Thai UHC Journey 2025

S-A-F-E UHC Financing for Better Health

Workshop Report



November 24-28, 2025
Best Western, Chatuchak
Bangkok, Thailand

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Executive Summary

As the 2030 deadline for the Sustainable Development Goals approaches, global progress toward universal health coverage (UHC) remains off track, with countries facing rising healthcare costs, demographic transitions, economic volatility, climate-related health shocks, and declining development assistance. Against this backdrop, Thailand's UHC system continues to evolve to ensure equitable access to quality healthcare while maintaining a sustainable, adequate, fair, and efficient (S-A-F-E) health financing framework. The Thai UHC Journey Workshop 2025, held in Bangkok from 24–28 November 2025 and co-hosted by the National Health Security Office (NHSO), Thai Health Promotion Foundation (ThaiHealth), National Health Commission Office (NHCO), International Health Policy Program Foundation (IHPP), and PMAC Strategic Institute (PMAC SI), along with WHO and Japan/Thailand GLO+UHC partners, brought together 19 participants from 9 countries across South and Southeast Asia to strengthen understanding, capacity, and regional collaboration for resilient and inclusive UHC systems.

The workshop provided a comprehensive learning platform through country-level experience sharing, policy discussions, and practical site visits to institutions such as ThaiHealth, NHSO, Phra Nang Klao Hospital, and the National Health Assembly. Participants explored both Thailand's and other countries' UHC journeys, including its health system architecture, primary healthcare readiness, financing reforms, and innovations. By facilitating mutual learning, exchange of policy innovations, and networking among policymakers, practitioners, and development partners, the workshop advanced regional collaboration and reinforced strategies to achieve sustainable, equitable, and efficient UHC outcomes.



1 | Background and Objectives

Background

As the 2030 deadline for achieving the Sustainable Development Goals (SDGs) approaches, the world remains significantly off track to meet SDG Target 3.8 on universal health coverage (UHC). Countries are now contending with a convergence of complex global challenges, including demographic transitions, rising healthcare costs, economic instability, climate-related health shocks, and weakened global solidarity. Declining official development assistance (ODA), reduced donor commitments, and increasing reliance on loans exacerbate debt burdens for low-income countries. These trends heighten the need for innovative and sustainable health financing mechanisms and inclusive governance systems that can adapt to evolving needs.

The system now faces new pressures from population aging, declining birth rates, rapid technological advancement, and economic fluctuations. These emerging conditions demand that Thailand's UHC system continue to evolve through participatory and responsive governance, ensuring equitable access to quality healthcare while maintaining a health financing system that is sustainable, adequate, fair, and efficient (S-A-F-E).

The Thai UHC Journey Workshop 2025, co-hosted by the National Health Security Office (NHSO), Thai Health Promotion Foundation (ThaiHealth), National Health Commission Office (NHCO), International Health Policy Program Foundation (IHPP), and PMAC Strategic Institute (PMAC SI), along with WHO and Japan/Thailand GLO+UHC partners, took place on 24-28 November 2025, in Bangkok. There were 19 participants, who came from 9 countries across South- and South-east Asia as seen in Figure 1. It aimed to build mutual learning and capacity-building among countries striving to build resilient, equitable, and inclusive UHC systems.

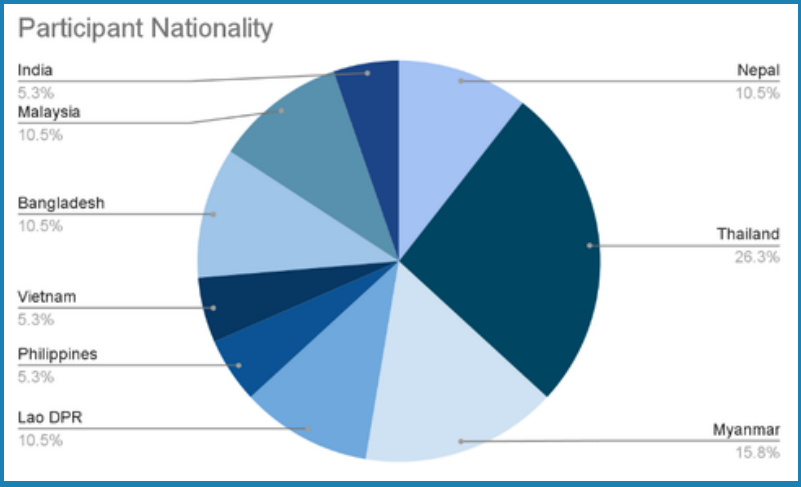


Figure 1. Nationality of Participants



Objectives

- To share country experiences and policy innovations with focus on S-A-F-E
- To learn and share country practices and challenges on participatory and responsive governance for effective, efficient, and equitable outcomes of UHC
- To explore Thailand's journey toward UHC by examining its health system architecture and primary health care (PHC) readiness, financing reforms, and innovations
- To strengthen regional and international collaboration by building networks among policymakers, practitioners, and development partners committed to achieving sustainable and equitable UHC

2 | Workshop Proceedings

Opening Session

Speakers:

1. Dr. Angkana Lekagul, Secretary General, IHPP
2. Dr. Jadej Thammatacharee, Secretary General, NHSO
3. Ms. Chalarntorn Yothasmutra, Director, International Collaboration on UHC Division, NHSO

Dr. Angkana opened the workshop by emphasizing its collaborative purpose, bringing together participants from different countries to exchange knowledge on advancing UHC. She highlighted its significance in alleviating poverty, ensuring equitable access to essential health services without financial burden, and advancing the commitment to "leave no one behind." The workshop was designed to facilitate mutual learning and dialogue, ultimately strengthening health systems in support of broader societal and sustainable development objectives.

Ms. Chalarntorn presented the workshop's strategic focus on promoting UHC through cross-country knowledge exchange and the application of the SAFE framework–Sustainability, Adequacy, Fairness, and Effectiveness–to health financing. She emphasized the value of candid dialogue regarding both achievements and challenges from Thailand's UHC implementation, encouraging participants to engage in substantive discussion.

Dr. Jadej welcomed delegates from nine nations and affirmed the relevance of the SAFE framework in guiding UHC advancement. Reflecting on Thailand's 24-year experience with UHC, he acknowledged emerging challenges, including demographic shifts and rapid technological development. He emphasized that UHC should be regarded as a strategic investment rather than an expenditure and called upon delegates and policymakers to actively contribute to the workshop's discussion in order to develop comprehensive, shared strategies for advancing UHC systems across countries.

Day 1

The first day of the workshop began with an overview of the global UHC landscape, followed by a focus on country-level experiences.

Setting the Scene: Global Perspectives and the Situation on UHC

Speaker:

Dr. Manoj Jhalani, Director of Health Systems Development at the WHO Regional Office for South-East Asia



> “Universal Health Coverage means ensuring that everyone, everywhere, can access the quality health services they need throughout their lives—without facing financial hardship”

Dr. Manoj presented an overview of global progress toward Universal Health Coverage, noting that while advancement occurred between 2000 and 2015, progress has plateaued over the past decade. Significant disparities persist across health domains, with ongoing challenges in reproductive, maternal, and child health; infectious and non-communicable diseases; and service delivery capacity. While digital health and artificial intelligence offer transformative opportunities, they risk widening existing inequities without strong governance and ethical safeguards.

