key stakeholders and co-hosts of the conference.

Conference participants include ministers, senior government officials, intergovernmental organisations, international development partners, global health initiatives, health policy and health systems researchers and advocates, civil society organisations, and high-level stakeholders from developing and developed countries.







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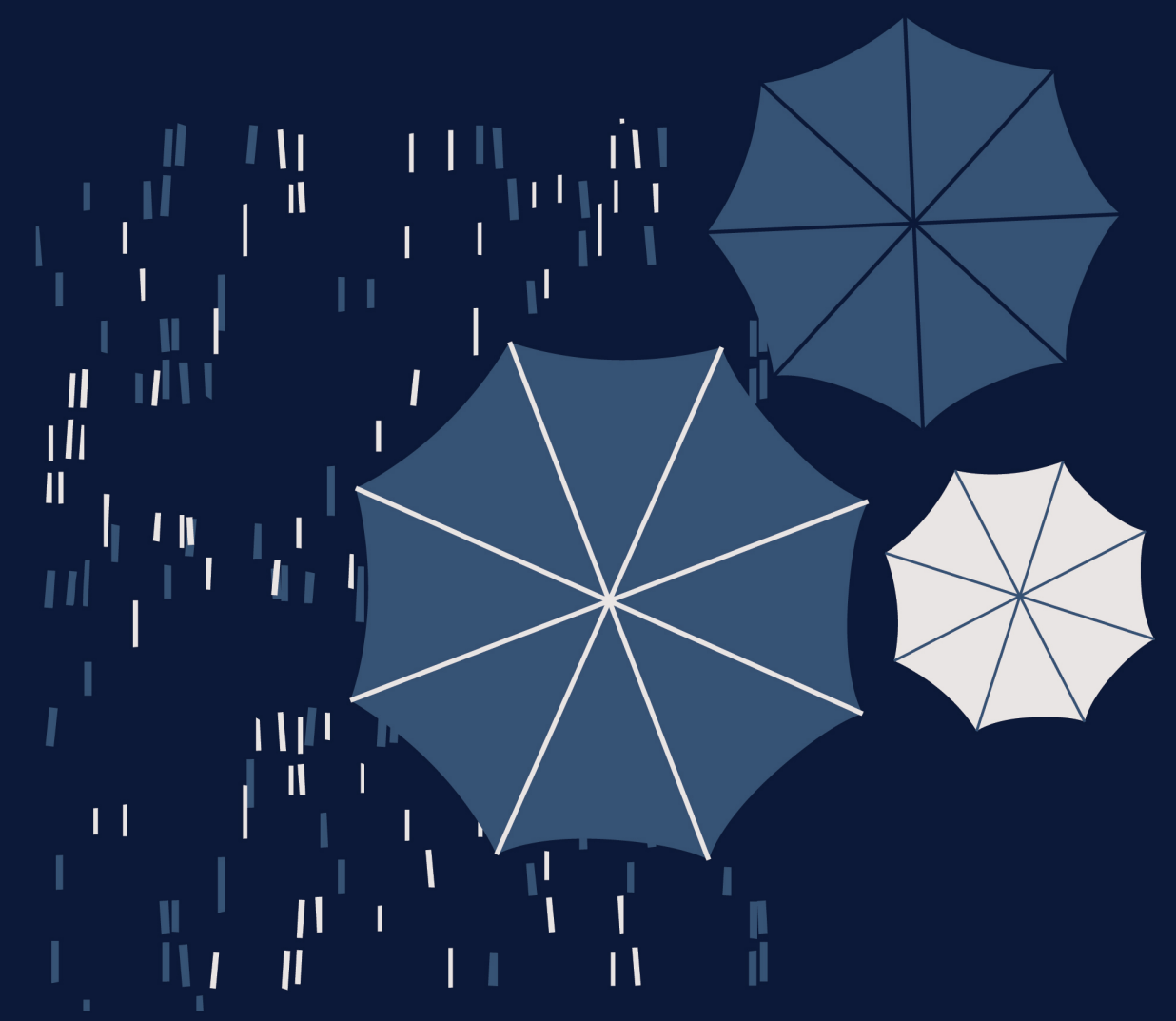
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