



# Welcome

## Ghana HTA secretariate team Delegates

### National Health Security Office (NHSO)



**3** GOOD HEALTH  
AND WELL-BEING



# **“National Health Security Office (NHSO)”**

## **Roles of Service Purchaser:**

### **shapes the service through UHC and Governance system**

Ghana HTA secretariate

6 December 2022

**Policy Advocacy Unit (PAU)**

**The National Health Secretary Office (NHSO), Thailand :**

**[//eng.nhso.go.th](http://eng.nhso.go.th)**

# Outline of the presentation

- Overview of Universal Health Coverage (UHC) in Thailand
- Introducing and implementing the Universal Health Coverage Scheme (UCS) : translating legislation into practice
- UCS System Design
- Overall outcomes
- NHSO tackle to COVID-19 as a service purchaser
- Remaining challenges

# **OVERVIEW OF BACKGROUND AND UNIVERSAL HEALTH COVERAGE IN THAILAND**

# Thailand Performance of Sustainable Development Goals in Year 2021

## THAILAND

East and South Asia

### OVERALL PERFORMANCE

COUNTRY RANKING

**Thailand**

**43** / 165

COUNTRY SCORE



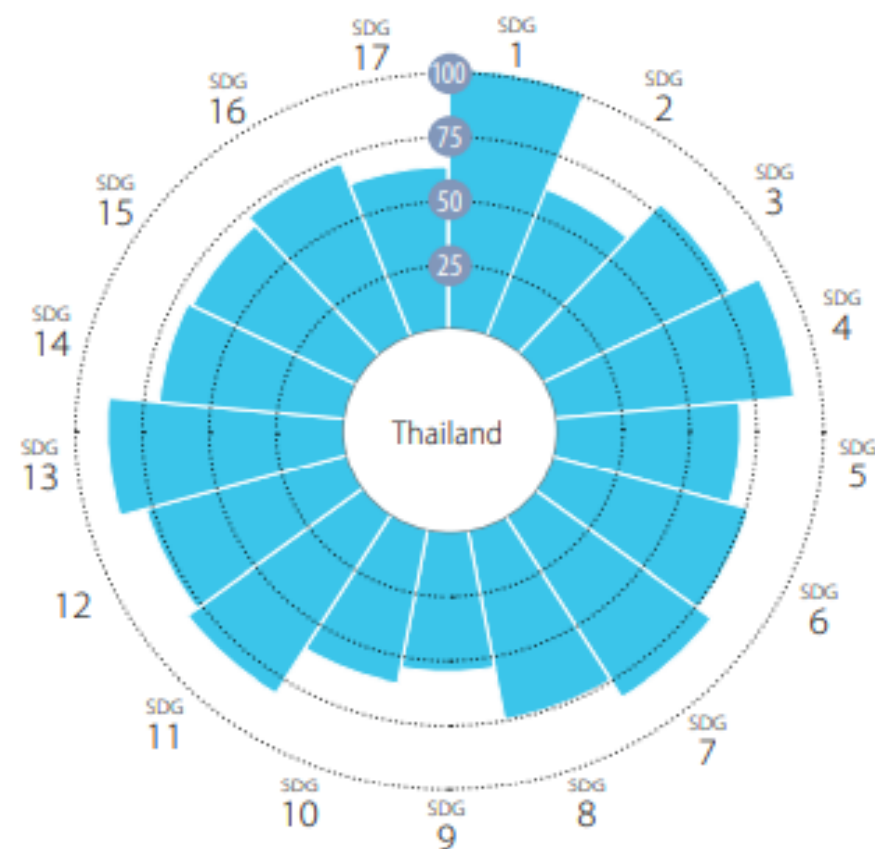
REGIONAL AVERAGE: 65.7

STATISTICAL PERFORMANCE INDEX

0 (WORST) TO 100 (BEST)

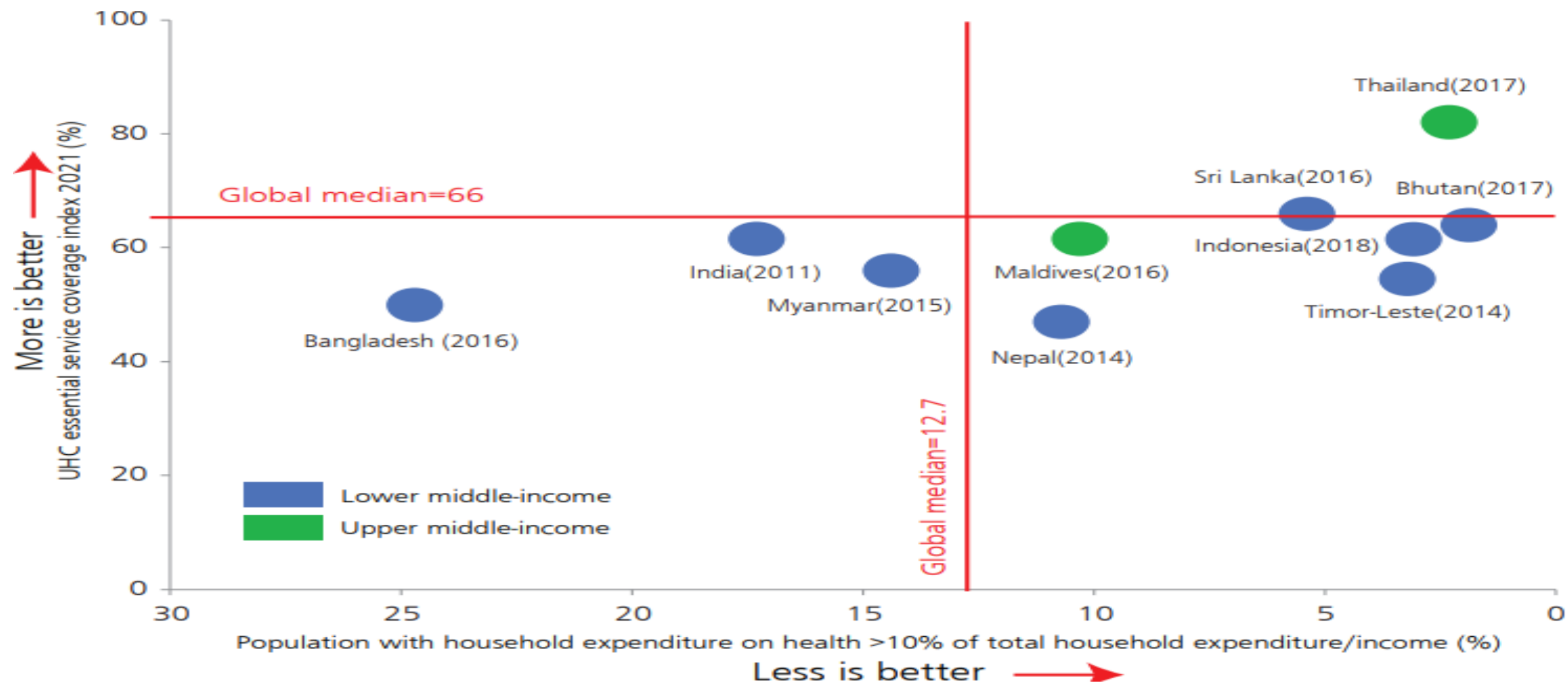


### AVERAGE PERFORMANCE BY SDG



Source : Sustainable Development Report 2021, page 438-439; <https://sdgindex.org/>

# Comparison of health services coverage (a) and financial health protection (b) in the Member States of the WHO SEARO by income level, 021



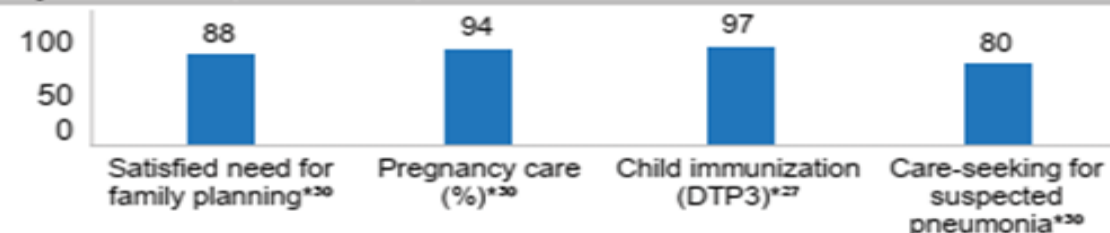
Source: Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the South-East Asia Region, 2021 update, page 15.

# Detail of Thailand Performance of SDG 3: Good health and well-being in the Year 2021

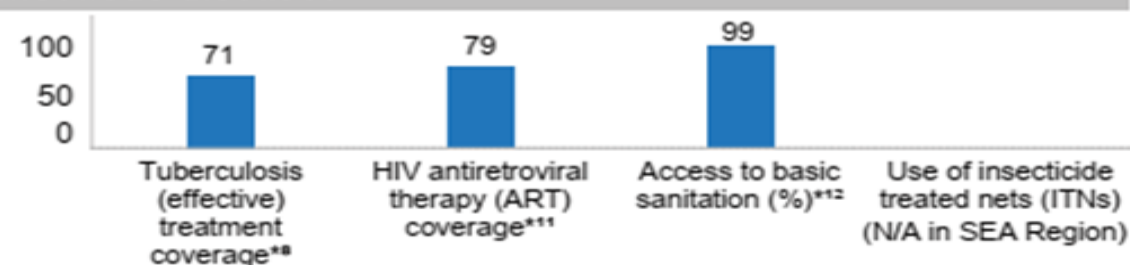
## SDG3 – Good Health and Well-Being

Maternal mortality rate (per 100,000 live births)	142	2017	●	↑
Neonatal mortality rate (per 1,000 live births)	19.6	2019	●	↗
Mortality rate, under-5 (per 1,000 live births)	44.2	2019	●	↗
Incidence of tuberculosis (per 100,000 population)	498.0	2019	●	→
New HIV infections (per 1,000 uninfected population)	0.2	2019	●	↑
Age-standardized death rate due to cardiovascular disease, cancer, diabetes, or chronic respiratory disease in adults aged 30–70 years (%)	19.9	2016	●	↑
Age-standardized death rate attributable to household air pollution and ambient air pollution (per 100,000 population)	140	2016	●	●
Traffic deaths (per 100,000 population)	11.9	2019	●	↗
Life expectancy at birth (years)	69.6	2019	●	→
Adolescent fertility rate (births per 1,000 females aged 15 to 19)	32.4	2018	●	↑
Births attended by skilled health personnel (%)	56.7	2016	●	●
Surviving infants who received 2 WHO-recommended vaccines (%)	83	2019	●	↑
Universal health coverage (UHC) index of service coverage (worst 0–100 best)	52	2017	●	↗
Subjective well-being (average ladder score, worst 0–10 best)	NA	NA	●	●

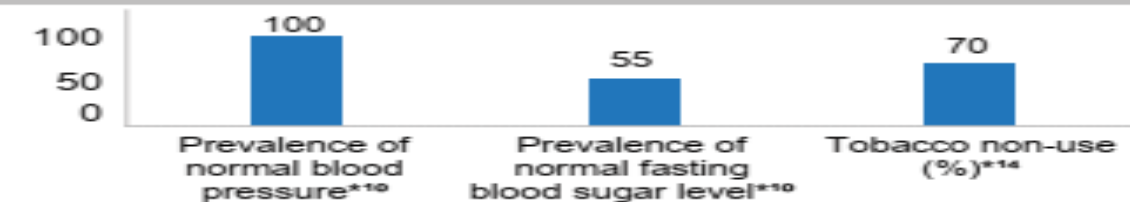
### Reproductive, maternal, newborn and child health



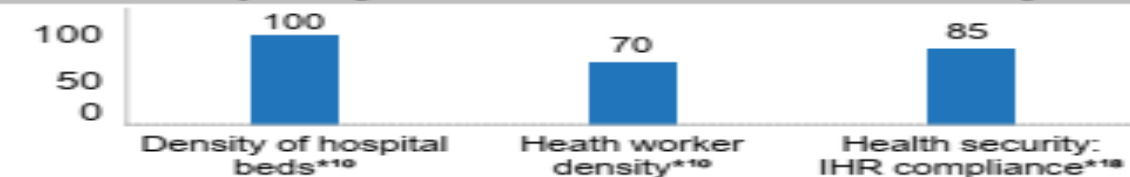
### Infectious diseases



### Noncommunicable diseases

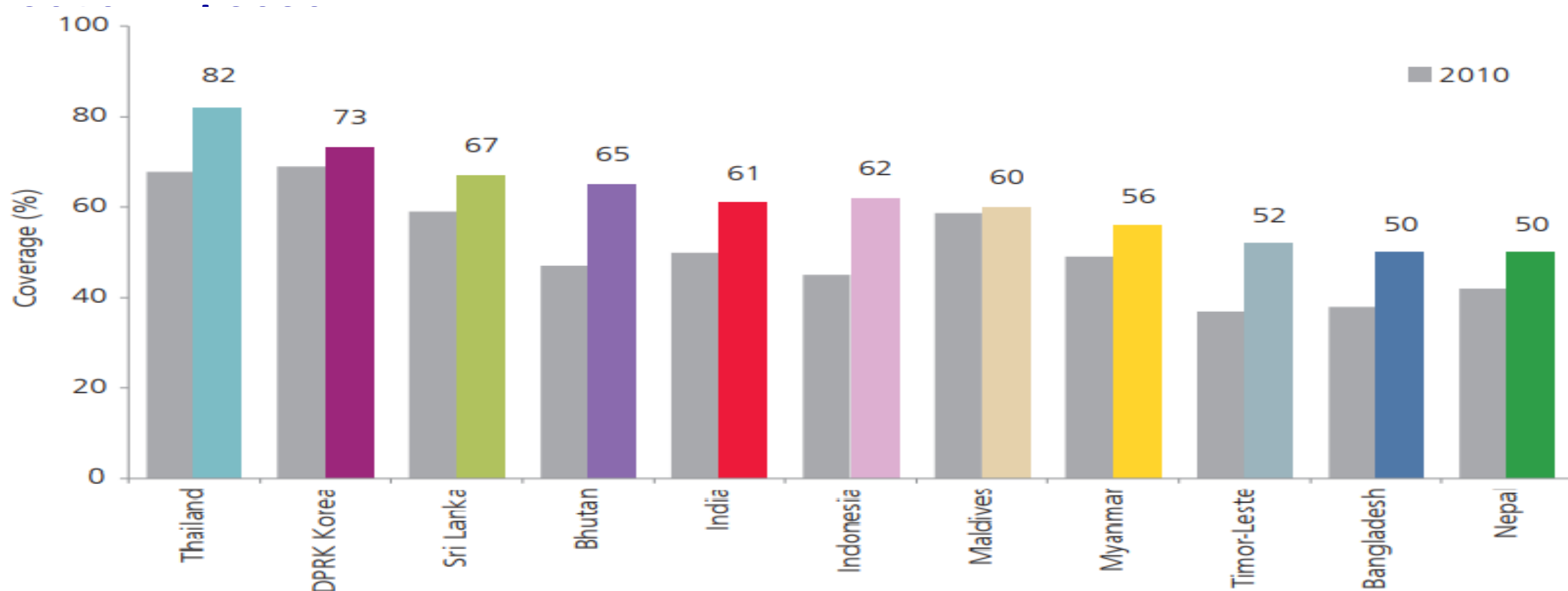


### Service capacity, access and health security



Source: Sustainable Development Report 2021, page 438-439; <https://sdgindex.c>

## Changes in coverage of essential health services in Member States of the WHO South-East Asia Region



Sources: Health information platform for WHO South-East Asia Region. In: World Health Organization [online database] (<http://hip.searo.who.int>, accessed 4 June 2021); Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) 2007–2020.

Soure: Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the South-East Asia Region, 2020 update, page 13.