To accelerate progress, Dr. Manoj emphasized strengthening PHC as central to UHC advancement. He highlighted the importance of establishing affordable benefit packages, improving efficiency, and aligning external financing with national priorities. Strengthening domestic health financing and reducing out-of-pocket spending are essential to sustaining UHC gains. The World Health Organization’s (WHO) Global Knowledge Hub on UHC was noted as an upcoming resource for countries seeking to advance their health systems.

Group Exercise - UHC Cube Framework Crisis

Participants took part in a healthcare policy simulation that explored the real-world challenges of designing policies for UHC. Using WHO's UHC Cube Framework–covering population, services, and financial protection–the exercise showed that progress in one area often comes at a cost of another. Working in teams as fictional countries, participants navigated five rounds of evolving scenarios. Initial decisions focused on priorities such as digital registration, prevention services, or targeted subsidies. Later rounds introduced economic downturns, workforce shortages, political pressure, and a natural disaster, reflecting the realities faced by health systems.

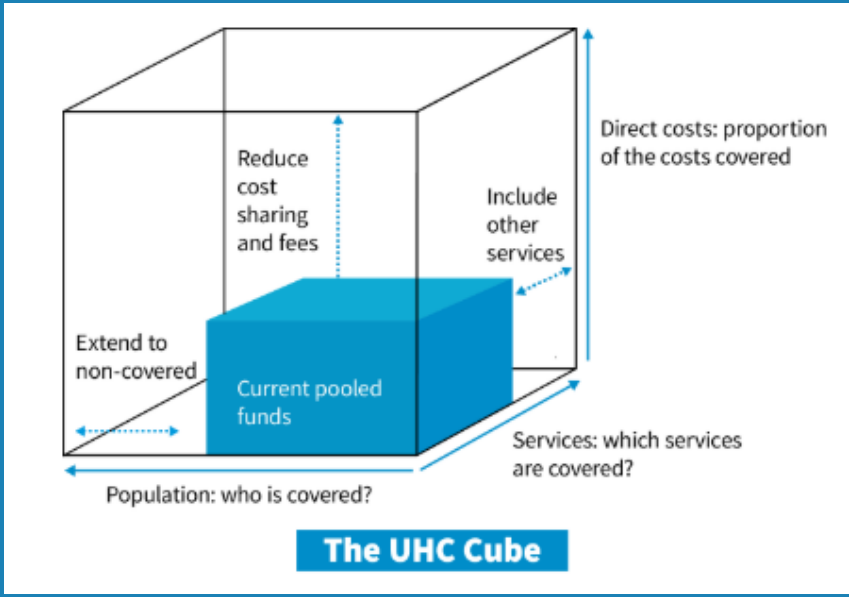


Figure 2. Courtesy of WHO

The simulation highlighted common policy trade-offs: wider population coverage can limit service depth; stronger financial protection may require a narrower benefits package; and politically popular options are not always sustainable. Overall, participants learned that achieving UHC depends on making informed, context-specific choices and committing to long-term system strengthening rather than aiming for perfect solutions

Indonesia's Path Toward Universal Health Coverage: Progress, Challenges, and Lessons Learned

Speaker:

Prof. Dr. Ali Ghufron Mukti, President Director of Indonesia's Social Security Administering Body for Health (BPJS)

Dr. Ali Ghufron shared Indonesia's experience building UHC through Jaminan Kesehatan Nasional (JKN), its national health insurance system. By 2024, the program covered 98.68% of the population–over 282 million people–making Indonesia one of the fastest-moving countries toward UHC. A key feature is the gatekeeping system: all patients start at primary health centers and move to hospitals only when necessary. This keeps costs down and strengthens basic care. The program also uses digital tools such as mobile applications, telemedicine, and online systems to make services more accessible and track performance in real time.



> "Indonesia reached 98% UHC coverage within ten years—showing that with the right structure and commitment, rapid expansion is achievable."

Out-of-pocket costs dropped from nearly 50% to around 25%, and the program became financially sustainable, moving from deficit to surplus in 2021. Success came down to three things: consistent government support from the top, clear rules and structures, and a committed team of skilled professionals. Direct oversight by the President ensured the program remained as a priority agenda across the government.

Thailand's Health System and Journey Towards UHC: S-A-F-E Framework

Speaker:
Dr. Woranan Witthayapipopsakul, Researcher, IHPP

Dr. Woranan presented Thailand's gradual, long-term path to Universal Health Coverage (UHC), culminating in the 2002 Universal Coverage Scheme (UCS). Progress was built on three interconnected pillars: health infrastructure, workforce development, and financial risk protection. Thailand invested heavily in service delivery capacity. By the 1990s, all districts had hospitals, and in the following decade health centers were established in every sub-district, creating a strong referral system from primary to tertiary care. This ensured nationwide service readiness before UCS was introduced.

Workforce policies focused on rural retention and equitable distribution. Measures included rural recruitment, hometown placement, expanded training institutions, compulsory public service, and financial and career incentives, resulting in a sufficient and well-distributed workforce. Financial coverage expanded incrementally over 27 years, starting with schemes for the poor and vulnerable, followed by civil servants and formal-sector workers. The 2002 UCS completed coverage by including informal workers through a tax-financed approach. Overall, Thailand's UHC success reflected sustained investment, policy continuity, and careful sequencing over time.





Philippines's Path Toward Universal Health Coverage: Progress, Challenges, and Lessons Learned

Speaker:

Dr. Edwin Mercado, CEO of Philippine Health Insurance Corporation (PhilHealth)

Dr. Mercado discussed the Philippines' UHC journey as a country where healthcare financing and organization face significant structural challenges. With a large population and limited average wages, the Philippines relies heavily on out-of-pocket spending, leaving many vulnerable to financial hardship from medical costs. The core challenge is that the health system is highly fragmented due to decentralization, with responsibilities split between national and local governments. This creates coordination gaps and uneven service quality across regions.

To combat this, PhilHealth, a government-owned corporation, pursues changes to strengthen the system. The agency is shifting focus toward primary care to catch illnesses early and reduce preventable hospitalization. It is also adopting fairer payment methods based on patient needs rather than fixed rates, while expanding coverage to reduce out-of-pocket costs for hospital care. A digital overhaul is simultaneously streamlining claims processing and reducing administrative burden across the system, fundamentally restructuring its health system toward greater equity and efficiency amid ongoing decentralization challenges.



> "Our current spending on primary care is only 3% of our total benefit payment; we aim to increase this to 25% by 2028."

Japan's Approach to Sustainable Health Financing in an Aging Society

Speaker:
Dr. Ono Taichi, Director of National Graduate Institute for Policy Studies



> "Healthcare policy is not about achieving the best one time, but an ongoing endeavor to continually pursue the better while managing the dilemmas involved."

Dr. Ono presented how Japan has maintained universal health coverage since 1961 despite managing one of the world's most rapidly aging populations. He explained that the foundation of this success is Japan's unified fee schedule, a single national price list applied across all insurance schemes. Revised every two years, this mechanism allows the government to guide provider behavior, manage costs effectively, and preserve equity without compromising care quality. Japan prioritizes disease prevention through mandatory annual checkups and lifestyle counseling for people over 40 and the government continuously adjusts benefit packages and copayments to balance protection with affordability.

However, he highlighted how Japan faces genuine challenges as their population ages and shrinks, reducing both healthcare demand and financial contributors. Rather than minimizing spending, Japan targets an "appropriate level" that maintains quality while protecting younger generations from excessive financial burden. He concluded that sustainable UHC requires ongoing adjustment, not permanent solutions.