# Thai UHC:

## 3 main schemes (health care financing agencies)



9%

Civil Servant Medical  
Benefit Scheme  
(CSMBS)

Comptroller General's Department (CGD),  
Ministry of Finance (MOF)

19%

Social Security Scheme  
(SSS)

Social Security Office (SSO),  
Ministry of Labour (MOL)

72%

Universal Coverage Scheme  
(UCS)

National Health Security Office  
(NHSO)

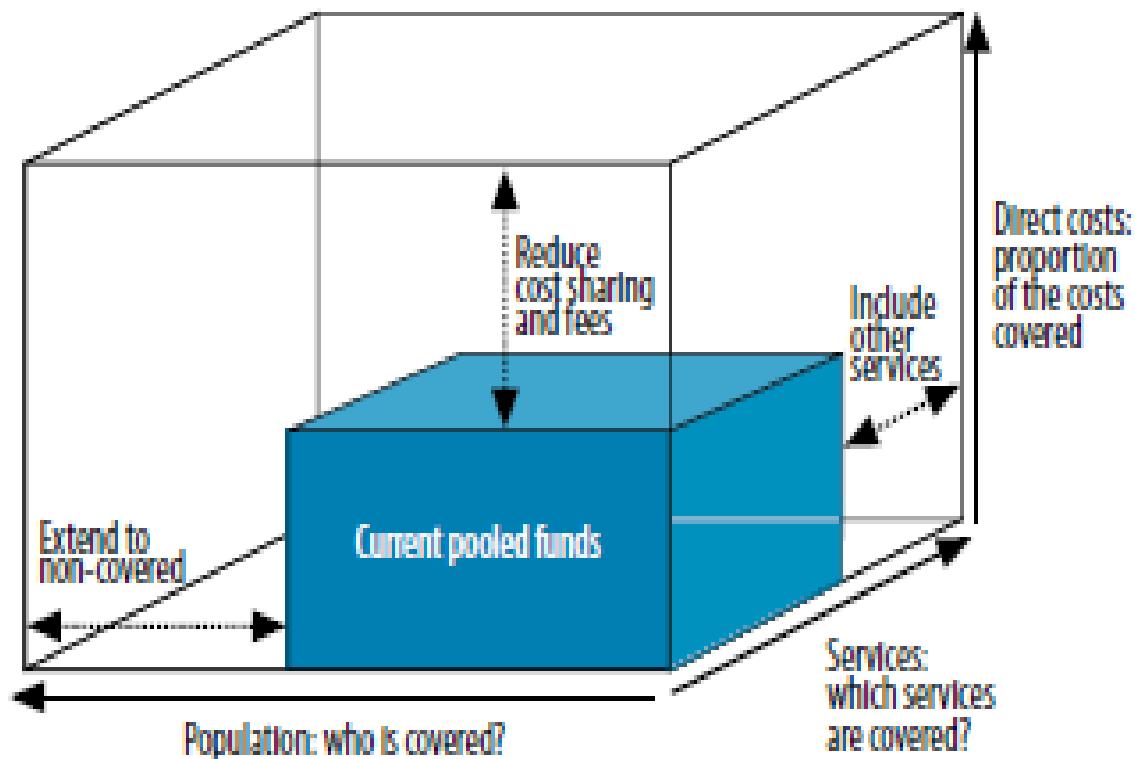
# Three Dimensions of Thai UHC



Under three public health insurance schemes  
(CSMBS (9%), SSS (19%), UCS (72%))

**Y axis: Financial protection - High**

Free at the point of service (Out of pocket 12% of THE)



**X axis: Population coverage**

**universal population coverage (99.95% of population)**

**Z axis: Depth of services**

Comprehensive package with small exclusion list.

**P&P, All essential drugs, Renal Replacement Therapies, organ transplant, CABG, cataract, dental services and dentures, etc.**



# **Introducing the Universal Coverage Scheme (UCS) to achieve UHC**



National Health Security Office



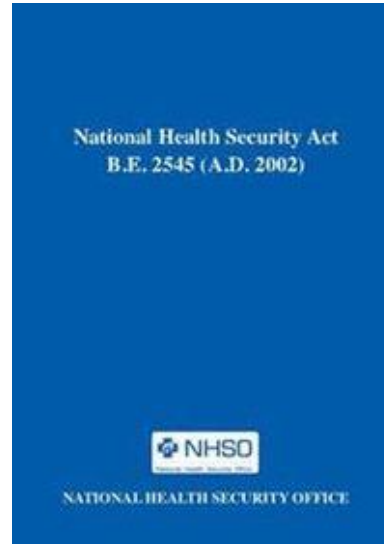
**Develop quality  
public health services  
accessible to everyone  
without the financial burden  
of medical treatment.**

**The National Health Security Office is the state agency which,  
under the supervision of the Minister of Public Health,**

# The National Health Security Act (NHS Act)

Enacted on 18th Nov 2002 and coming into force on 19th Nov 2002

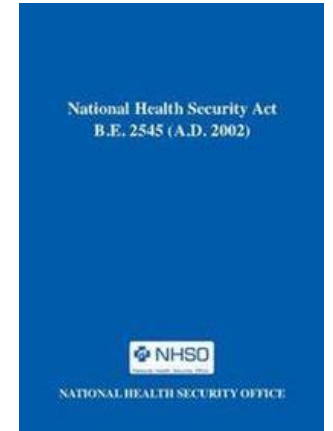
- **Chapter 1:** Entitlement for health services
  - Apply for all Thai citizen
  - Entitlement according to the constitution
  - The poor are protected from financial burden
- **Chapter 2:** National Health Security Board
  - Governing bodies
  - Multi-stakeholder engagement
- **Chapter 3:** National Health Security Office



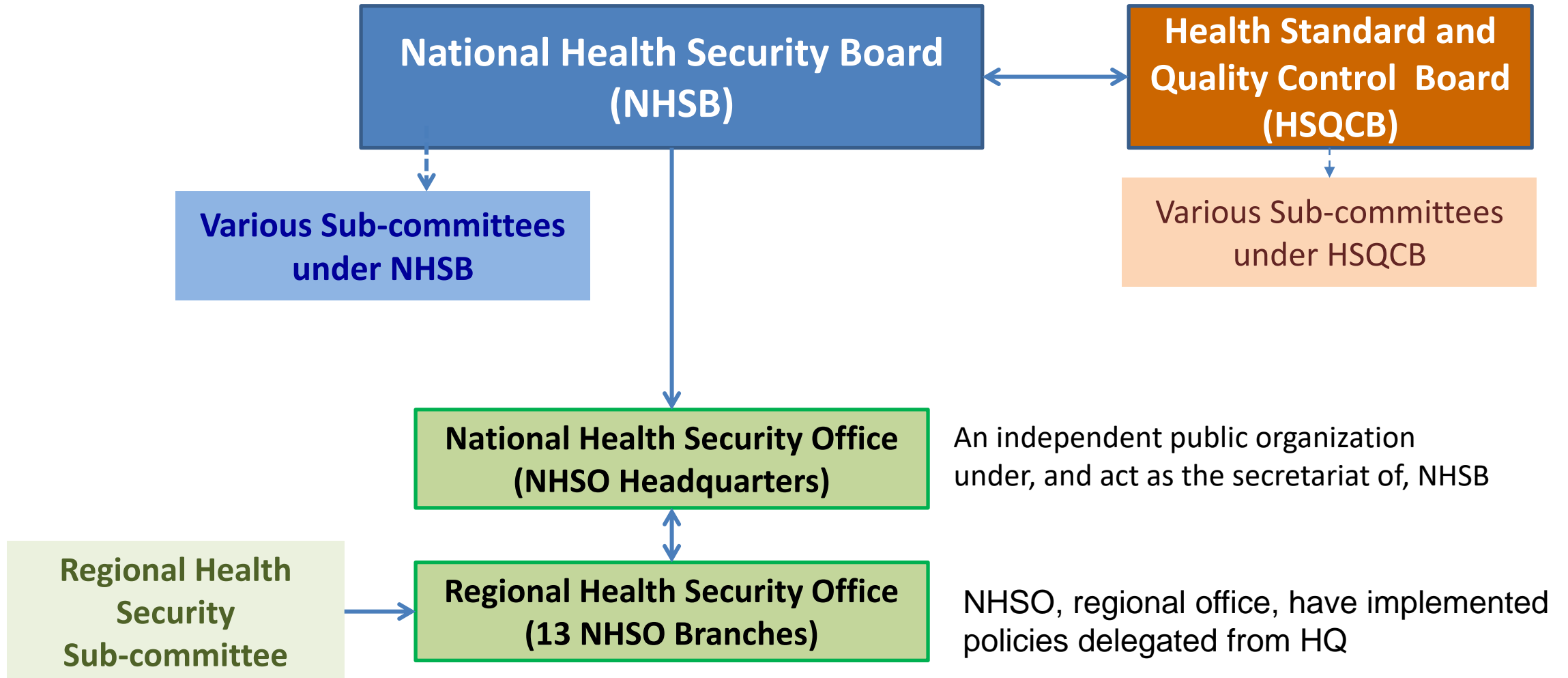
- **Chapter 4:** National Health Security Fund
  - Purpose and sources of fund
  - No-fault compensation
- **Chapter 5:** Health care facilities
  - Contracting unit and networking
  - Role and Responsibilities
- **Chapter 6 - 8**
  - Standard and Quality Control Board
  - Quality assurance and entitlement protection

# Universal Coverage Scheme (UCS) : Governance issues

- **The National Health Security Act (NHS Act)**, was promulgated in November 2002
- **The concept of purchaser-provider split is adopted**
  - To prevent conflict of interest / selection bias
  - Integrated model --> contracting model
  - However, our lessons realized that commissioning and financial facilitators are main methods to deal with healthcare providers
- **Multi-stakeholders engagement**
  - Governance bodies: National Health Security Board (**NHSB**) and Health Standard and Quality Control Board (**HSQCB**) were defined in the law (NHS Act)
  - Active citizens and networks involved;
    - ❖ Local administrative organizations
    - ❖ Civil societies / Non-government organizations
    - ❖ Public / patients networks



# Linkage between the Boards and NHSO



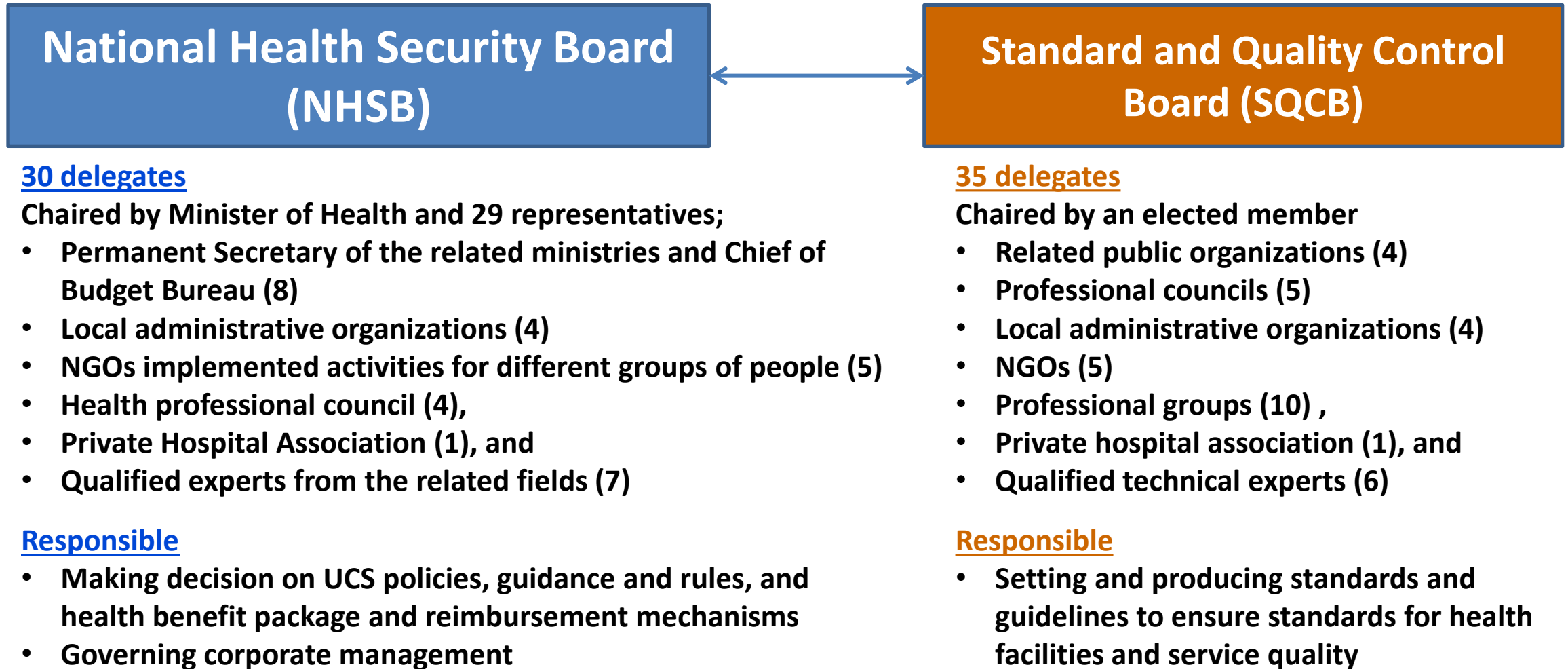


# Governance issues

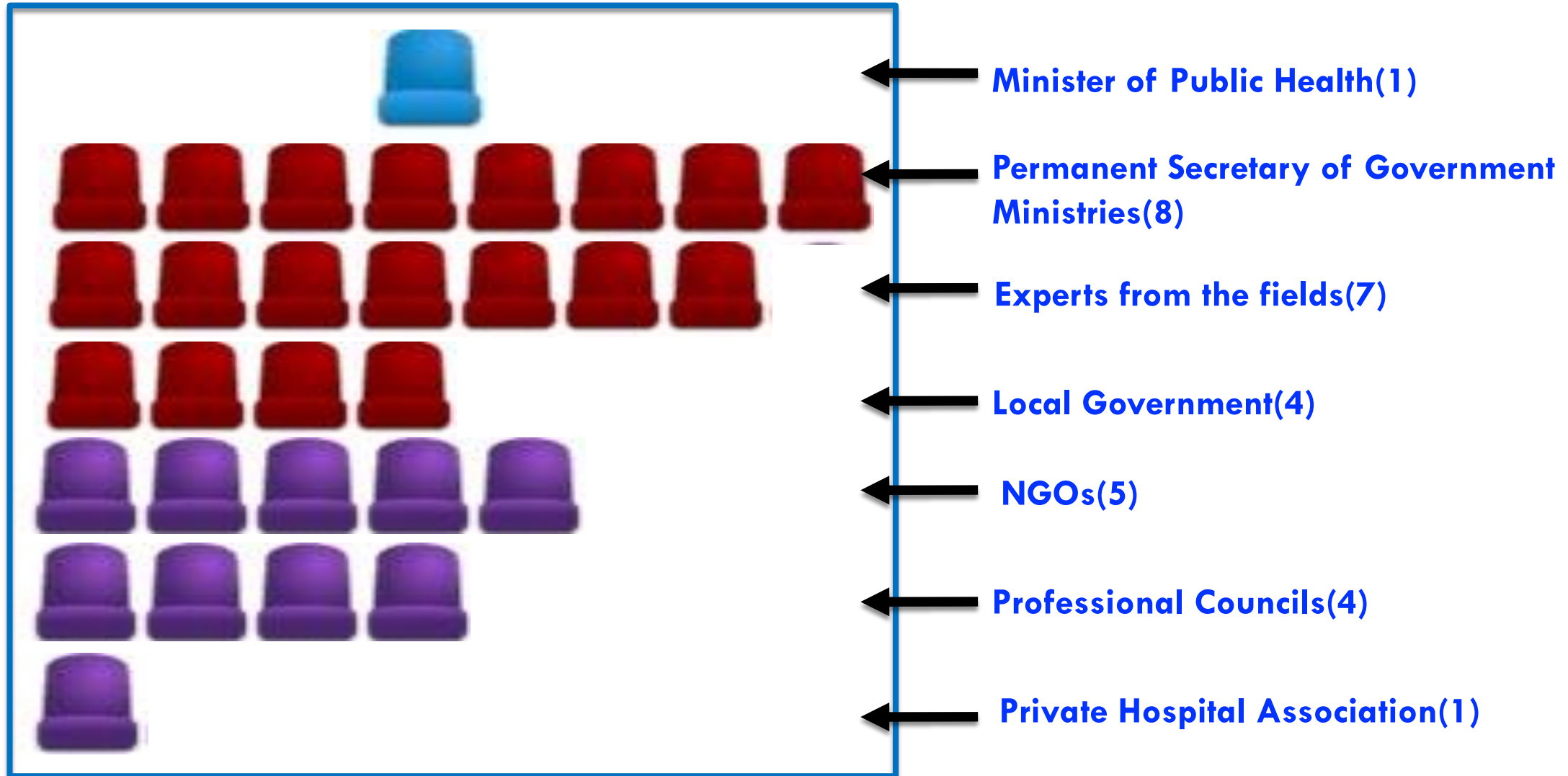
- **Governing bodies**
  - The National Health Security Board (NHSB)
  - The Standard and Quality Control Board (SQCB)
- **The concept of purchaser-provider split is adopted**
  - To prevent conflict of interest / selection bias
  - Integrated model --> contracting model
- **Multi - stakeholders engagement**
  - Decision making as Board and sub-committee members
  - Policy process, nomination, recommendation, feedback, complaint
  - Government agencies, health professional, experts, academics, local government organization, Civil society, Non-government organizations, patient network, publics, media, etc.



# Governance structure of the Boards



# PARTICIPATORY STRUCTURE IN THAI UCS BOARD (National Health Security Board)



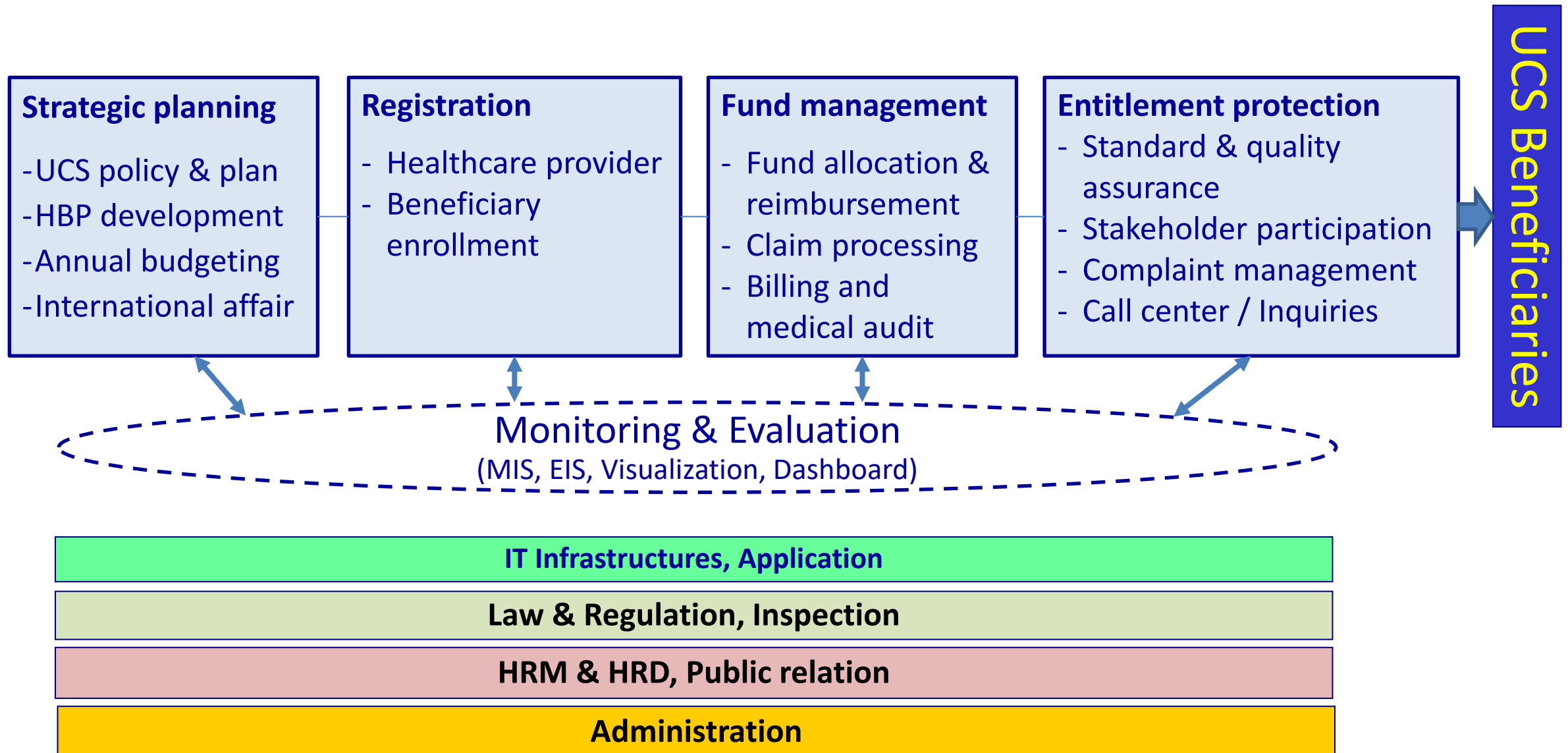
# NHSO: mandate and responsibilities

**NHSO is an independent public organization, regulated by the law (The National Health Security Act, 2002) under the supervision of the Minister of Public Health.**

## **Mandate & Responsibilities**

- Act as a secretariat of the NHSB and the HSQCB
- Registration of beneficiaries, health service providers and their networks
- Budgeting and Management the UCS fund
- Claim processing and reimbursement to health providers
- Audit: claim, medical, and quality audit
- Monitoring and evaluation: provider behaviors, service accessibility and utilization, quality of services delivered, health outcomes etc.
- Empowering and promoting participation of stakeholders
- Inquiries and complaint management through call center, complaint management system, annual public hearing, and other channels

# Core business for UCS in NHSO



# UCS SYSTEM DESIGN

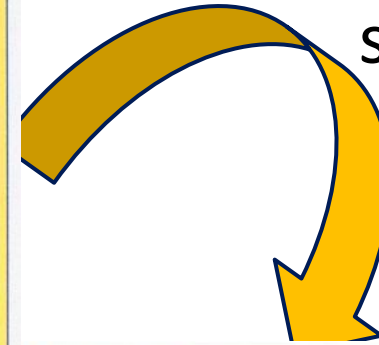
# Registration & Health services delivery management

- **Service provider model**
  - the concept of purchaser-provider split is adopted
  - Integrated model --> Contracting model (CUP: Contracting unit for primary care)
- **Contracting Model**
  - District health systems (DHS) are main contractors
  - All public health facilities are required to be providers under the scheme; for private, only accredited facilities can be registered into the scheme
- **Beneficiaries are enrolled to their local DHS**
  - Freedom to choose contracted DH and PCUs within the district (catchment area)
- **Primary-care focus**
  - Primary health care unit as a gate keeper for outpatient care and P&P
- **Referral backups**
  - Patients will be referred by CUP to tertiary care – provincial hospitals / regional excellent centres – when needed
  - Patient bypassing contracted providers are liable for full payment, except in case of emergency and life threatening

# from UCS card to National ID card in 2010 :response to one smart card policy.



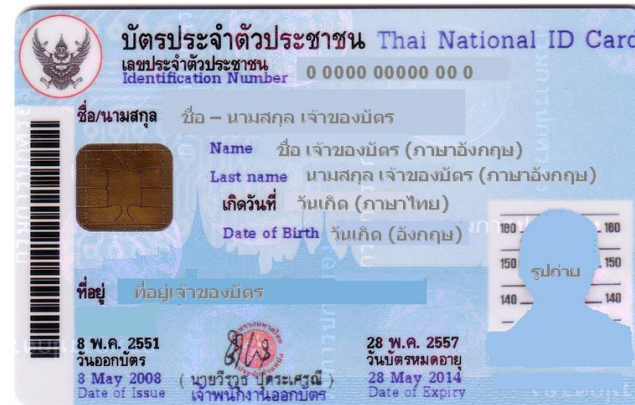
since Oct. 1, 2010



- ❑ Thais above 15 years old were required to carry national ID cards.
- ❑ Since Jul. 10, 2011, **children above 7 years old** can issue the national ID card.



# Unique ID card:13 digits represents And content of Smart Card smart card



- IC Chip

Card ID , Purchase province  
Main\_inscI, Sub\_inscI  
Hmain\_op, Hsub\_op Hmain\_ip  
Start\_date, Expired\_date  
transdate

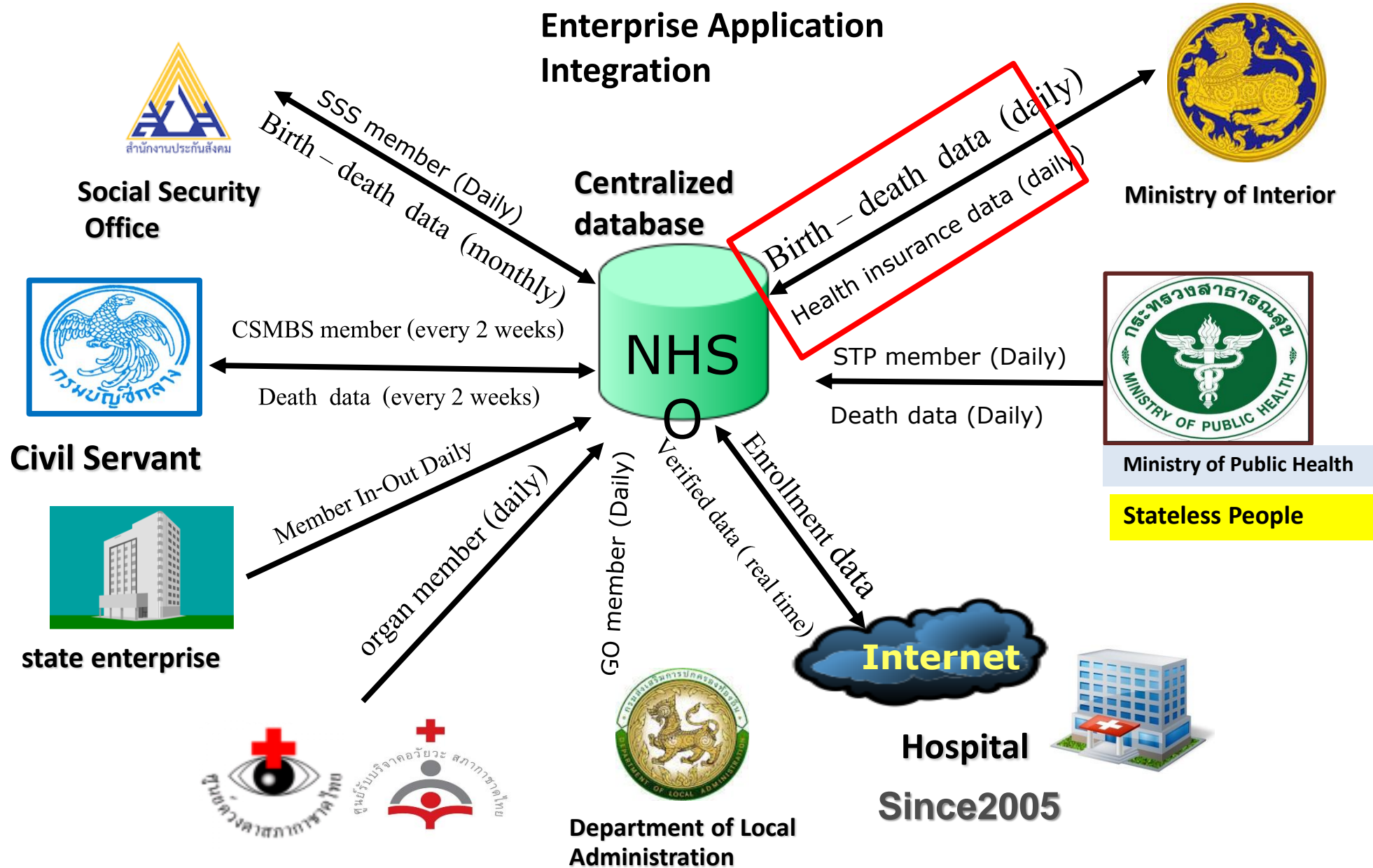
## Explicit Data

Name  
ID number  
Date of birth  
Hometown address  
Photograph

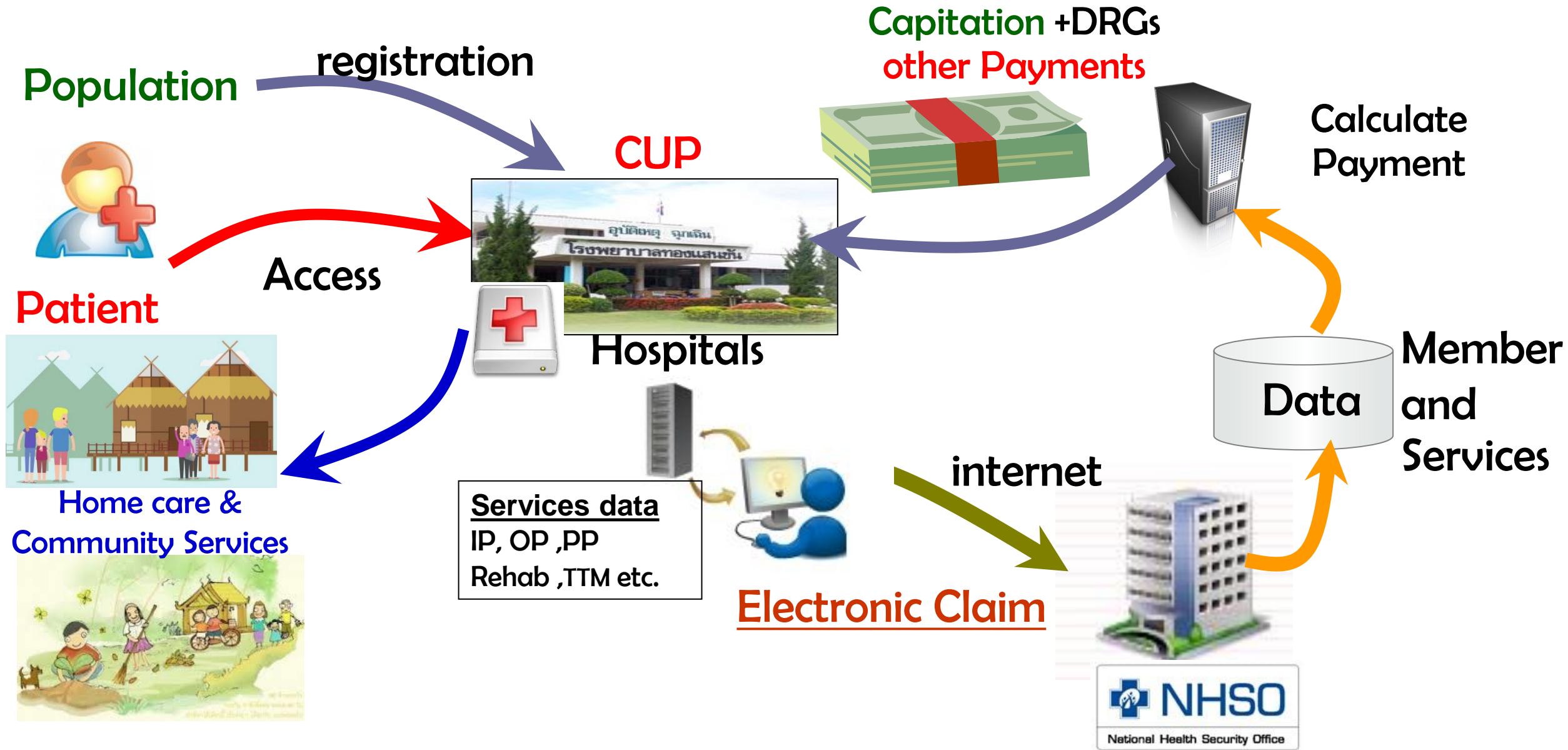
Health insurance status



# Registration System : Beneficiary Enrollment linkages



# Registration & Reimbursement System



CUP plays gate keeping function: pay for OP referrals to provincial hosp.

# Enrollment process for changing primary care unit by using Smart Card and e-form system in 2019

Beneficiary have chance to change 4 times per year regarding to the new address.