Dr. Ono identified two major lessons learned from the history of introducing Japan's Long-Term Care system:

(1) in earlier days medical care for older persons was provided at no out-of-pocket payment therefore people preferred to use hospitals as long-term care facilities; and

(2) to overcome negative legacy of such scheme, including inefficient use of medical care resources.

Panel Discussion - UHC in Practice

Panelists:

1. Dr. Woranan Witthayapipopsakul, Treasurer, IHPP
2. Dr. Edwin Mercado, CEO of Philippine Health Insurance Corporation (PhilHealth)
3. Dr. Taichi Ono, Director of National Graduate Institute for Policy Studies

Moderator:

Ms. Chalarntorn Yothasmutra, Director, International Collaboration on UHC Division, NHSO

Representatives from Thailand, Japan, and the Philippines came together to discuss how health systems can remain sustainable and affordable as populations age, costs rise, and technology advances. The discussion centered on several practical challenges, with panelists emphasizing that each country must tailor reform to its own circumstances.

Financing sustainability emerged as a persistent concern since countries need to balance rising healthcare costs with equitable access. Strategies like activity-based costing and careful co-payment design were discussed, with agreement that vulnerable groups must be protected. The panelists also highlighted out-of-pocket spending as a major barrier, particularly in the Philippines, and noted that shifting investment toward primary care and preventive services helps reduce overall costs.

Workforce issues were shared across all countries, though in different forms. Thailand struggles with health workers moving to better-paid private positions. The Philippines faces significant overseas migration of professionals. Solutions discussed included improving working conditions, strengthening community health workers, and using technology to reduce provider burden.

The overarching message was clear: sustainable universal health coverage requires continuous adaptation, resilient financing, stronger primary care investment, and tailored strategies for retaining health workers.

Session Recap

Speaker:

Dr. Suwit Wibulpolprasert, Vice-Chairman, IHPP

Dr. Suwit emphasized that UHC is not a single destination but a continuum shaped by each country's history, institutions, and political realities. He identified fragmentation as a critical cautionary lesson. Thailand's separate insurance schemes create inequalities and inefficiencies that are hard to reverse. On the health workforce, he stressed that financial incentives alone don't ensure motivation or quality. Workers need competency, fair recognition, and strong supervision alongside competitive pay.

In conclusion, sustainable health financing requires constant iteration. Systems need regular adjustments to respond to technology, demographics, economics, and public expectations. Successful UHC systems continuously learn, adapt, and balance access, quality, and cost.



Day 2

The second day provided an in-depth exploration of Thailand's UHC reforms, using the Universal Coverage Scheme (UCS).

Overview of Thailand's Universal Coverage Scheme (UCS) and Governance Framework: Participatory and Responsive Governance

Speaker:

Ms. Chalarntorn Yothasmutra, Director of International Collaboration on UHC Division, NHSO

Thailand's health system achieves near-universal coverage through three complementary public insurance funds. The Universal Coverage Scheme (UCS), launched in 2002 and covering roughly 70% of the population, primarily serves those outside formal employment. The Social Security Scheme covers private-sector workers with joint financing from workers, employers, and government. The Civil Servant Medical Benefit Scheme provides comprehensive coverage for government officials funded through the national budget.

The UCS, famously known as the "30 Baht scheme," is managed by the National Health Security Office and financed through general taxation. The scheme delivers comprehensive benefits–from prevention to rehabilitation–using a primary care referral system, though emergency care is accessible anywhere.

Since implementation, the UCS has successfully maintained catastrophic health expenditure below 2%. However, it faces increasing pressures such as poverty, inequality, economic competitiveness, rising costs from advanced technology, and demographic shifts.





Translating S-A-F-E Principles into UCS Payment Mechanism: Policy Implementation in Thailand's Universal Coverage Scheme

Speaker:
Ms. Waraporn Suwanwela, Deputy-Secretary, NHSO

The Thai UCS achieved health coverage in 2002, with the goal of translating the SAFE Principle (Sustainability, Adequacy, Fairness, and Efficiency) into a functional payment mechanism financed through General Taxation (Public Fund). SAFE principles include sustainability through affordable health expenditure and fiscal space, adequacy through proper allocation and payment, fairness through equitable finance and access to care, and efficiency through efficient management.

The National Health Security Office acts as a strategic purchaser, proactively determining what services to buy, for whom, and how much to pay. Their evidence-based decision-making is supported by a strong legal framework, transparent governance, and the use of Health Technology Assessment (HTA). To manage costs and incentives, the UCS employs a mixed payment method of capitation for outpatient and prevention services, and DRG for inpatient care. The system has proven successful in financial protection with catastrophic health expenditure at only 2%. But challenges persist, notably the rising costs associated with medical technology, ensuring access for vulnerable groups, and managing the growing burden of Non-Communicable Diseases (NCDs).



Group Exercise: Budgeting for Your UHC

Budgeting for Your UHC was an interactive simulation designed to help participants experience the complexities of budgeting for UHC. Groups were required to allocate limited budgets across Service Coverage and People Coverage, while responding to unexpected financial “disaster” shocks. Total expenditure (Service Points x People Points) couldn’t exceed each group’s national budget. This activity highlighted the trade-offs countries face when balancing fairness, adequacy, and sustainability in health financing.

Participants quickly realized how quickly priorities shifted under pressure and how trade-offs between breadth (who is covered) and depth (what services are covered) became unavoidable. Groups who played as a low-income country had their budget drastically reduced, making universal coverage not feasible. The team had to make coverage shallow, keeping only basic services and life-saving interventions. The group playing as a high-income country had a disaster that forced difficult ethical choices. To remain financially “safe and effective,” the group had to exclude migrants and refugees from coverage, acknowledging the uncomfortable reality that they were unable to provide for everyone.





How UCS is Financed, Annual Budget Request and Execution: Experiences and Challenges

Speaker:
Mr. Sarit Boonchu, Budget and Plan Specialist, NHSO

The session led by Mr. Boonchu provided a comprehensive overview of how Thailand's UCS is financed, detailing the multi-year budgeting cycle, evidence-based calculation methods, governance structure, and the financial challenges that threaten long-term sustainability. The UCS annual budgeting process spans nearly two years, following a highly structured and participatory governance approach. Beginning at the technical level, inputs come from public hearings, stakeholder consultations, and expert subcommittees before the final decision is made by the National Health Security Board (NHSB). Notably, the budget request goes to the Cabinet before the Budget Bureau reviews it, ensuring early political support and enabling substantial budget growth.

Key successes stem from strong governance, transparency and multi-stakeholder participation, yet sustainability is increasingly challenged by the rising NCD burden, aging population and higher long-term care needs, slow economic growth, and the rapid expansion of medical technologies.



> "Universal Health Coverage is a political economy process; don't look at it as a technical thing only."

Panel Discussion - More Health for the Money: Making Every Baht Count for Sustainable UHC



Panelists:

1. Ms. Nitichen Kittiratchakool, Researcher, HiTAP
2. Mr. Chatpot Lairungruang, Research Assistant, IHPP
3. Mr. Peerasit Sitthirat, Researcher, Faculty of Medicine, Ramathibody Hospital, Mahidol University
4. Ltl. Thanasak Thumbunthu, Special Operations Unit Expert, NHSO

Moderator

Mr. Teeramade Thirseesaeng, Policy Specialist, NHSO

This panel explored how Thailand can ensure long-term UHC sustainability by maximizing resource efficiency, focusing on delivering better health outcomes with existing resources rather than cutting budgets. There are many sources of inefficiency in Thailand such as wasting resources through unnecessary tests, underuse of generic medicines, and fee-for-service payments. About 5% of hospital admissions are for mild conditions, costing 1 billion Baht annually, and some hospitals split admissions to bypass inadequate payment rates.

The NHSO established a Low-Value Care working group to systematically identify and reduce wasteful procedures using evidence-based methods. Value-based care offers bonus payments to primary care facilities that maintain stable chronic disease conditions, preventing costly emergency visits. HTA evaluates cost-effectiveness of drugs and services and the government invests in AI-assisted radiology interpretation to improve early detection and support local innovation. By improving efficiency, Thailand can direct resources toward expanding coverage, protecting people from financial hardship, and enhancing service quality.

The Political Economy of Thailand's Renal Replacement Therapy (RRT)

Speaker:
Dr. Suwit Wibulpolprasert, Vice-Chairman, IHPP

This session explored the political evolution of Thailand's RRT policy under the UCS. RRT–comprising Hemodialysis (HD), Peritoneal Dialysis (PD), and Kidney Transplant (KT)–is one of the most expensive life-saving interventions in the Thai health system. It was added to the UCS in 2008 based on equity grounds, despite being cost-ineffective. The implementation used a "PD-First" strategy requiring strict pre-authorization, which reduced patient costs by over 50,000 THB annually and enabled home-based treatment, containing expenses below projections.

In 2022, patient groups pushed for a free choice policy and politics overrode technical expertise, allowing patients to select either HD or PD without rigorous assessment. This shift had severe consequences and PD-utilization collapsed. By November 2024, experts from HiTAP and NHSO successfully advocated for reinstating PD-First. Dr. Suwit emphasized that political economy, health professional ethics, and continuous evidence generation are central to sustaining UHC.

The dialogue concluded with reflections on policy adaptability. Thailand's experience underscored the importance of monitoring real-world outcomes and being willing to correct courses when needed.



> "Politics can override technical evidence—but it must be guided by equity and compassion."

Day 3

The third day of the workshop focused on health promotion and social participation as core pillars of sustainable UHC.

Meet the CEO: Opening Remarks and the Strategic Overview of ThaiHealth

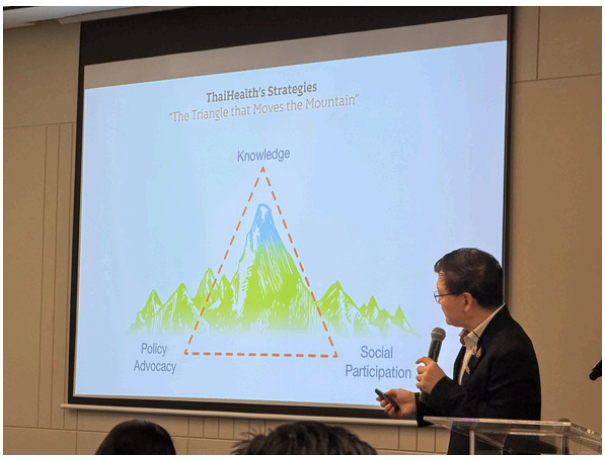
Speaker:
Dr. Pongthep Wongwatcharapaiboon, CEO, ThaiHealth

Dr. Pongthep delivered an overview of the origins, mandate, and achievements of the Thai Health Promotion Foundation (ThaiHealth) and its essential role in strengthening Thailand's UHC through primordial prevention. While UHC ensures access to treatment, long-term sustainability requires preventing diseases from emerging. Established in 2001, ThaiHealth addresses behavioral and social determinants of health that strain the system, recognizing that Thailand faces a new "era of health threats" dominated by smoking, alcohol use, unhealthy diets, and environmental exposures rather than infectious diseases.

Dr. Pongthep illustrated progress in key health risk areas with substantial reductions in tobacco use–from nearly 59% to around 34%–and improvements linked to alcohol-control programs. These outcomes demonstrate that sustained investment in health promotion reduces premature mortality, particularly among men who still face higher risks from smoking, alcohol, and NCDs. He closed by reaffirming that ThaiHealth's vision of "long life, long health, and equity for all" requires leveraging evidence, community participation, and policy mechanisms to shift population behaviors.

"Our goal is long life, long health, and justice–not only living longer, but living healthier."





Introduction to ThaiHealth

Speakers:

1. Dr. Suwit Wibulpolprasert, Vice-Chairman, IHPP
2. Ms. Sininard Wangdee, International Relations Specialist, ThaiHealth

The session opened with a ThaiHealth introductory video highlighting Thailand's shifting health landscape and the growing burden of NCDs, now responsible for over 75% of deaths. The video situated ThaiHealth as a central enabler in reducing this burden through innovative, autonomous, and sustainably funded health promotion mechanisms. Following the video, Dr. Suwit provided historical and conceptual framing explaining that while the UHC system addresses treatment, approximately 80% of health is shaped by social and environmental determinants, which is what ThaiHealth targets.

Ms. Wangdee presented ThaiHealth's mandate and financing model describing 15 master plans using issue-based approaches (e.g., tobacco, alcohol, healthy diet), setting-based interventions (e.g., schools, communities), and system-based strategies (e.g., policy, surveillance) approaches. Funded by a 2% surcharge on tobacco and alcohol excise taxes generating roughly USD 130 million annually, ThaiHealth supports approximately 2,000 projects across more than 20,000 partners. ThaiHealth's success stems from its Tri-Power Strategy: Knowledge, Social Mobilization, and Policy (See figure 3). This integrated approach has driven major policy achievements including the Tobacco Control Act (2017), Alcohol Control Act (2008), trans-fat bans, and sugar-sweetened beverage taxes. ThaiHealth's independent governance and dedicated funding enable it to inspire, motivate, coordinate, and empower partners across all sectors.

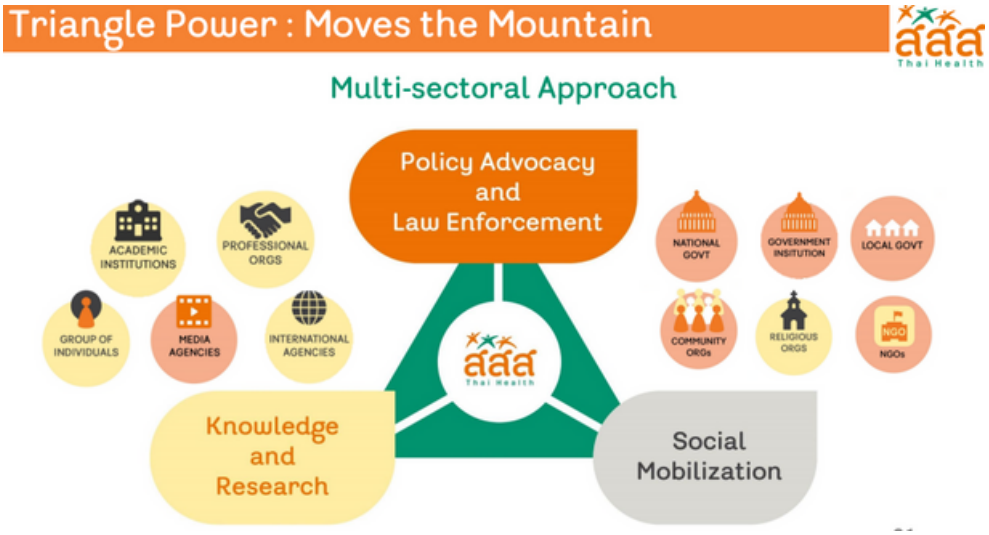


Figure 3. Courtesy of ThaiHealth

The Birth of ThaiHealth: Why and How



Speaker:

Prof. Dr. Prakit Vathesatogkit, Thailand's Tobacco Control Champion and Founder of ThaiHealth

Prof. Dr. Prakit Vathesatogkit explained how ThaiHealth was conceived to address a critical gap: despite Thailand's strong tobacco-control legislation in the 1990s, there was no dedicated budget for implementation, enforcement, or public education. Major public health challenges–tobacco, alcohol, road safety, and cardiovascular disease–lacked sustainable funding resources.