Attached file : in case primary care unit where people want non conformity with SMC/address in BORA database

Eg. receipt of electric or water using ,certified documents of community leaders

Beneficiary



printing guarantee document

Fingerprints reading



Digital signature



database

Printing request form



signature



Scan requested form

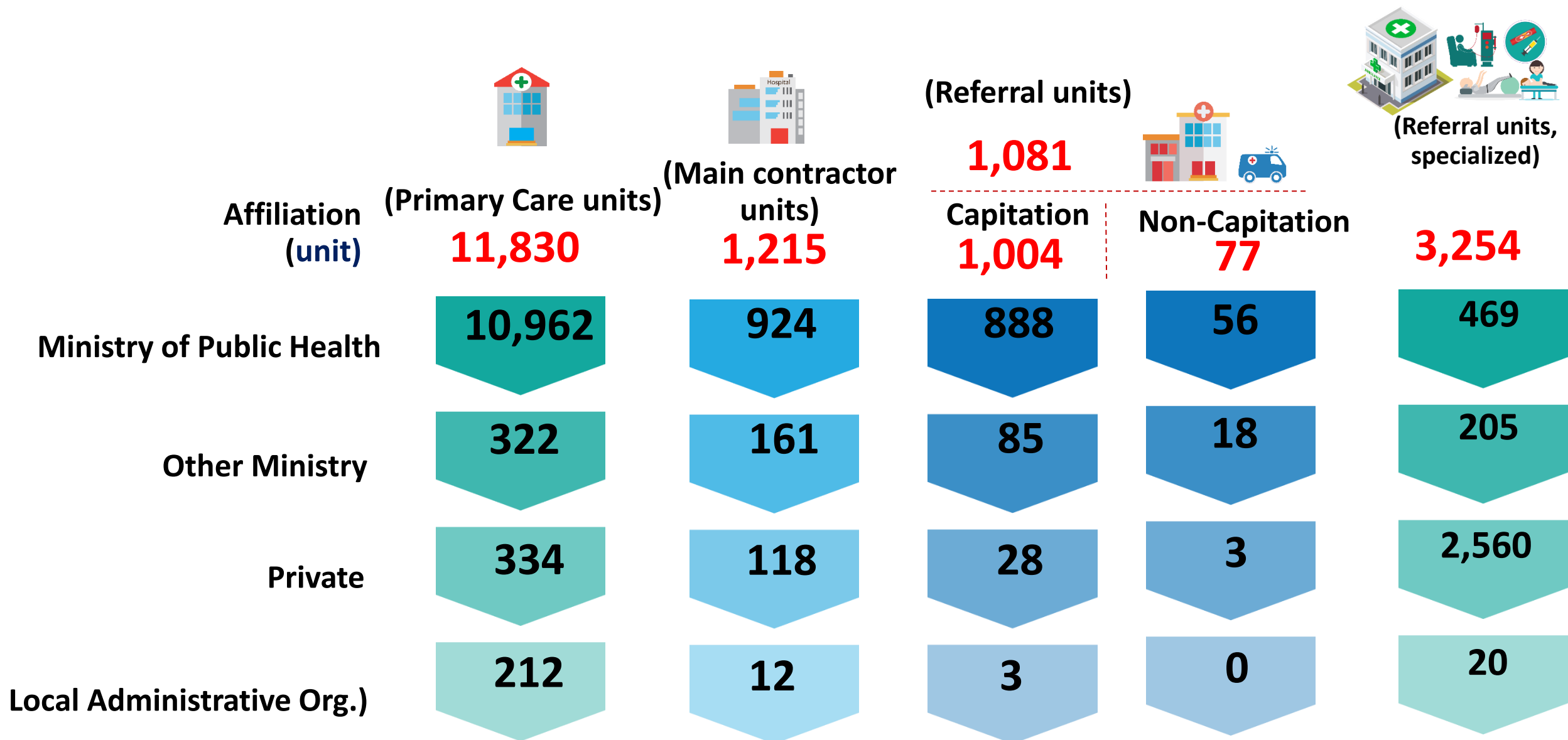


Enrollment system by using SMC



SMC reader

# Providers in Universal Coverage Scheme (UCS) : year 2021



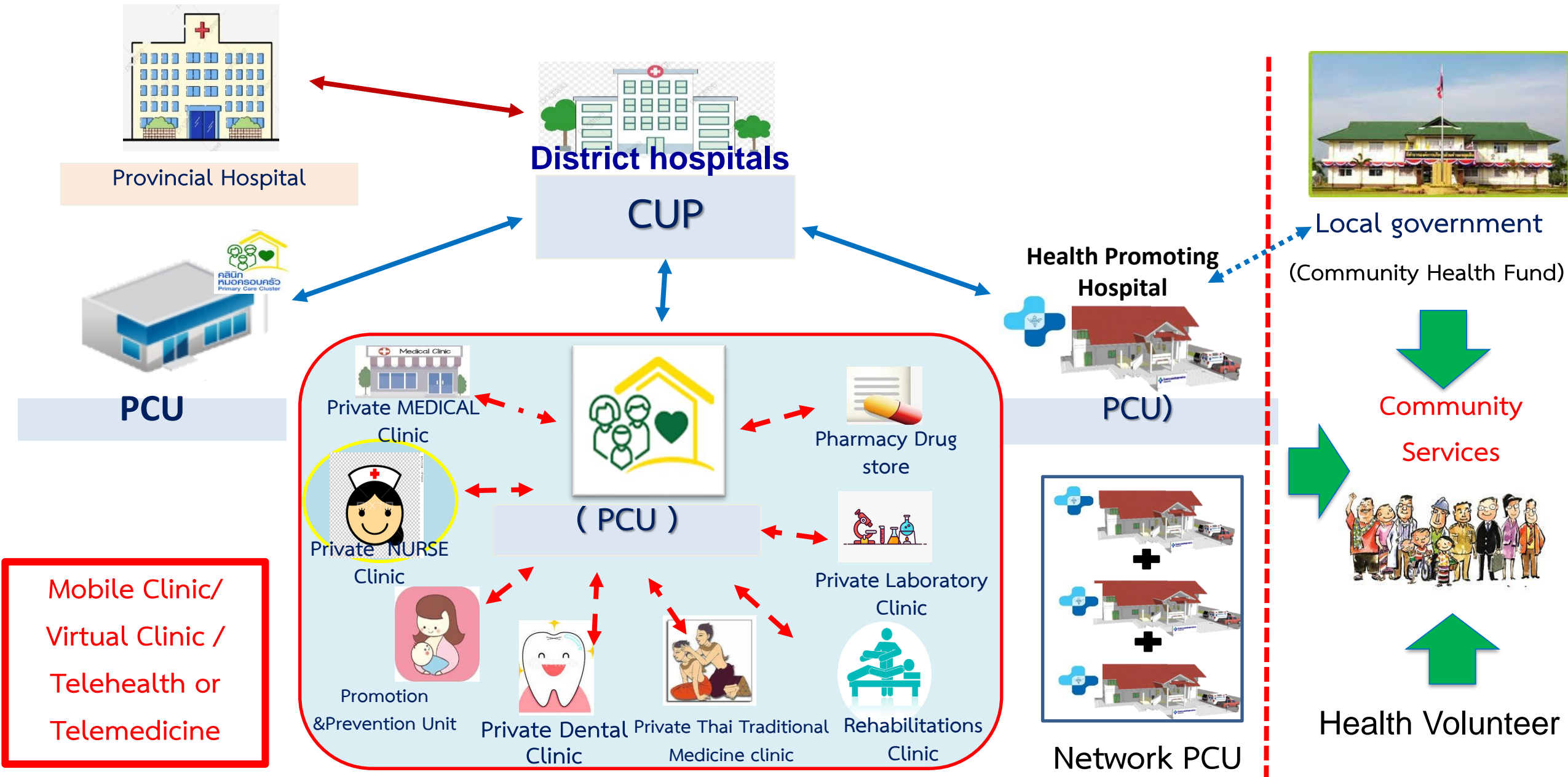
Source: Fund Management Unit, NHSO, as 30 September 2021

Remark: \* facility can register more than 1 kind of service

\*\* other Ministry : Ministry of Defense, Interior, Education



## New PRIMARY CARE Setting



# Funding for UCS

- **Source of finance: Tax-based financed**
  - ✓ Pooling fund from general taxation; close-end budget
  - ✓ No direct contribution from UCS members (\*30 baht is as voluntary basis)
- **General principles for budget estimation**
  1. Per capita budget is based on
    - Volume of services used
    - Unit cost of services provided
    - Projection of increases in service utilization and cost
  2. Data availability
    - Administrative database , hospital financial reports, beneficiary registration
  3. Policy direction
    - Increased access , standard protocol, new benefit packages as necessary

# UCS Payment: mix methods

Key principle: closed-end for efficiency and cost containment

Medical Services	Payment Mechanism
1. Out-Patient services	Differential capitation, Fee schedule,
2. In-Patient services	DRGs with global budget at regional levels
3. Prevention & Promotion	Differential capitation, Fee Schedule, Project base, Vaccine-Medicine-Material Copensation
4. Central Reimbursement	Point System with GB, Fee Schedule
5. Depreciation	Capitation & Workload indicator
6. Renal Replacement	CAPD and APD: fix payment for care management and supply of peritoneal dialysis solution to patients' home- HD: fix payment KT: fix payment including donor and recipient
7. HIV / AIDS	Fee Schedule, Medication Compensation
8. DM & HT	Capitation, Workload indicator
9. Rehabilitation	Fee Schedule
10. Traditional Medicine	Fee Schedule
11. Long Term Care (LTC) for Bedridden	Care Plan

# UCS benefits package

- In 2002, NHSO applied **implicit comprehensive benefit package** covers all essential health services except the few items in the negative list e.g. aesthetic surgery, infertility treatment, transgender operations,
  - Some essential interventions that are beyond budget capacity and/or health systems cannot deliver equitable services are excluded
  - Antiretroviral treatment for HIV and renal replacement therapy were excluded in 2002.
- Later with improved fiscal space and health technology assessment capacity, **explicit spell out of positive lists** have been approved to better define the implicit comprehensive package and fund with an aim to improve access
  - Often high-cost intervention with limited access due to closed-end payment (capitation and DRG).
  - Through rigorous cost-effectiveness, budget impact assessment and health systems capacity to deliver equitably.
    - These positive lists are often paid separately from OP capitation or DRG using fee-schedule payment within the global budget principle
- For pharmaceuticals,
  - National Sub-committee applies cost effectiveness and budget impact for inclusion of new medicines into National List of Essential Medicines (NLEM).
  - Pharmaceutical benefit in all 3 scheme include all medicines in the NLEM plus those outside NLEM if clinically indicated.

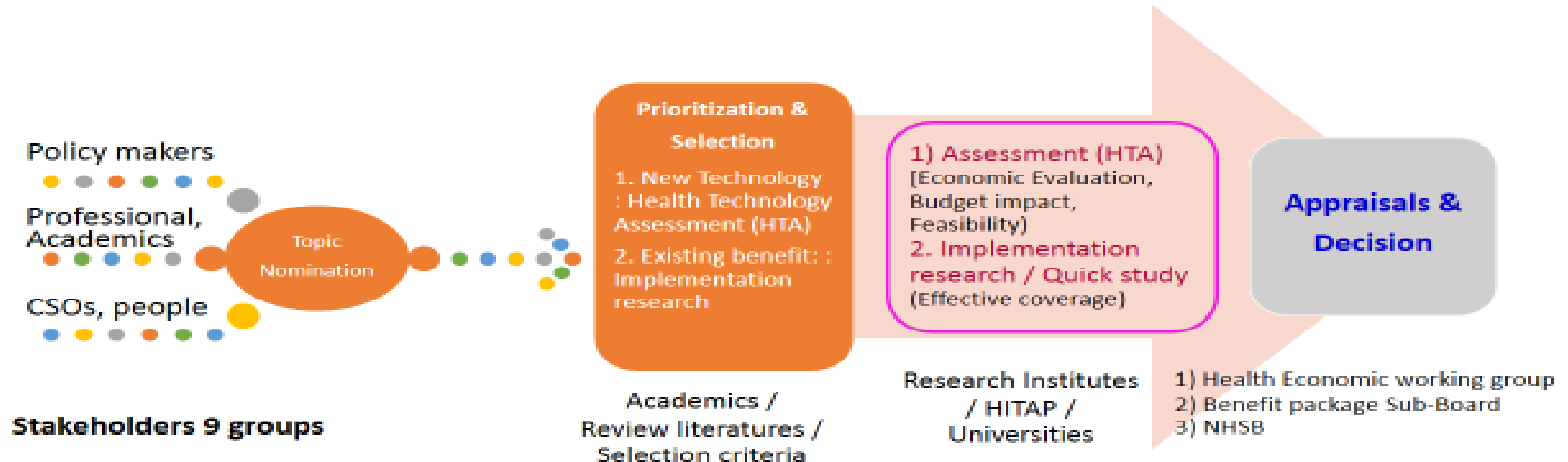


# Benefit package design (cont.)

- **After 2008 and afterward**

- At the arrival of HITAP, HTA was introduced, for clarification of new benefits or change payment method for specific interventions

## The process of benefit package development in UCS

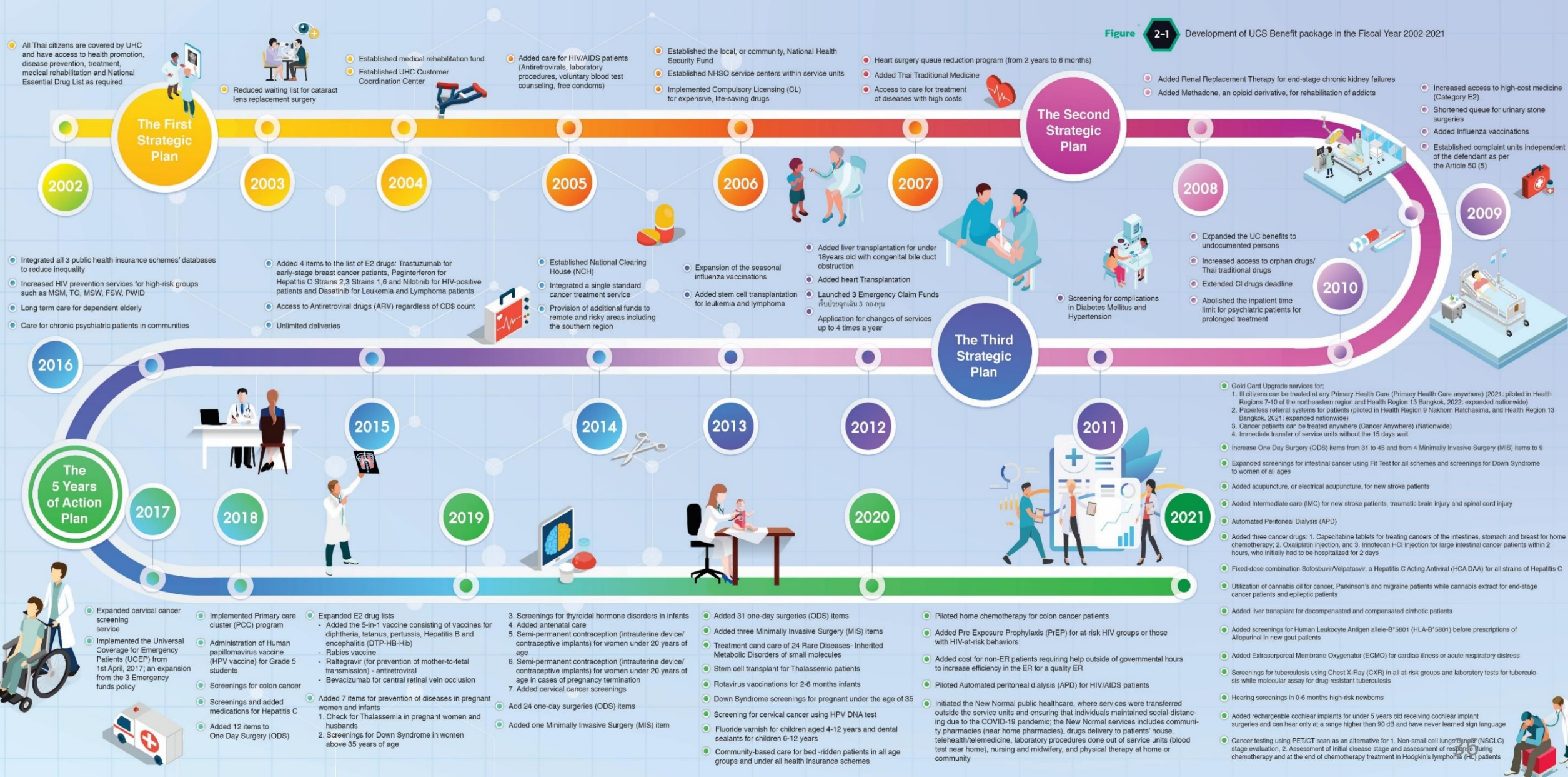


## Benefit package for Personal health promotion & disease prevention services under the UCS in Thailand

Target	Basic services
Mothers & infants	Ante Natal Care, Post Natal Care, Family Planning, Health Education, Well Child Clinic, Immunization
Children < 5 yrs	Immunization(EPI),Health check up - Well Child Clinic, Growth monitoring, Oral health ,Health Education
Children 6-12 and adolescents 13–24 yrs.	Immunization(EPI), Growth monitoring, Oral health, Health Education : sex & reproductive health & addictive substance & exercise & eating habits & desired behaviors etc.
Adults 25 – 59 yrs.	Screening for DM/HT & depression & cancer of cervix and breast, Family Planning ,Health Education
Elderly	Screening for DM/HT & depression, Flu vaccination
Risk Population	Flu vaccination, secondary prevention for DM/HT, health education, Behavior-change programs