"We had the law, but no budget—not even money to print a 'No Smoking' sign."

Early economic burden studies conducted by Thai researchers demonstrated that reducing only 10% of harms from tobacco, alcohol, and road injuries would save Thailand approximately USD 500 million annually. This evidence convinced the Ministry of Finance and policymakers that prevention was fiscally sound, motivating exploration of a dedicated health promotion fund.

ThaiHealth had to be autonomous, not housed within the Ministry of Public Health, as independent legislation ensured continuity and flexibility without political interference. The breakthrough came when policymakers accepted a 2% surcharge on tobacco and alcohol excise taxes to fund ThaiHealth, with industries bearing the cost while the Ministry of Finance retained full tax proceeds. This compromise removed political barriers and enabled the Health Promotion Foundation Act in 2001, establishing ThaiHealth alongside UHC reforms as a complementary mechanism to reduce disease burden and ensure long-term sustainability.

Does a Health Tax Really Work? : The Case of Sugar-Sweetened Beverage (SSB) Taxation in Thailand?

Speakers:

1. Mr. Rungsun Munkong, International Relations Expert, ThaiHealth
2. Dr. Suwit Wibulpolprasert, Vice-Chairman, IHPP



Mr. Rungsun began with the global framing of health taxes–excise taxes aimed at reducing consumption of harmful products such as tobacco, alcohol, and sugar-sweetened beverages (SSBs). He emphasized that these taxes create a “win-win-win” outcome: reduced consumption, improved population health, and increased fiscal space for governments. Thailand’s sugar consumption is 25-27 teaspoons per person per day, far above the WHO recommendation of six teaspoons with beverages identified as the largest source of added sugar.

A decade of evidence-generation led to Thailand’s landmark reform in 2017, introducing a tiered, sugar-based excise tax. Drinks with higher sugar content face higher rates and this structure focuses on incentivizing reformulation rather than merely raising revenue. From this reform, there was a major industry reformulation, leading to a sharp drop in high-sugar beverages, average sugar intake reduced, significant behavioral changes across age groups, and tax revenue that initially increased and later declined as reformulation expanded.

Dr. Suwit explained that health taxes such as excise taxes on tobacco, alcohol, sugar-sweetened beverages are among the most cost-effective public health interventions, often outperforming education campaigns or voluntary commitments in reducing consumption and disease risk. Health taxes shift costs back to industries that create health harms, reducing the financial burden on the health sector. They contribute to preventing NCDs, reducing long-term healthcare costs, and strengthening the sustainability of UHC.

Social Participation for UHC, Health and Well-Being in Thailand

Speakers:

1. Dr. Tipicha Posayanonda, Deputy Secretary-General of the National Health Commission (NHCO)
2. Ms. Nanoot Mathurapote, Director of Global Collaboration Department, NHCO
3. Ms. Khanitta Saeiew, Senior Officer, Global Collaboration, NHCO

Thailand has established a strong system of institutionalized social participation, integrating public voices into national health policy and service design. Two major participatory platforms support this approach: the annual public hearing organized by the NHSO on the UHC benefit package, and the National Health Assembly (NHA) convened by the National Health Commission Office (NHCO), which brings multi-sector stakeholders together to address health and well-being issues. Thailand emphasizes meaningful participation through inclusiveness, equal representation, and structured support for civil society engagement. Civil society, government, and academia hold equal representation on the National Health Commission, reflecting the “Triangle that Moves the Mountain” approach and ensuring balanced decision-making.

In 2024, the WHO adopted a resolution on Social Participation for UHC, Health, and Well-being, championed by several countries, including Thailand, alongside international NGOs. The resolution underscores the importance of institutionalizing participation across the policy cycle to strengthen trust, accountability, and equity in health systems.





Analysis of Three Country Cases and the Alignment with Three Elements for Institutionalizing Social Participation



Philippines: The National Practice Guideline Program (NPGP) Alignment with the Enabling Environment Element

Speaker: Charmaine Kristabel Macario De Vera, Disease Prevention and Control Bureau

The session opened with presenting how communities help shape health services through the National Practice Guidelines Program (NPGP). The program aims to strengthen service delivery and build partnerships between health authorities and communities. Key components of the NPGP include Department of Health–approved clinical practice guidelines, interim guidelines for infectious disease, and omnibus health guidelines for primary care. The presentation highlighted the importance of community participation in both the development and dissemination of these guidelines, as well as the integration of NPGP outputs into health technology assessment and healthcare financing processes. The session concluded with an overview of the 2025-2028 strategic plan, which aims to ensure the widespread development and consistent use of evidence-based guidelines by 2028.



Vietnam: Alcohol Policy Advocacy Campaign: Alignment with the CSO Capacity Element

Speaker: Huyen Nguyen Thi Ngoc, Research and Training Center for Community Development

Ms. Huyen Nguyen presented Vietnam's Alcohol Policy Advocacy Campaign as an example of strong civil society capacity in influencing health policy. She explained how community participation contributed to the government's decision to increase alcohol excise taxes from 35-65% in 2025 to 40-70% by 2030-2031. Her organization, together with the youth-led Zero Alcohol Network has mobilized teachers, parents, and civil society organizations nationwide. As part of the campaign, over 2,000 teachers and 3,600 children were educated and equipped with skills to resist alcohol use. Although the highest proposed tax rates were not adopted, the campaign played a significant role in shaping policy outcomes. She also noted that Vietnam's political and social context enabled coordinated and meaningful community engagement throughout the policymaking process.



Nepal - Social Participation and the UHC Journey in Nepal: Alignment with the Enabling Environment and CSO Capacity Elements

Speaker: Mr. Pradip Lamsal, Helping Hands Community Hospital

He presented on Nepal's strong legal foundation for social participation in health. He explained that the 2015 Constitution guarantees public involvement in planning and managing health services, supported by the Local Government Operation Act (2017), and the Public Health Service Act (2018), which require community engagement, social accountability mechanisms, and complaint systems. The Consumer Protection Act further protects citizens' health-related rights. A major strength highlighted was the network of Female Community Health Volunteers (FCHVs), who serve as the backbone of PHC delivery, particularly in maternal and child health, immunization, nutrition, and NCD outreach in remote areas. Despite being unpaid, FCHVs remain highly committed and have received recognition from WHO SEARO. Key challenges discussed included limited meaningful participation, gaps in trust and accountability, uneven distribution of human resources for health, and a fragmented health insurance system.



3 | UHC in Practice Field Visits

Phra Nang Klao Hospital, Nonthaburi

Participants heard directly from a patient who had undergone a kidney transplant at the hospital. He shared his personal journey, accompanied by his mother, who is his caretaker, reflecting on the day-to-day adjustments, and adapting to life after the transplant. Their experience highlighted how support from health professionals and family involvement plays a critical role in navigating long-term RRT.

An exhibition booth set up by the hospital focused on patient education, service delivery, and support systems for people living with kidney disease. Highlights of the exhibition included the use of stuffed animals fitted with peritoneal dialysis (PD) bags as an educational and emotional support tool for children, helping them better understand and cope with treatment and another booth showcased food options specifically designed to meet the dietary requirements of patients undergoing RRT.

The group then joined a walking tour of the hospital's renal units. At the hemodialysis (HD) unit, participants observed HD services in operation and had brief exchanges with the nurses at the unit. The visit then continued to the Continuous Ambulatory Peritoneal Dialysis (CAPD) unit, where staff demonstrated how patients are taught to independently manage PD exchanges, with strong emphasis on hygiene, infection prevention, and building patient confidence in self-care. Patients who perform PD exchanges at home remain in regular contact with the hospital through Line, where nurses can review photos to monitor cleanliness and detect early signs of infection.

The visit reinforced the importance of patient-centered approaches in RRT, particularly the role of education and empowerment in supporting both clinical outcomes and quality of life for people living with kidney disease.





NHA18: Thailand Sustainable Development Forum (TSDF) 2025

TSDF 2025 was held to establish a central platform integrating knowledge management across government, communities, and policymakers to advance Thailand's SDGs at the local level. Community-led policy recommendations were successfully elevated to the National Health Assembly (NHA) resolution on area-level sustainable development mechanisms.

Speakers emphasized that authentic SDG implementation requires localization or allowing communities to define sustainability according to their unique contexts. Emeritus Prof. Dr. Rajata Rajatanavin stressed that progress begins at the grassroots level, while Dr. Sampan Silapanad highlighted the assembly's role in participatory public policy-making with the principle of "leaving no one behind."

The session concluded with the presentation of NHA's resolution on mechanisms for driving sustainable development at the local level. The resolution places people at the center of development and is built on three core principles: flexibility, autonomy, and legal recognition. Three priority proposals to address bottlenecks in Thailand's sustainability agenda are: strengthening participatory mechanisms, empowering communities and developing human capital, and establishing enabling support systems. Together, this structure of national and local working groups provides a clear pathway for sustained, bottom-up implementation and continued translation of community priorities into policy action.





4 | Ask the Experts

Speakers:
1. Dr. Suwit Wibulpolprasert, Vice-Chairman, IHPP
2. Dr. Jadej Thammatacharee, Secretary-General, NHSO

Moderator:
Ms. Divya Lakhotia, IHPP



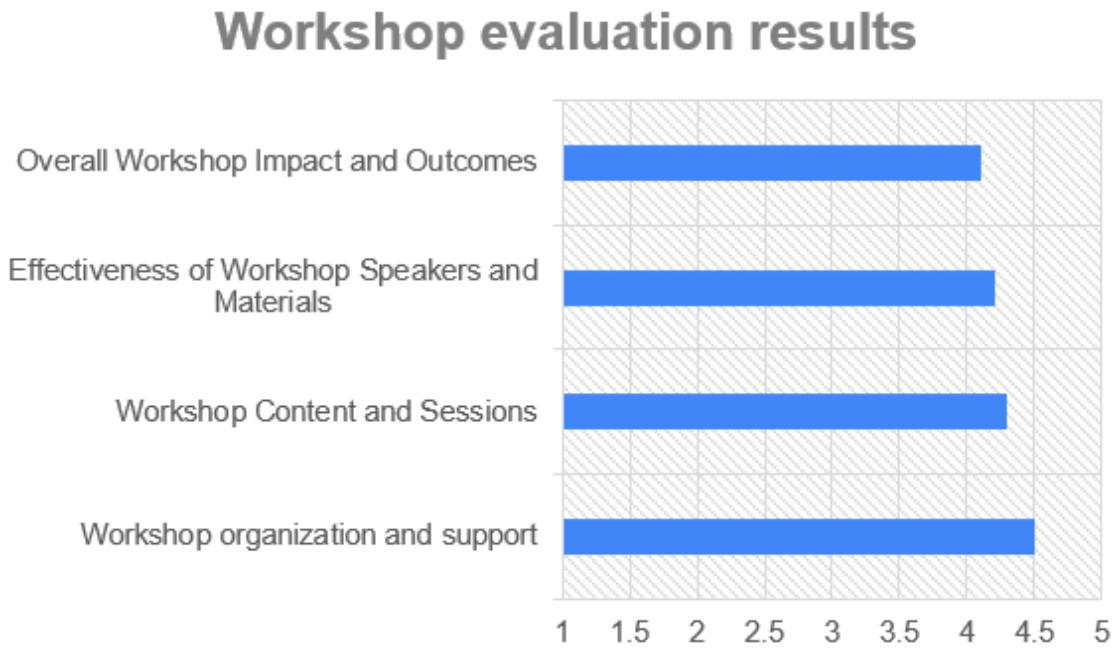
This session was organized for participants to engage with experts. It highlighted Thailand's experience in advancing UHC through evidence-based policymaking, strong governance, and sustained public participation. Dr. Jadej emphasized that while benefit package design relies on cost-effectiveness analysis, Thailand has a system that allows any organization to propose new benefits, helping policymakers understand feasibility and value. Tensions between top-down political priorities and bottom-up community demands were framed as opportunities to better identify real needs and policy gaps.

On sustainability, both experts stressed preparedness and system integration. Dr. Suwit illustrated how crises, such as southern floods, revealed the value of patient groups and regional coordination, particularly for PD. Aging populations and rising costs are addressed through strategic purchasing, price negotiation, home-based elderly care, strengthened primary care, and cost-effectiveness assessment of new technologies.

Governance discussions highlighted that UHC in Thailand is protected not only by political authority but by intellectual rigor and citizen ownership. Public participation, NGO engagement, and robust audit and data systems help keep decisions evidence-based. The session concluded that value-based healthcare, strong data infrastructure, and shared responsibility for social determinants of health are essential for equitable and sustainable UHC.

5 | Summary of Workshop Evaluation Results

Upon completion of the workshop, an anonymous evaluation was administered through a Microsoft Forms survey to gather participants' feedback and evaluate the workshop's effectiveness.



The workshop received positive feedback across all key areas. Participants rated Workshop Organization and Support the highest, with an average score of 4.5, indicating strong satisfaction with the planning and assistance provided. The Content and Sessions were also well-received, scoring an average of 4.3, reflecting relevance and quality of the material presented. The Effectiveness of Workshop Speakers and Materials earned a score of 4.2, showing that presentations were clear and engaging. Lastly, the Overall Workshop Impact and Outcomes achieved an average rating of 4.1, suggesting that the workshop was productive and met participants' expectations.

6 | Way Forward

Contribution to CCS-EnLIGHT

The Thai UHC Journey workshop 2025 contributed to the objectives of the CCS-EnLIGHT by highlighting Thailand's experience and leadership in advancing UHC through strong health system foundations, inclusive governance, and sustainable financing reforms. By convening policymakers and practitioners from across Asia, the workshop supported CCS-EnLIGHT's mission to strengthen regional capacity and foster shared learning on UHC policy development and implementation. Through expert-led discussions, country experience sharing, and site visits to key institutions such as ThaiHealth, NHCO, Phra Nang Klao Hospital, and the NHA, participants gained practical insights into Thailand's UHC journey, particularly in relation to PHC readiness, participatory governance, and policy innovation. The workshop further reinforced CCS-EnLIGHT's commitment to regional collaboration by building networks among stakeholders dedicated to achieving effective, equitable, and sustainable UHC outcomes.