# Health benefit package : evolution since inception 2002

Figure 2-1 Development of UCS Benefit package in the Fiscal Year 2002-2021

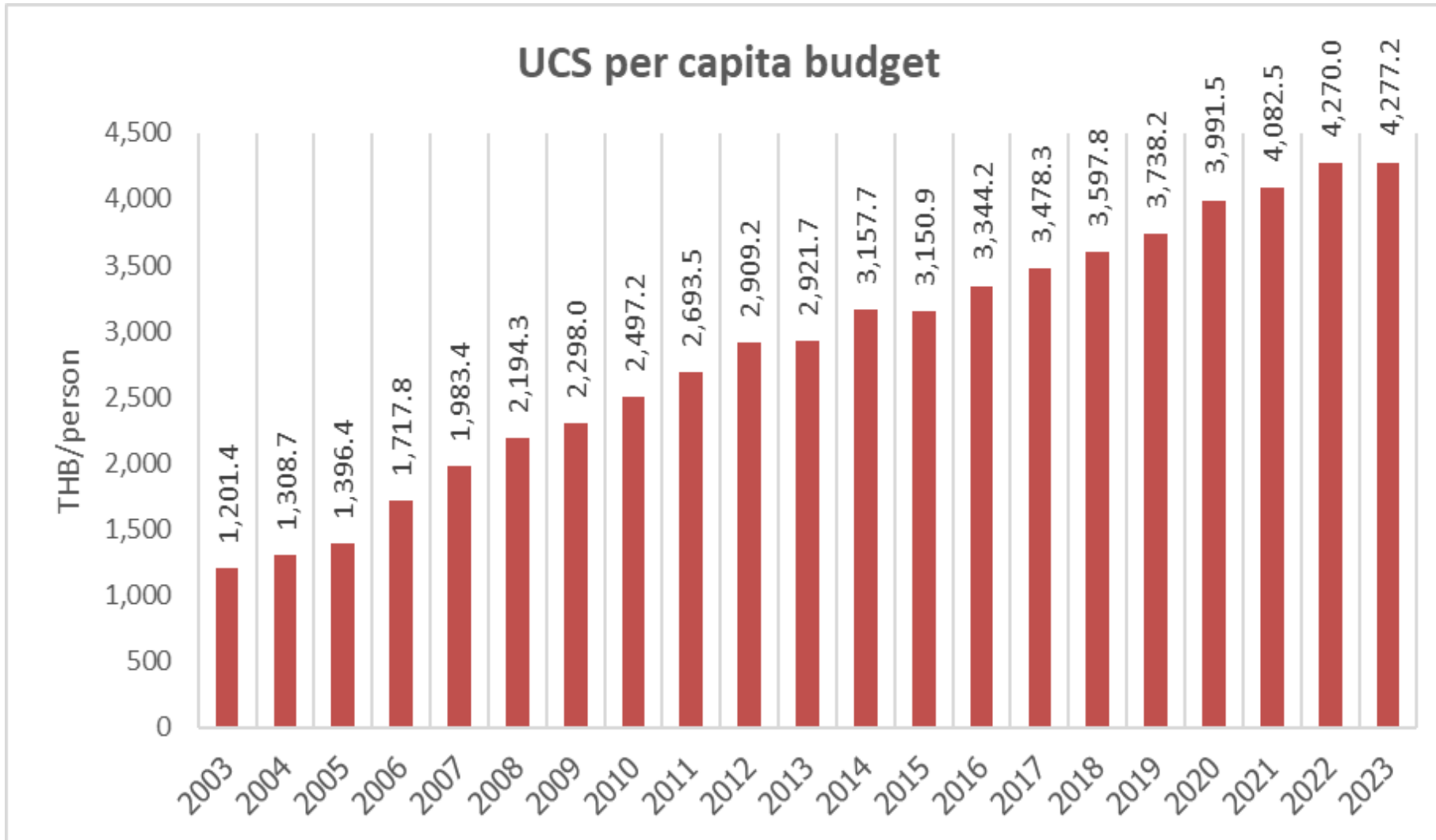


# Provider payment mechanism

- **Closed-end payment methods >> cost containment**
  - **Capitation** for Outpatient services and P&P
    - weighted by % 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.



## Per capita UCS budget, current price, 2003-2023, THB/capita



### Factors of increases

- Additional benefit package especially high cost care/ interventions
- Increasing of utilization rate
- Increasing of medical, labor inflation (6% per annum)

# Members' right protection

- Beneficiary registration
- Provide information (Q&A) and file complaints
- Active communication through various channels
- Ensure standard and quality of care through promoting and supporting quality improvement program/measure, monitoring, visiting, etc.
- Complaint management handling
- No fault compensation

**Call Center 1330**



# **Community Health Fund**

## **Partnership with Local Authority in Thailand.**

# Community Health Fund (CHF)

## Partnership with Local Authority

- **Mechanism to continuously support** community health care activities
- Emphasis on **good health of people** in community; participatory; **collaboration with local authorities and healthcare officers** in health promotion, prevention and rehabilitation
- **Decentralize** healthcare management to local authority



# Concept of Community Health Fund (CHF)

- **Mechanism to continuously support** community health care activities
- **Emphasis on good health of people** in community; participatory; **collaboration with local authorities and healthcare officers** in health promotion, prevention and rehabilitation
- **Decentralize** healthcare management to local authority

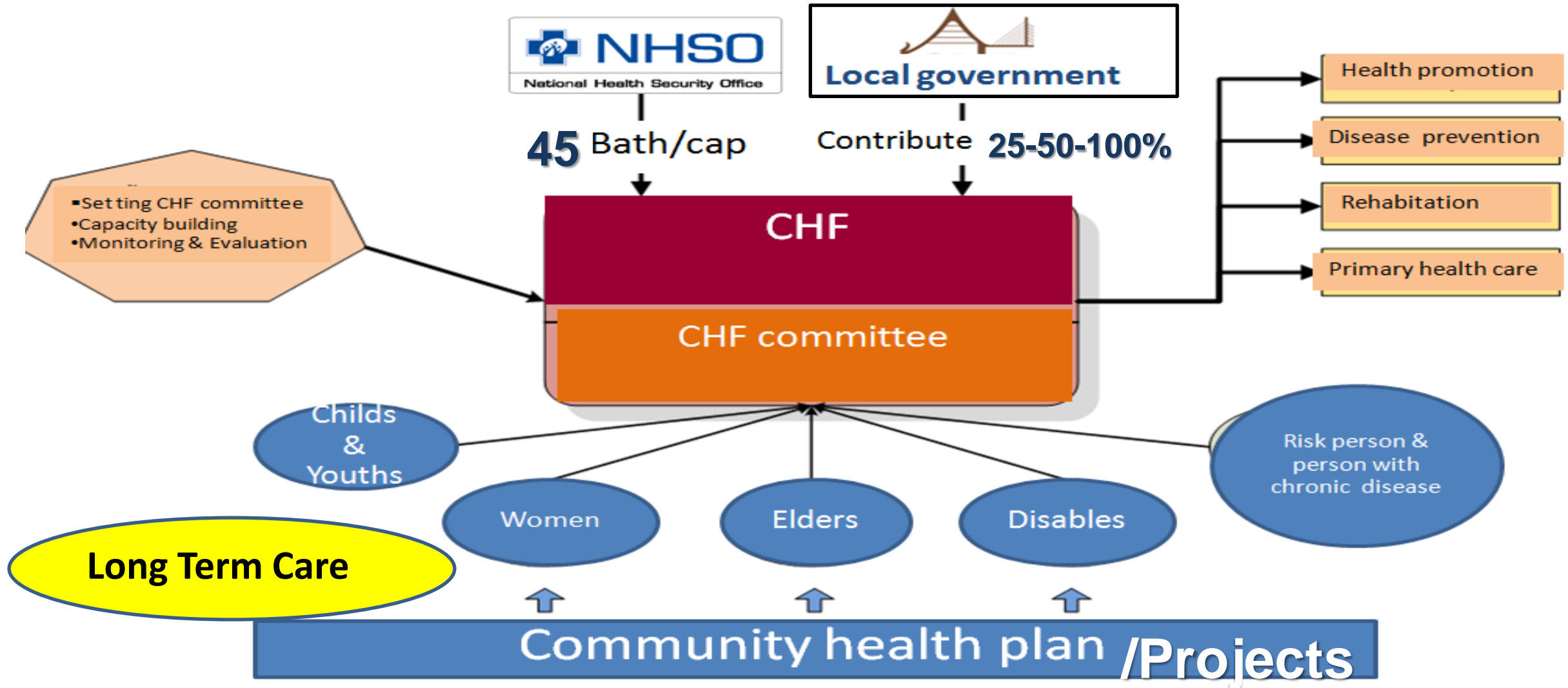
# Concept of Community Health Fund (CHF)

- Co-financed by Subdistrict Administrative Organization (SAO), municipality, and NHSO
- NHSO finances 45 Baht/capita (US\$1.3), SAO co-finances 30, 40, 50%, and municipality co-finance 50-60%
- Started in 2006 with 888 funds in every district
- As of 2022, funds nationwide

# Community Health Fund (CHF)

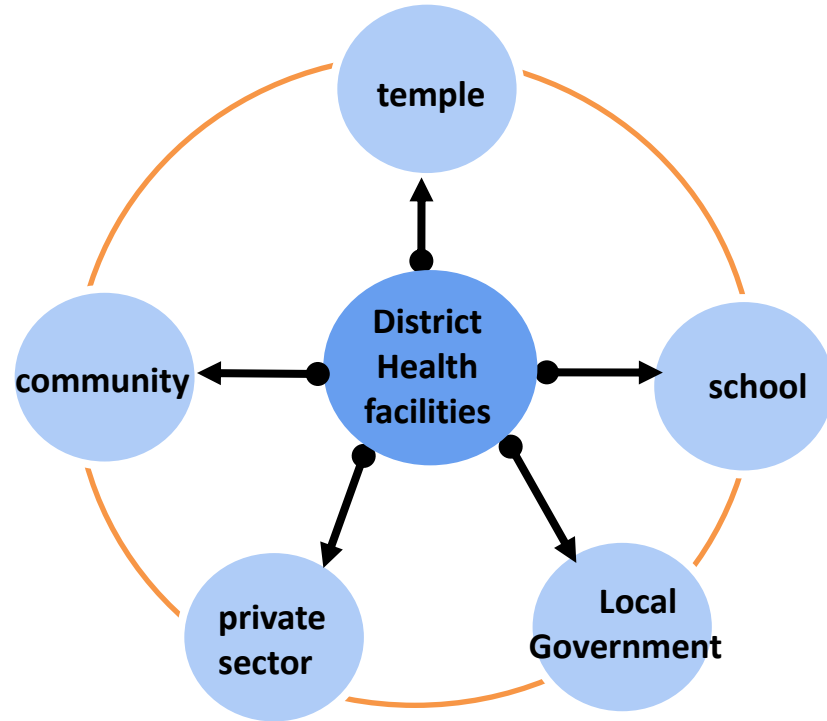
## Innovation in managing community health

Co-contribution between NHSO and local government

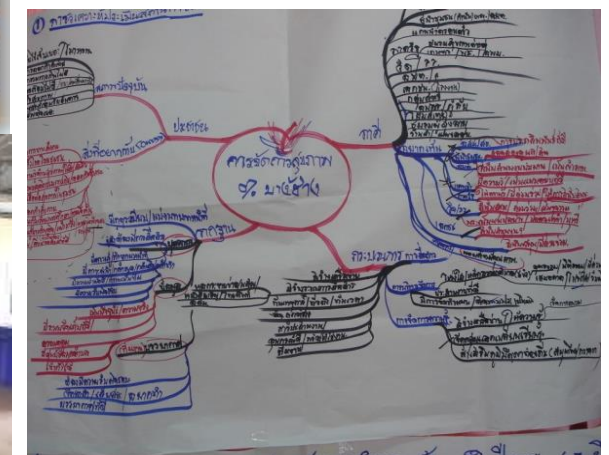


# COMMUNITY PARTICIPATION

- Committee at community level



- Public hearing
- Problem analysis
- Priority setting
- Develop community funding plan



# Community Health Plan or Projects

## Activities

- Verbal screening ,Behavior modification activities , exercise, diet and nutrition, health education, home visit, Home care.

## Projects :

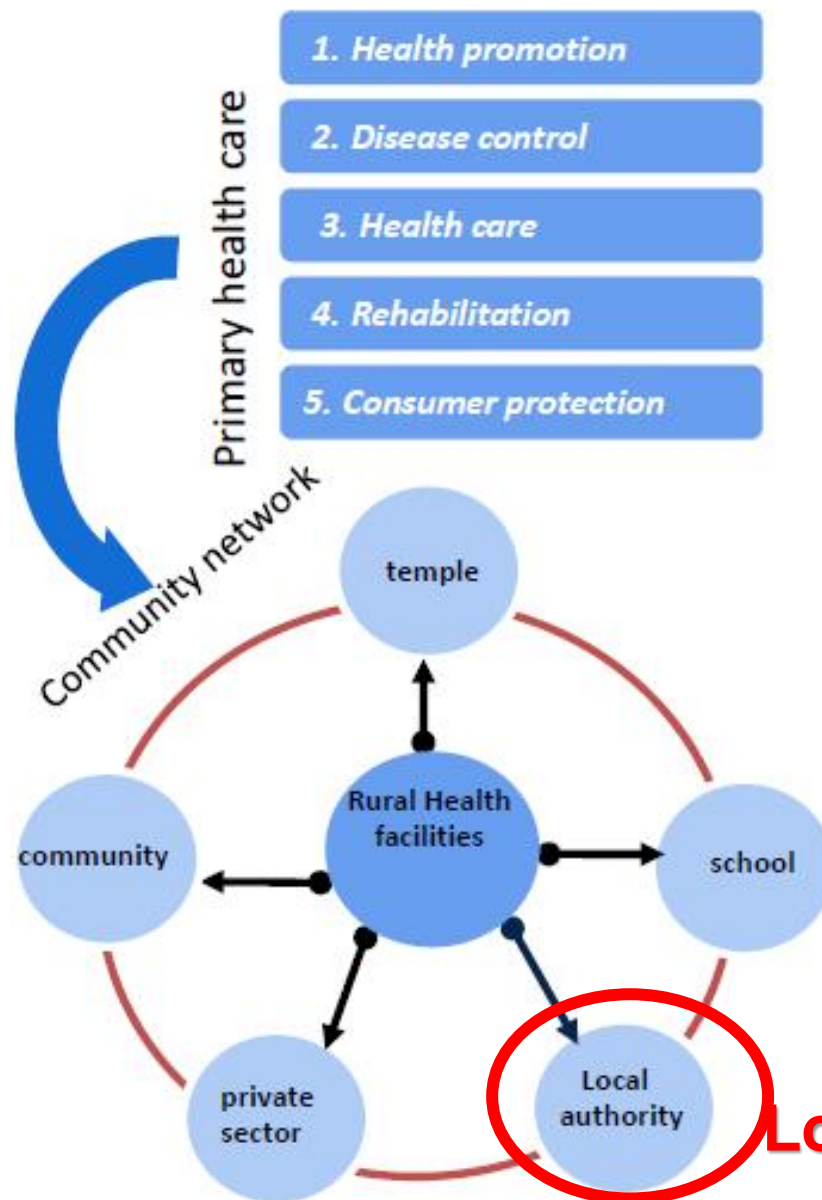
- Promotion of healthy lifestyles and Physical activity, especially high risk group,
- Establishment of community support group.
- Community awareness regarding causes, prevention and management of noncommunicable diseases.
- Community based rehabilitation services
- Health education, Counselling, and Encouraging physical and better dietary habits.
- Community awareness of health hazards of smoking and Substance abuse