Lessons Learned and Next Steps

The workshop highlighted the value of combining real-world exposure with peer learning to deepen understanding of UHC implementation. Site visits to key Thai institutions and service delivery settings translated policy concepts into practical insights, allowing participants to observe how governance, financing, and PHC readiness operate in practice. In parallel, presentations of country experiences by participants and speakers from diverse contexts enriched dicussions by highlighting shared challenges, contextual differences, and policy innovations.

Moving forward, future CCS-EnLIGHT activities should continue to integrate hands-on learning with country experience sharing, while creating follow-up platforms for participants to reflect on how these lessons can be adapted and applied for their own health systems.

Annex 1: Workshop Agenda

DAY 1 (24 NOV): UNIVERSAL HEALTH COVERAGE: PRINCIPLES, CONCEPTS, AND PRACTICAL EXPERIENCE		
TIME	**SESSION**	**SPEAKER / FACILITATOR**
09:00–09:15	**Welcome & Opening Remarks** Introductions, Objectives, Program Introduction	**Dr Angkana Lekagul** IHPP Foundation **Dr. Jadej Thammatacharee** Secretary General, NHSO **Ms. Chalarntorn Yothasmutra** Director, International Collaboration on UHC Division, NHSO
09:15–09.45	**Ice Breaking & Participant Expectations** Quick, structured networking rounds	**Ms Oranicha Khamprapa** IHPP Foundation
09.45-10.30	**Setting the scene: Global perspectives and situation on UHC**	**Dr. Manoj Jhalani** Director of Health Systems Development at the WHO Regional Office for South-East Asia
10:30–10:45	***Coffee Break***	
10:45–12:00	**Group Exercise - UHC Cube Framework Crisis** Emerging challenges and solutions for UHC, using the UHC Cube framework	**Ms Kullaya Petchkanokpraw** IHPP Foundation
12:00–13:00	***Lunch***	
13:00–13:25	**Indonesia's Path Toward Universal Health Coverage: Progress, Challenges, and Lessons Learned** To gain insights into Indonesia progress, reforms, and key lessons in advancing UHC, and to highlight challenges and opportunities for the next phase of implementation.	**Prof. Dr. Ali Ghufron Mukti** President Director of Indonesia's Social Security Administering Body for Health (BPJS)
13:25–13:45	**Philippines's Path Toward Universal Health Coverage: Progress, Challenges, and Lessons Learned** To gain insights into the Philppines progress, reforms, and key lessons in advancing UHC, and to highlight challenges and opportunities for the next phase of implementation.	**Dr. Edwin Mercado** CEO of Philippine Health Insurance Corporation (PhilHealth)
13:45-14.15	**Thailand's Health System and journey towards UHC: S-A-F-E framework** The S-A-F-E framework—Sustainability, Adequacy, Fairness, and Efficiency	**Dr. Woranan Witthayapipopsakul** Treasurer, IHPP Foundation

DAY 1 (24 NOV): UNIVERSAL HEALTH COVERAGE: PRINCIPLES, CONCEPTS, AND PRACTICAL EXPERIENCE		
TIME	**SESSION**	**SPEAKER / FACILITATOR**
14:15-14:45	**Japan's Approach to Sustainable Health Financing in an Aging Society**	**Dr. Taichi Ono** National Graduate Institute for Policy Studies
14:45-15:00	***Coffee Break***	
15:00-16:00	**Panel Discussion - UHC in Practice** Building on the individual presentations, to facilitate comparative reflection and dialogue on the lessons, challenges, and strategies from Thailand, Indonesia, the Philippines, and Japan's UHC journeys	**Dr. Woranan Witthayapipopsakul,** Treasurer, IHPP **Dr. Edwin Mercado, CEO of** Philippine Health Insurance Corporation (PhilHealth) **Dr. Taichi Ono, Director of National** Graduate Institute for Policy Studies Moderator: **Ms. Chalarntorn Yothasmutra**, Director, International Collaboration on UHC Division, NHSO
16:00-16:05	**Session Recap** Reflections and takeaways	**Dr. Suwit Wibulpolprasert** Vice-Chairman, IHPP

DAY 2 (25 NOV): THAI UCS SYSTEM		
TIME	**SESSION**	**SPEAKER / FACILITATOR**
09:00–09:05	**Recap from Selected Participants**	
09:05–09.30	**Overview of Thailand's Universal Coverage Scheme (UCS) and Governance Framework: Participatory and Responsive Governance** Quick, structured networking rounds	**Ms. Chalarntorn Yothasmutra,** Director, International Collaboration on UHC Division, NHSO
09.30-10.15	**Translating the S-A-F-E Principles into UCS Payment Mechanism: Policy Implementation in Thailand's Universal Coverage Scheme**	**Ms. Waraporn Suwanwela,** Deputy-Secretary, NHSO
10:15-11:00	**Group Exercise: Budgeting for Your UHC**	
11:00-12:00	**How UCS is financed, annual budget request and execution: experiences and challenges** Emerging challenges and solutions for UHC, using the UHC Cube framework	**Mr. Sarit Boonchu** Specialist, Plan and budget Division, NHSO
12:00–13:00	***Lunch***	
13:00–14:30	**Panel Discussion 2: More Health for the Money: Making Every Baht Count for Sustainable UHC** Guided by the World Health Organization's framework on "More Health for the Money," this session explores how Thailand strategically mobilizes, allocates, and uses resources to maximize health	**Ms. Nitichen Kittiratchakool** Researcher, HiTAP **Mr. Chatpot Lairungruang** Research Assistant, IHPP **Mr. Peerasit Sitthirat** Researcher, Faculty of Medicine, Ramathibody Hospital, Mahidol University **Ltl. Thanasak Thumbunthu** Special Operations Unit Expert, NHSO Moderator: **Mr. Teeramade Thirseesaeng** Policy Specialist, NHSO
14:30-15:00	***Coffee Break***	
15:00–16:00	**The political economy of Thailand's Renal Replacement Therapy (RRT)** The origins of the RRT and PD-First policy will be discussed to understand how the policy has evolved over time, including changes, reforms, successes, and failures.	**Dr. Suwit Wibulpolprasert** Vice-Chairman, IHPP

DAY 3 (26 NOV): INNOVATIVE FINANCING FOR HEALTH PROMOTION AND DISEASE PREVENTION		
TIME	**SESSION**	**SPEAKER / FACILITATOR**
09:00–09:30	**Meet the CEO: Opening Remarks and the Strategic Overview of ThaiHealth** ThaiHealth's strategic approach to promote health and well-being in Thailand and how it helps strengthen UHC and health systems.	**Dr. Pongthep Wongwatcharapaiboon** CEO, ThaiHealth
09:30–10.00	**Introduction to ThaiHealth** Vision & Mission, Working Model, and Key Contribution	**Ms. Sininard Wangdee** International Relations Specialist, ThaiHealth
10.00-10.15	***Coffee Break***	
10:15-11:15	**The Birth of ThaiHealth: Why and How** Traditional, government-centric health services were insufficient to address major health determinants necessitating a new approach where health promotion was a shared responsibility across all sectors.	**Prof. Dr. Prakit Vathesatogkit** Thailand's Tobacco Control Champion and Founder of ThaiHealth
11:15-12:00	**Does Health Tax Really Work? : The Case of Sugar-Sweetened Beverage (SSB) Taxation in Thailand**	**Mr. Rungsun Munkong** International Relations Expert, ThaiHealth
12:00–14:00	***Lunch and Departure to NHCO***	
14:00–14:30	**Social Participation for UHC, Health and Well-being** Introduction and Welcome	**Dr. Tipicha Posayanonda** Deputy Secretary-General of the National Health Commission
14:30-15:00	**Institutionalizing Social Participation in Thailand** The concept of social participation including institutionalization for benefits of UHC and Health System.	**Ms. Nanoot Mathurapote** Director of Global Collaboration Department, NHCO
15:00-16:00	**Learning from Participations' Country Experience**	**Ms. Khanitta Saeiew** Senior Technical Officer, NHCO Thailand