# DHS and Community Health Fund



Rural community hospitals with 2-8 doctors cover 30-80,000 population



Rural health centers with 3-6 nurses and paramedics cover 2,000-5,000 population

**Community Health  
Fund  
(CHF)**

**Local Government**



## **Proactive Services Screening /Health education**





# Proactive Services Home visit /Home Care





## Community Activities Promotion & Prevention

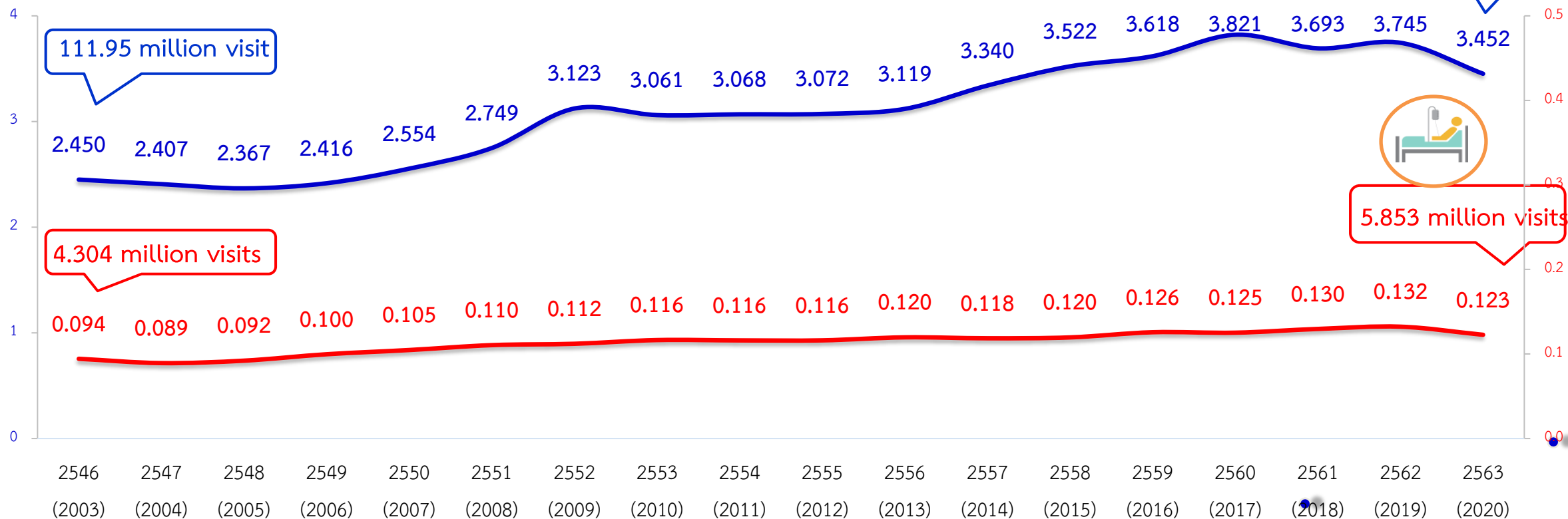


# OVERALL OUTCOMES

# Utilization of Out-patient and In-patient



164.06 million visit



5.853 million visits

—●— Out-Patient utilization rate (visit/person/year) —●— In-Patient utilization rate (visit/person/year)

Data Source : NHSO 2021



# Utilization Rate OP-IP services by Age-group (FY2020)



**Utilization Rate – OP  
(Visit / person/Year)**

5.30

4.10

2.56

2.91

7.04

7.36



**Utilization rate –IP  
(Admission / person/Year)**

1.19

0.17

0.07

0.09

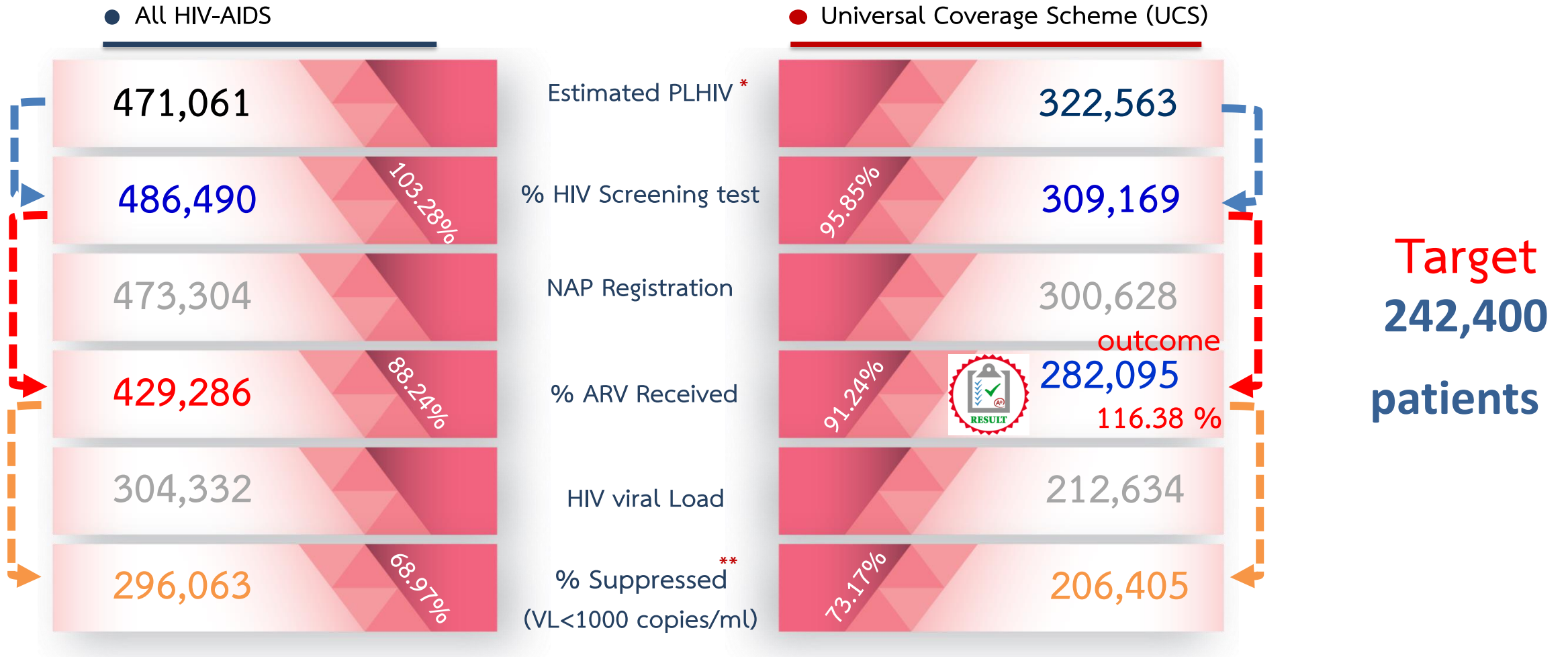
0.19

0.28



# HIV-AIDS Year 2020

## Fast-Track-Targets by 2020 : 90-90-90

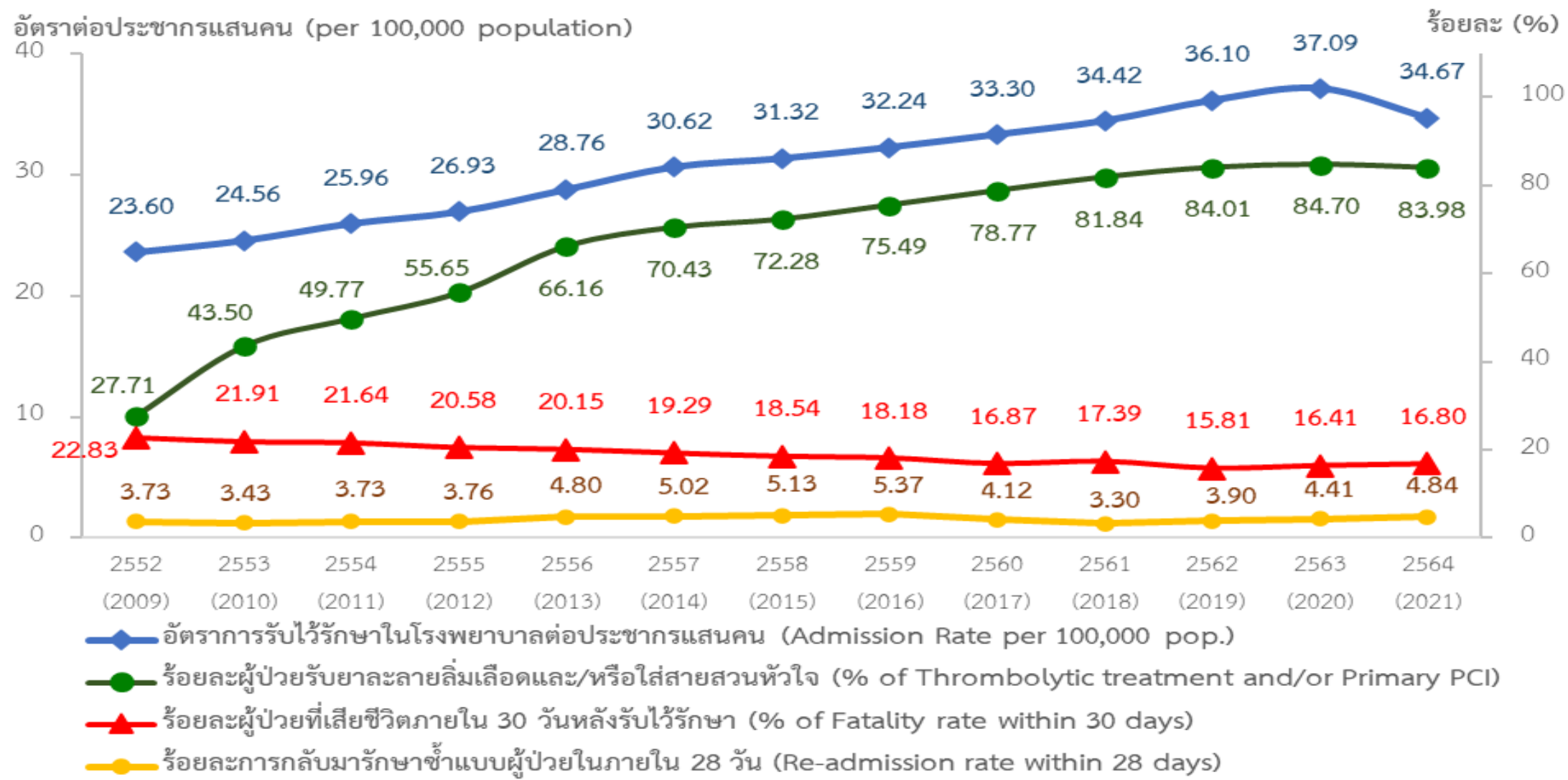


Source : National AIDS Program (NAP), National Health Security Office, 30 September 2019





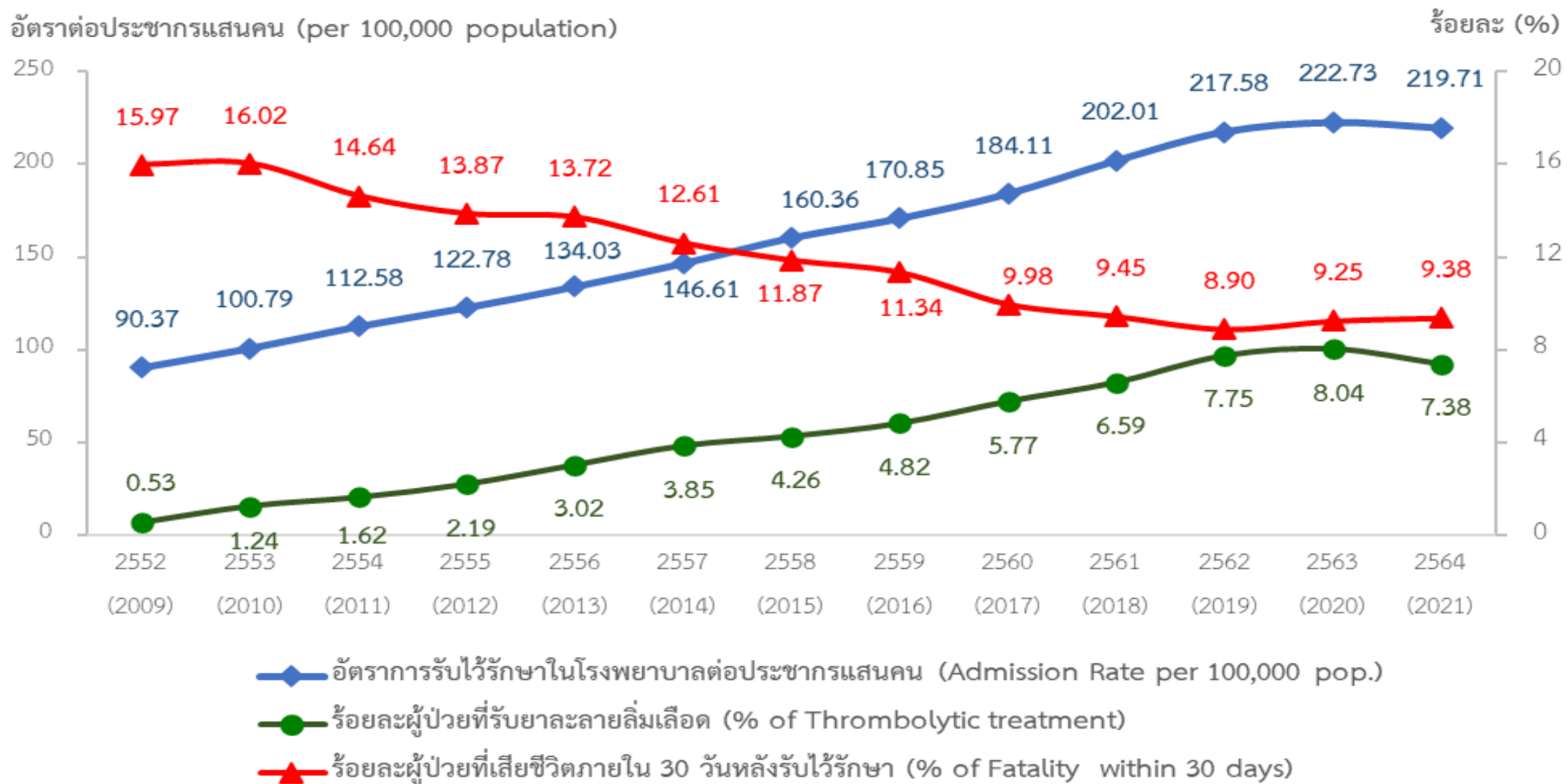
# ST-segment elevation myocardial (STEMI)



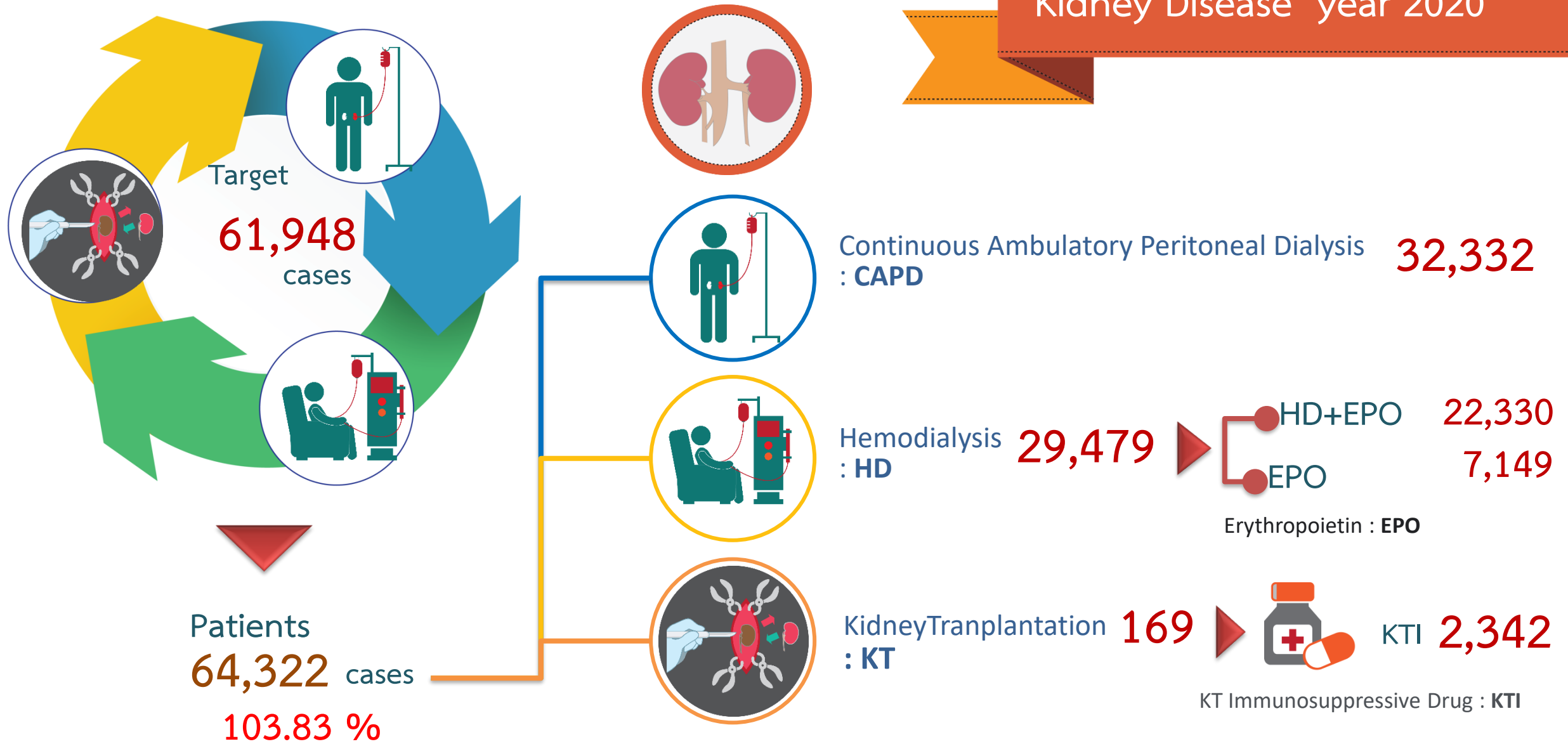
Source : NHSO Annual report 2022



## Cerebral Infarction



# Kidney Disease year 2020



Source Chronic Kidney Disease Report, NHSO, December 2020.

## Rehabilitation

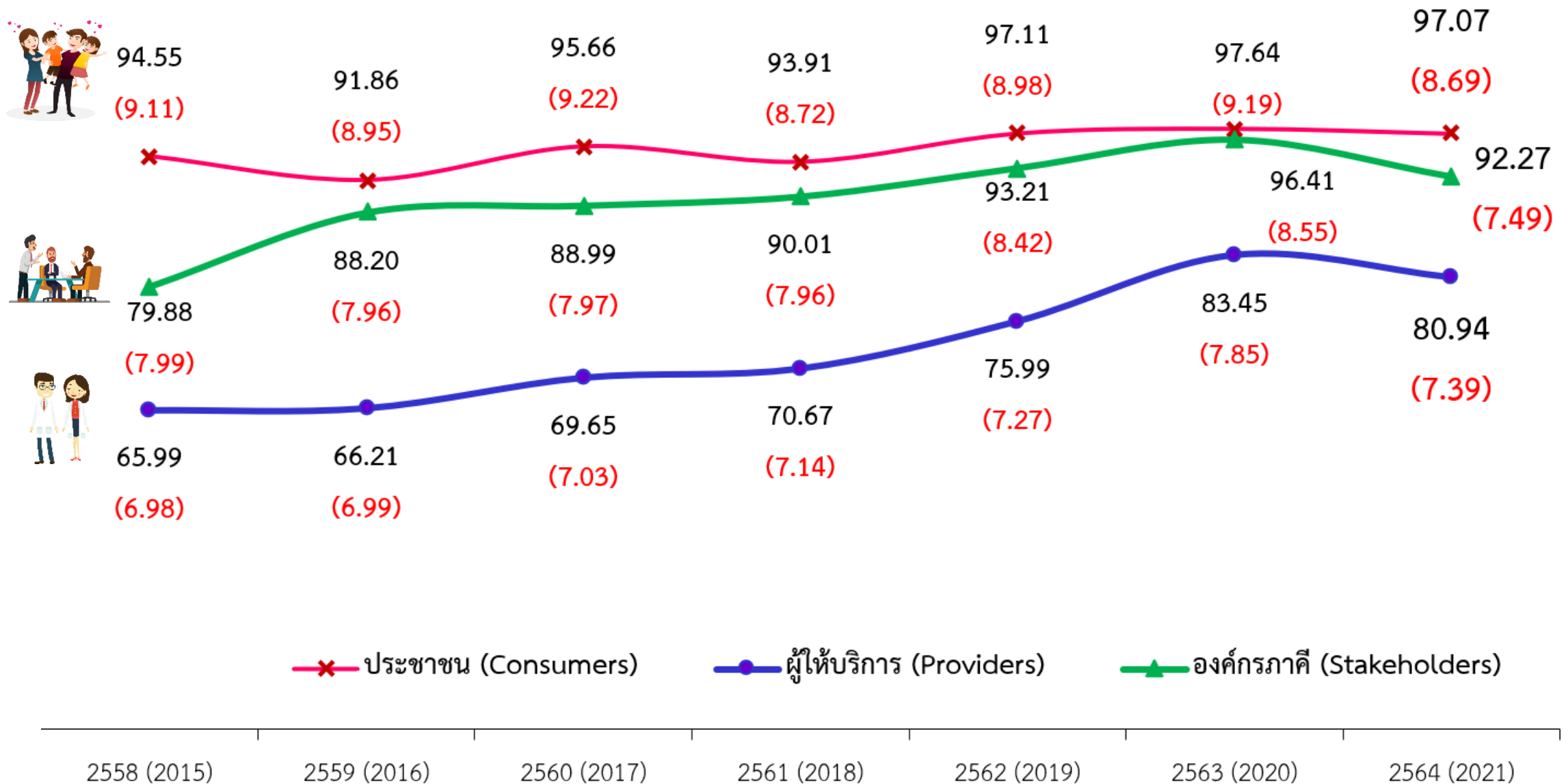
Target **3,467,867**visit

output

	Visit	person
 Disability	<b>677,145</b>	185,328
 Elder Rehabilitation need	<b>1,540,558</b>	437,108
 Rehabilitation Patients	<b>1,410,315</b>	<b>391,477</b>
 Bedridden Patients	<b>3,157</b>	693
Total	<b>3,631,175</b>	1,014,606

Source : National Health Security Office September 2020

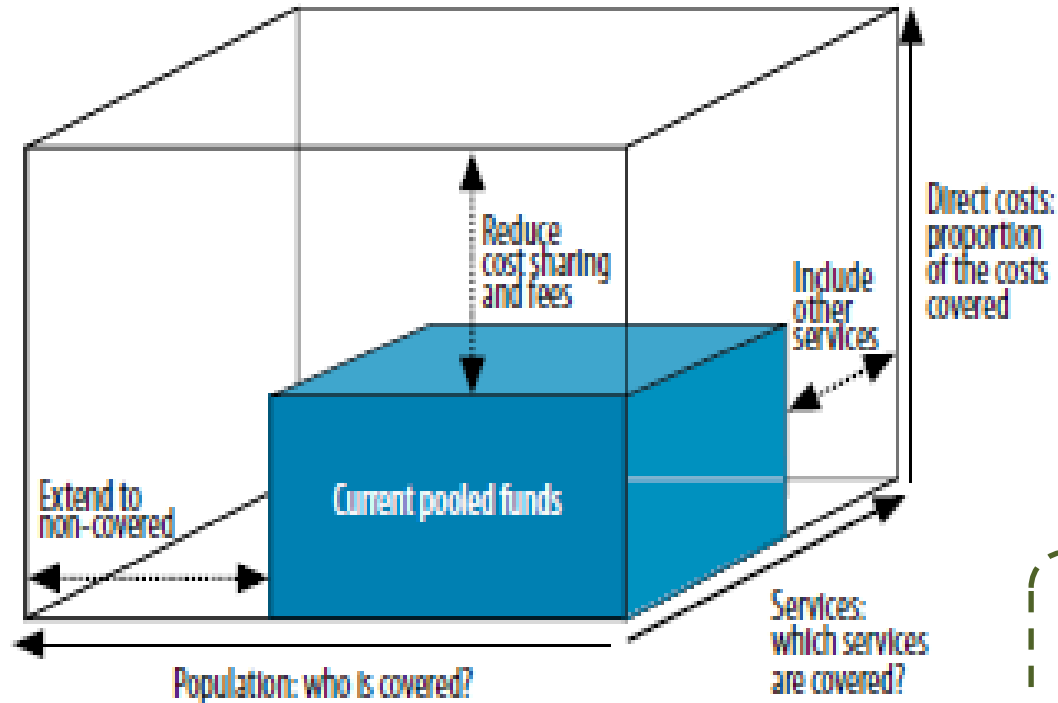
# Satisfaction of UCS members and providers



# **NHSO tackle to COVID-19 as a service purchaser**



# Tackle to COVID-19 as a service purchaser



X: People coverage  
99.9%  
(2022)

aim at vulnerable & marginalized group  
No one leave behind

Y: Reallocate budget to protect catastrophic health expenditure

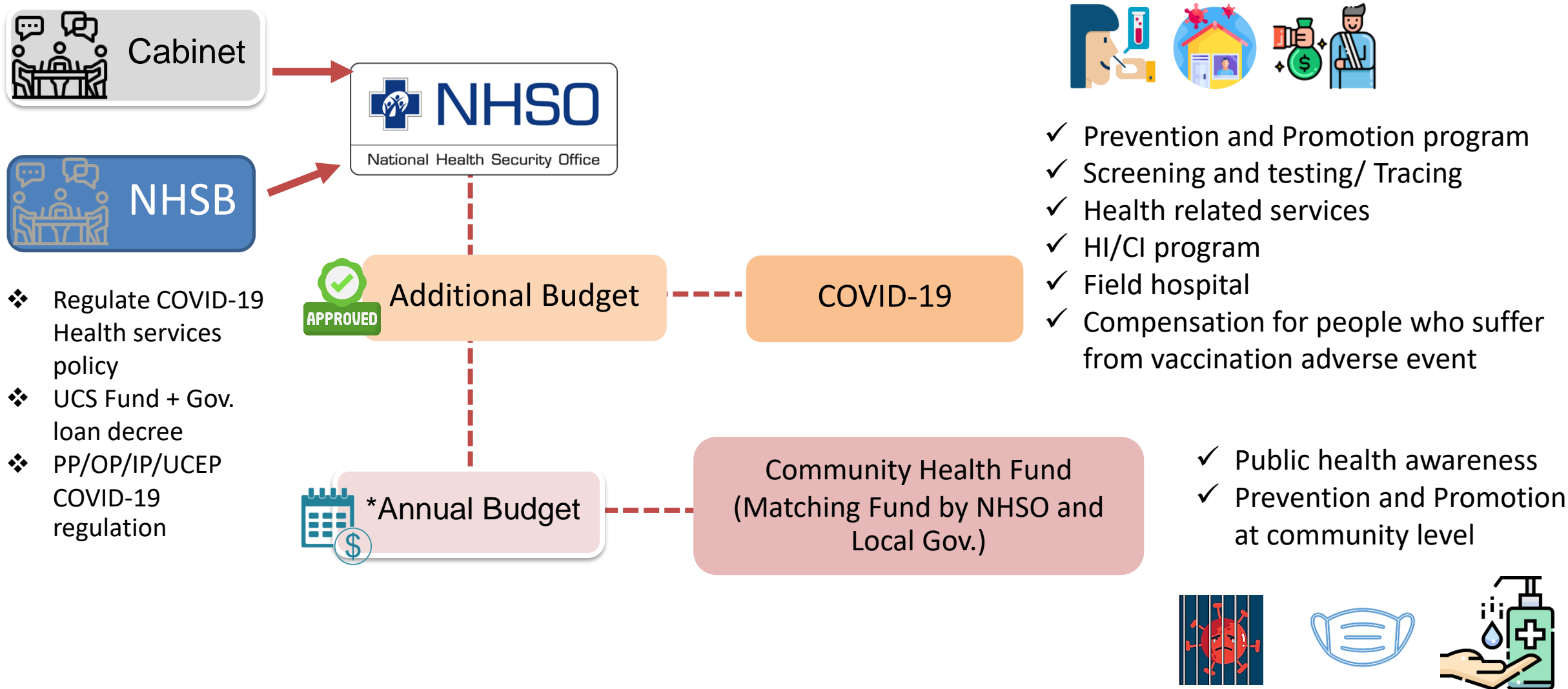
11%  
(2021)

design new payment method  
to purchase essential services

Z: Increase HBP as needed and also  
develop infrastructure to ensure access  
to services covered

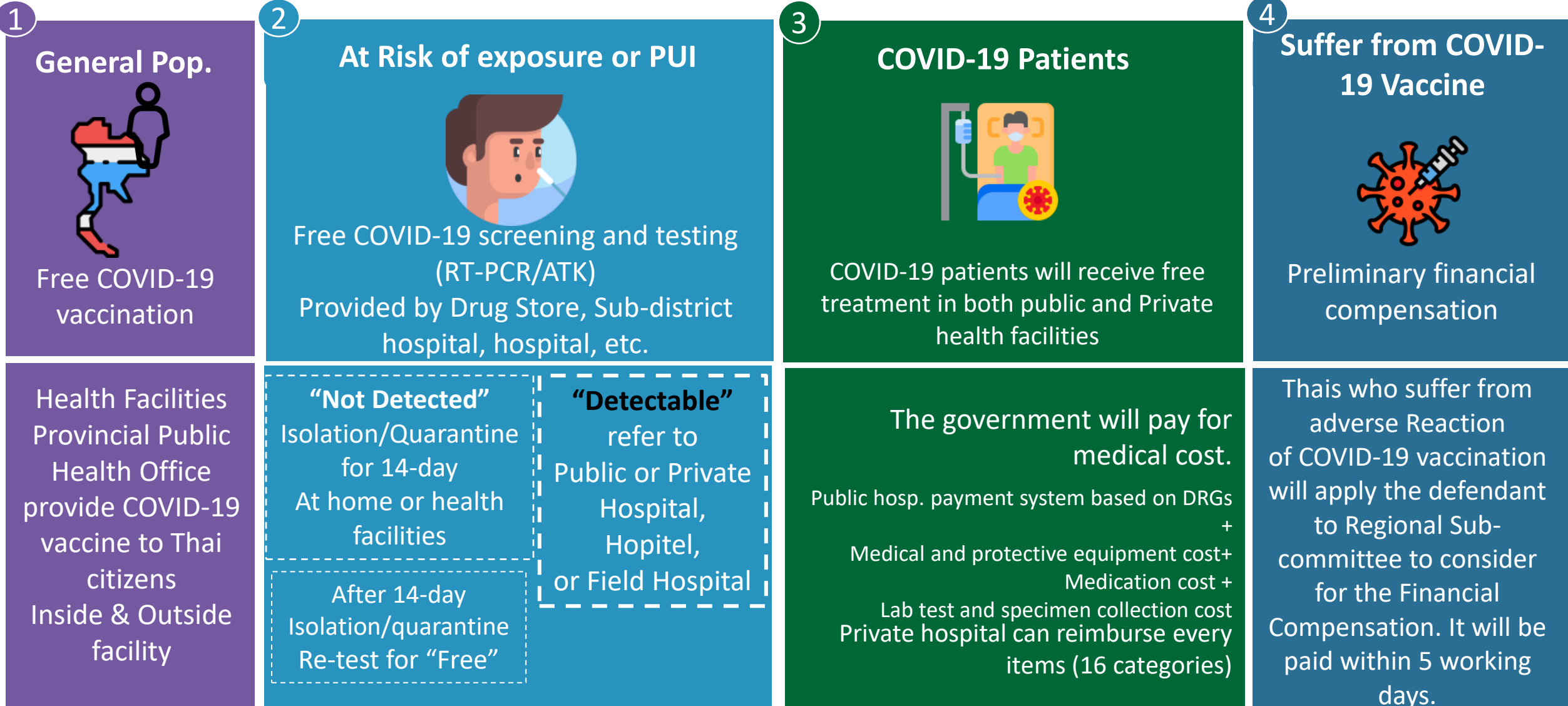
include related COVID-19 services as needed  
(screening, testing, treatment, etc.)

# COVID-19 Funding sources



\*Proposing plan to request Annual Budget usually need to be done 2 years in advance.