DAY 4 (27 NOV): UHC IN PRACTICE & PARTICIPATORY PUBLIC POLICY AT NHA 18		
TIME	**SESSION**	**SPEAKER / FACILITATOR**
09:00–09:30	**Welcome Remarks by Hospital Director** Video presentation of the hospital and Nephrology Department	**Dr. Wichai Sopassathit and Nephrology Department**
09:30–10.30	**End-Stage Renal Disease Care and Lived Experiences: Clinical Insights and Patient Voices** Discussion session with Peritoneal dialysis patient (PD patient) and Kidney transplant patient about their quality of lives	**Dr. Chorthip Wattanasutthipong** Nephrology Department
10:30-11:00	***Coffee Break and Exhibition Walk-Through***	
11:00-12:00	**Hospital Walking Tour** Visit to CAPD Unit and HD Unit	
12:00–14:00	***Lunch and Departure to NHA 18***	
14:00–16:00	**Thailand National Health Assembly 18 Tour (NHA 18)** Walking tour to learn insights of participatory public policy developments	
16:00-18:30	**Thailand Sustainable Development Forum 2025**	**IHPP Foundation**

DAY 5 (28 NOV): CLOSING CEREMONY		
TIME	**SESSION**	**SPEAKER / FACILITATOR**
09:00–10:30	**Ask the Experts: Discussion on Achieving UHC**	**Dr. Suwit Wibulpolprasert** Vice-Chairman, IHPP **Dr. Jadej Thammatacharee** Secretary-General, NHSO **Moderator: Ms. Divya Lakhotia** IHPP Foundation
10:30-11:00	***Coffee Break***	
11:00-11:30	**Closing Remarks and Presentation of Certificates**	**Dr. Jadej Thammatacharee** Secretary-General, NHSO
11:30--12:00	**Reflections and Feedback**	
12:00–13:00	***Lunch***	

Annex 2: Speaker List (In Order of Appearance)

1. Dr. Angkana Lekagul, Secretary General, IHPP
2. Dr. Jadej Thammatacharee, Secretary General, NHSO
3. Ms. Chalarntorn Yothasmutra, Director, International Collaboration on UHC Division, NHSO
4. Dr. Manoj Jhalani, Director of Health Systems Development at the WHO Regional Office for South-East Asia
5. Prof. Dr. Ali Ghufron Mukti, President Director of Indonesia's Social Security Administering Body for Health (BPJS)
6. Dr. Woranan Witthayapipopsakul, Treasurer, IHPP
7. Dr. Edwin Mercado, CEO of Philippine Health Insurance Corporation (PhilHealth)
8. Dr. Ono Taichi, Director of National Graduate Institute for Policy Studies
9. Dr. Suwit Wibulpolprasert, Vice-Chairman, IHPP
10. Ms. Waraporn Suwanwela, Deputy-Secretary, NHSO
11. Mr. Sarit Boonchu, Budget and Plan Specialist, NHSO
12. Ms. Nitichen Kittiratchakool, Researcher, HiTAP
13. Mr. Chatpot Lairungruang, Research Assistant, IHPP
14. Mr. Peerasit Sitthirat, Researcher, Faculty of Medicine, Ramathibodi Hospital, Mahidol University
15. Ltl. Thanasak Thumbunthu, Special Operations Unit Expert, NHSO
16. Mr. Teeramade Thirseesaeng, Policy Specialist, NHSO
17. Dr. Pongthep Wongwatcharapaiboon, CEO, ThaiHealth
18. Ms. Sininard Wangdee, International Relations Specialist, ThaiHealth
19. Prof. Dr. Prakit Vathesatogkit, Thailand's Tobacco Control Champion and Founder of ThaiHealth
20. Mr. Rungsun Munkong, International Relations Expert, ThaiHealth
21. Dr. Tipicha Posayanonda, Deputy Secretary-General of the National Health Commission, National Health Commission Office (NHCO)
22. Ms. Nanoot Mathurapote, Director of Global Collaboration Department, NHCO
23. Ms. Khanitta Saeiew, Senior Office, Global Collaboration, NHCO
24. Ms. Divya Lakhotia, Program Manager, IHPP

Annex 3: Participants (Alphabetical Order)

NAME	POSITION	ORGANIZATION
Dr. Alisha Manandhar	Junior Public Health Professional (JPP)	Regional Office for Southeast Asia, WHO-SEARO
Dr. Anusorn Amphansri	Senior Specialist	Thai Health Promotion Foundation
Mr. Aung Thein Tun	Programme Management Senior Officer	Access to Health Fund, UNOPS
Mr. Chanlakhone Inthasone	Technical Staff	National Health Insurance Bureau
Ms. Charmaine Kristabel Macario De Vera	Fellow II	Disease Prevention and Control Bureau
Ms. Huyen Nguyen Thi Ngoc	Communication Officer	Research and Training Centre for Community Development
Dr. Imrul Mohammad Sifat	Programme Officer	BRAC James P Grant School of Public Health, BRAC University
Ms. Jirarat A Moungphum	Deputy Head of Work Group	Chainat Provincial Public Health Office
Mr. Morshed Alam	Programme Manager	BRAC James P Grant School of Public Health, BRAC University
Mr. Muhammad Danial Bin Azman Firdaus	Senior Executive	ProtectHealth Corporation Sdn Bhd
Ms. Nishalini Muniandy	Executive	ProtectHealth Corporation Sdn Bhd
Ms. Pavika Pattaratichasakul	National Health Security, Practitioner Level	National Health Security Office, Region 7, Khon Kaen
Mr. Pradip Lamsal	Department Head	Helping Hands Community Hospital
Ms. Sandee Tun	Fund Board Liaison	The United Nations Office for Project Services (UNOPS)
Ms. Sapna Dubey	Public Health Professional	Regional Office for Southeast Asia, WHO-SEARO
Ms. Saranya Sunanta	Manager	National Health Security Office
Ms. Souphaphone Xayphavongsa	Deputy Head of Health Insurance Management Division	National Health Insurance Bureau, Ministry of Health
Ms. Thanutcha Sutham	National Health Insurance Consultant	National Health Security Office
Dr. Win Moh Moh Thit	Junior Public Health Professional	Regional Office for Southeast Asia, WHO-SEARO

Rapporteurs

The Secretariat wishes to acknowledge the invaluable contribution of the following rapporteurs in documenting the proceedings of the workshop.

1. Dr. Kuntapas Kungsuwan, IHPP
2. Mr. Chatpot Lairungruang, IHPP
3. Ms. Oranicha Khamprapha, IHPP
4. Ms. Chonlanatch Kuptawat, NHSO
5. Ms. Milin Sakornsin Ruddit, ThaiHealth
6. Ms. Khanitta Saeiew, NHCO