# COVID-19 Health Related Services



1

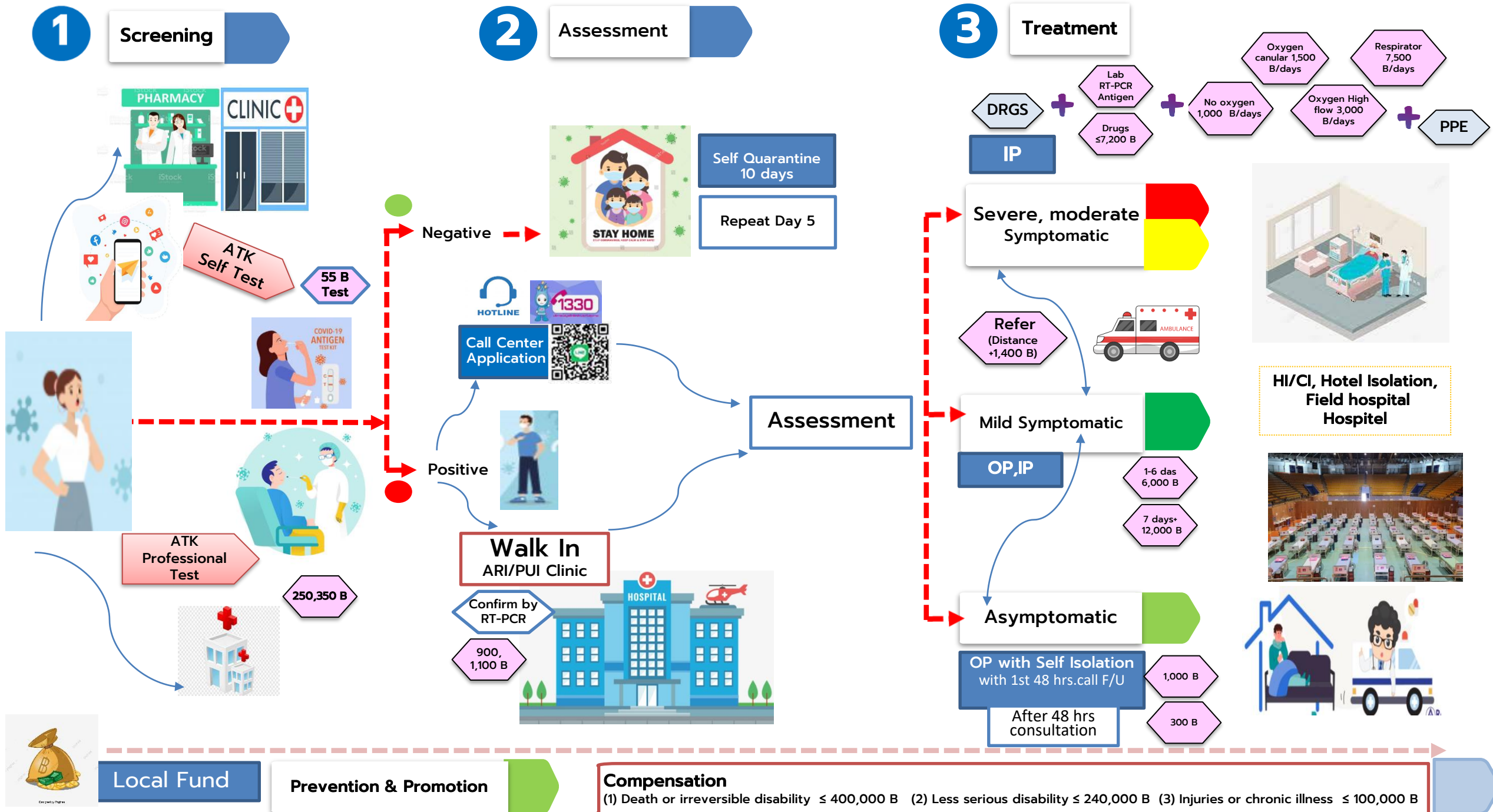
## Screening

2

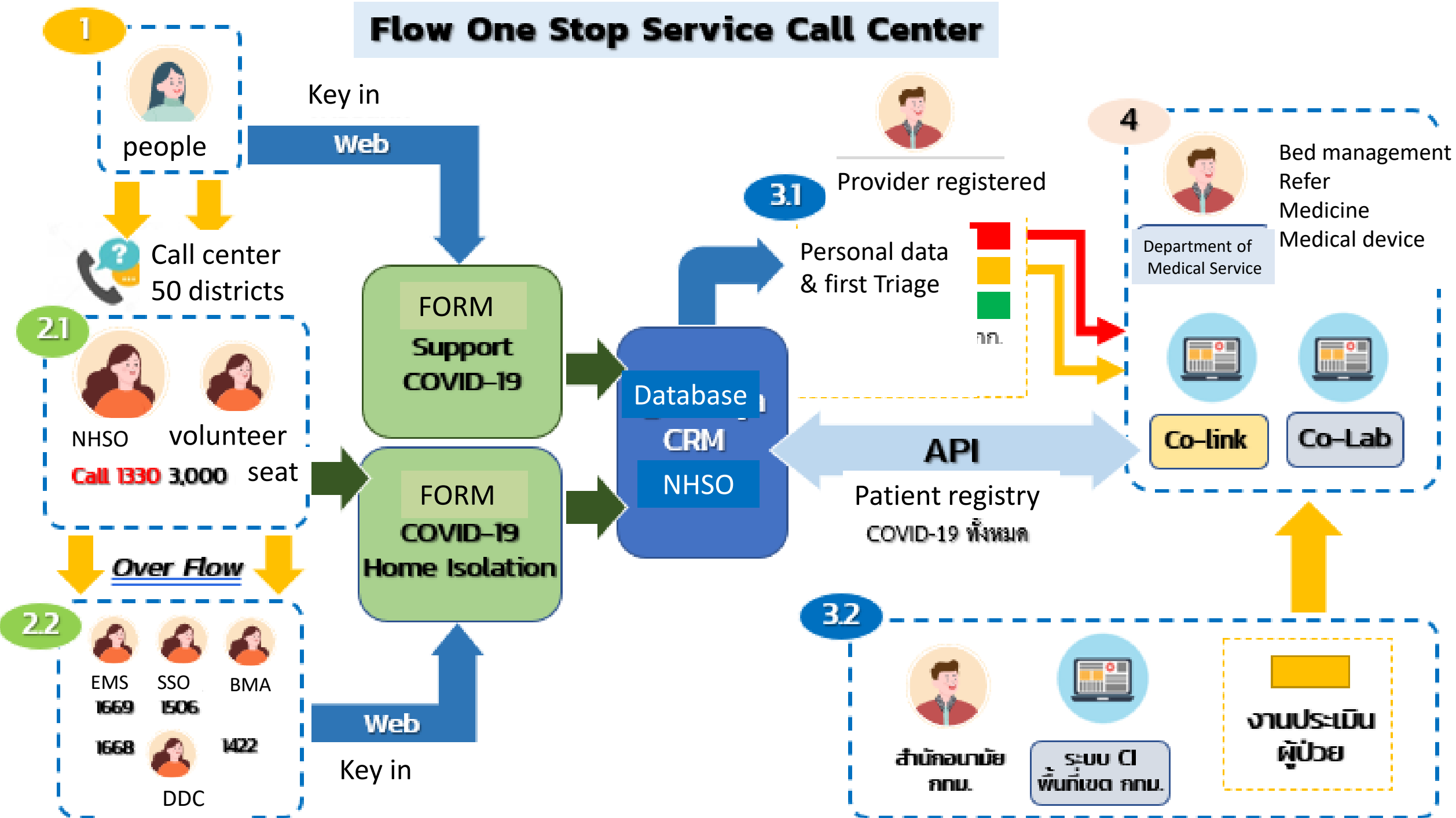
## Assessment

3

## Treatment



# Flow One Stop Service Call Center





# Dashboard: Home /Community Isolation (HI/CI) Mapping



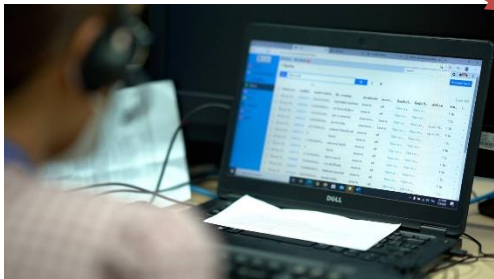
NHSO 1330 hotline

Customer Relationship Management (CRM) system

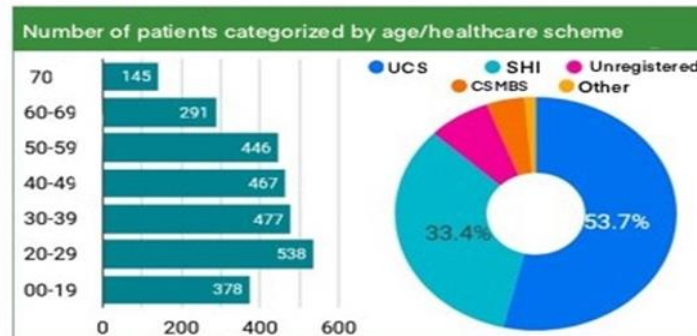
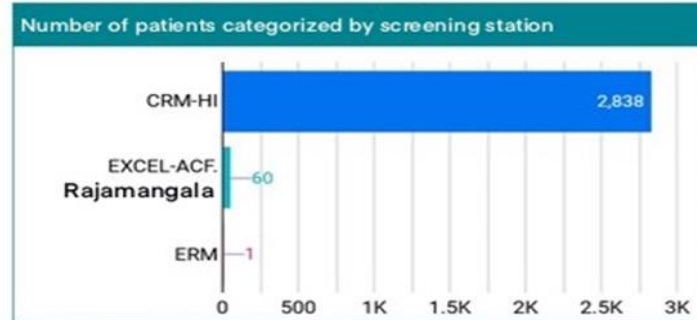
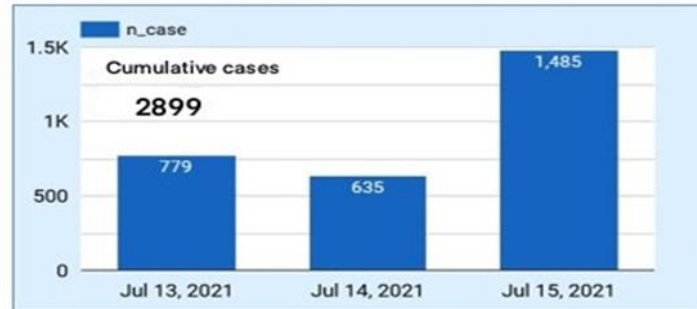
Primary Care Cluster (PCC) Mapping

Food Delivery  
Flavipilavir & Medical supplies.

TELE-follow up

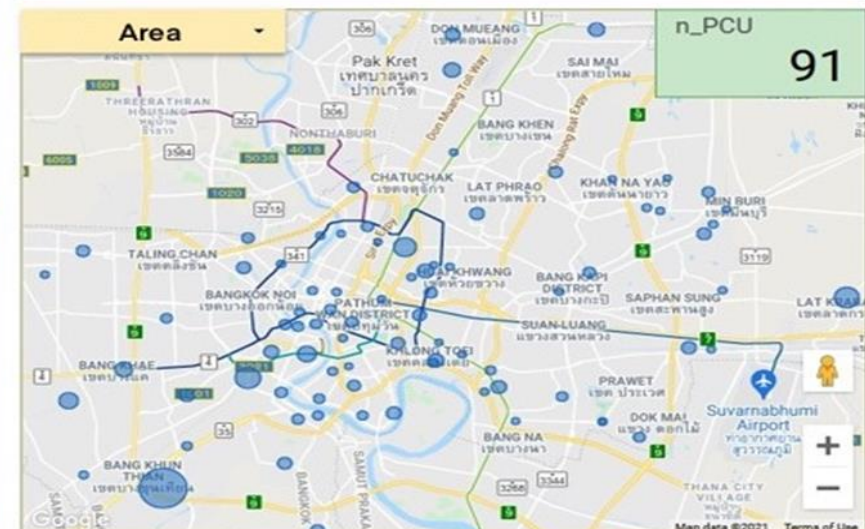


## The overview of home isolation referral(BKK)



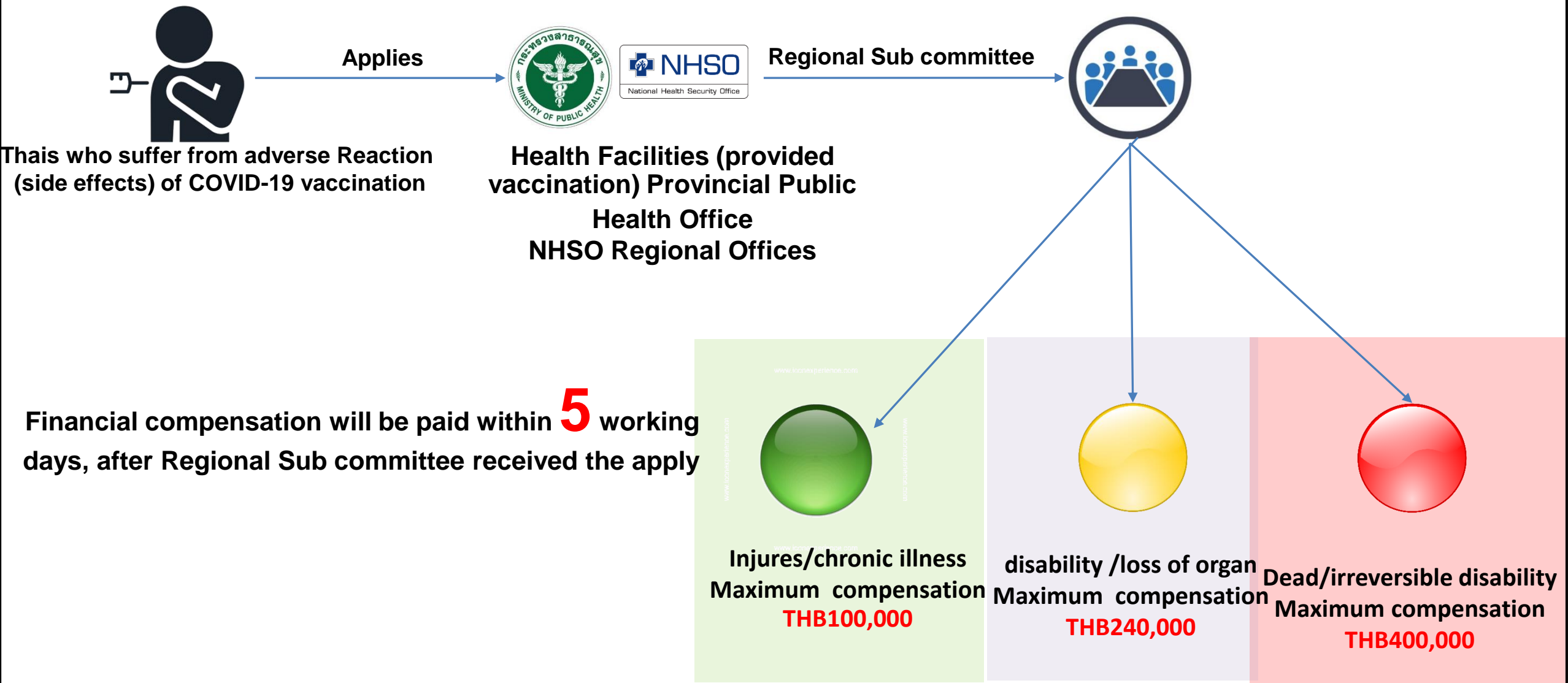
Unpaired 674 Paired with PCU 2,225 **76.8%**

	n_PCU	n_cases	Waiting	Accepted
Bangkhunthian	2	218	218	0
Khlong sam wa	3	131	130	1
Bangkapi	2	100	100	0
Lat krabang	3	95	95	0
Chomthong	1	91	91	0
Dindaeng	4	83	81	2
Grand total	91	2,225	2,134	91





# The principle of preliminary financial compensation to people who suffer from adverse reactions (side effects) of COVID-19 vaccinations





# Lessons learned from the Pandemic

## District Health System



District Hospital



Health center



**Health Security**



**Strong & resilient national health system**



**Long-term investment on UHC,  
Committed health workers  
Governance System**

**Multi-sectoral & multi-stakeholder  
actions participation + Ownership**

# Remaining Challenges

- **Provider side:**
  - demand payment method adjustment, while containing cost and ensuring access to quality care
  - Rapid health technology development
- **Beneficiary side:**
  - Demographic and epidemiologic transition, demand to meet their needs and rights.
  - To create an equity and bankruptcy prevention
- **Financial side:**
  - Cost escalation while government budget tend to be limited
  - Preparedness for economic challenge or pandemic situation: UCS reliance on tax financing
- **Harmonizing** among three main schemes whose fundamentals are different
- **The new era of National Policy:**
  - National Strategy Plan (2018-2037, 20-years plan)
  - The health system reform plan





# Thank you

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