Universal Health Coverage: Thailand experience

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Yokohama, Japan
Statement of the Minister of Public Health, Thailand

1. With strong political commitment, UHC can be started and achieved at low level of income
2. Peace and sustained economic growth mobilized ‘more money for health’
3. Universal access to good quality essential health services is the real goal
4. Strong capacity on health system and policy research
5. Participatory governance systems ensures real ownership
1. UHC can be started and achieved at low to middle income level

GNI per capita, USD 1970-2012
2. Peace and sustained economic growth mobilized ‘more money for health’
From security and debt service budget to health

Source: Bureau of Budget; Dr. Suwit’s presentation 30 Sept 2011
More budget to health

- 1972: 29,000 mil. $ (3.4%)
- 1990: 335,000 mil. $ (4.8%)
- 2004: 77,720.7 mil. $ (78x) (8.1%)

2011 Budget for health rose to 13% of government budget

Government budget

Budget for health
Continued political commitment to UC Scheme: Budget, Baht per capita, by Regime 2002-2017
8 governments, 13 Health Ministers, 11 Permanent Secretaries

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3. Universal access to good quality essential health services is the real goal

- Free but inaccessible health services and/or poor quality is not UHC.
- Thai’s UHC focuses on Primary Health Care.
- Evolution of rural health systems since before UHC
  - 780 district hospitals: one district hospital per district
  - 9,777 health centers: one health center per rural commune
- Rapid increase in HRH training, i.e., doctors, nurses, voluntary health volunteers, etc, through “rural recruitment, local training and hometown placement” and compulsory public work for graduates with adequate motivation and incentives;
District health system: hub for pro-poor outcomes


1. Health promotion
2. Disease control
3. Health care
4. Rehabilitation
5. Consumer protection

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

Rural community hospitals with 2-8 doctors cover 30-80,000 population
### Huge increase in access to primary care

<table>
<thead>
<tr>
<th>Year</th>
<th>Regional / General Hospital</th>
<th>District Hospital</th>
<th>Rural Health Centres</th>
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<tbody>
<tr>
<td>1977</td>
<td>46% (5.5)</td>
<td>24% (2.9)</td>
<td>29% (3.5)</td>
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<td>1987</td>
<td>27% (11.0)</td>
<td>35% (14.6)</td>
<td>38% (15.7)</td>
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<tr>
<td>2000</td>
<td>18.2% (20.4)</td>
<td>35.7% (40.2)</td>
<td>46.1% (51.8)</td>
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<tr>
<td>2010</td>
<td>12.6% (18.1)</td>
<td>33.4% (33.4)</td>
<td>54.0% (78.0)</td>
</tr>
</tbody>
</table>

Note: (number of OP visits in million)

Source: Suwit’s presentation on 30 Sep 2011 and updated 2010 data
4. Strong capacity on health system and policy research

- Home grown technical capacities
  - Designing and implementing UC scheme
    - Provider payment methods: capitation, DRGs, fee schedule
    - IT to support UHC
    - Medical audit
  - Priority setting using many tools, including health technology assessment, budget impacts, supply side readiness,
  - Monitoring progress of UHC
    - Population coverage using citizen ID of CRVS; everyone is count
    - Service coverage -> effective coverage of 6 conditions: HIV, TB, cervical cancer, DM, Hypertension, cerebrovascular disease
    - Financial risk protection: catastrophic and medical impoverishment
UC Scheme achievements

- Some key achievements
  - Improved equity in financing healthcare;
  - Increased access to care by beneficiaries;
  - Pro-poor utilization and benefit incidence;
    - *BMC Public Health* 2012; 12(suppl 1): S6
  - Preventing non-poor households become poor from medical bills;
  - Gaining efficiency and cost containment;
    - *Economic & Political Weekly* 2012; 47: 53-7
  - UCS flourishes despite eight rival governments, six elections, two coup d’etat, thirteen health ministers, between 2001-2015
    - UCS gradually owned by the people, not political party who initiated it.
### New interventions assessed for service coverage

**Contribution by IHPP and HITAP**

<table>
<thead>
<tr>
<th>Interventions (Indication)</th>
<th>Cost-effectiveness</th>
<th>Budget impact</th>
<th>UC Scheme coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lamivudine (Chronic hepatitis B)</td>
<td>Cost-saving</td>
<td>Low</td>
<td>Yes</td>
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<tr>
<td>Cyclophosphamide + azathioprine (Severe lupus nephritis)</td>
<td>Cost-saving</td>
<td>Low</td>
<td>Yes</td>
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<tr>
<td>Peg-interferon alpha 2a + ribavirin (Chronic hepatitis C)</td>
<td>Cost-effective (ICER=86,600*)</td>
<td>High</td>
<td>No</td>
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<tr>
<td>Adult diapers (Urinary and fecal incontinence)</td>
<td>Cost-effective (ICER=54,000*)</td>
<td>High</td>
<td>No</td>
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<tr>
<td>Anti IgE (Severe asthma)</td>
<td>Cost-ineffective</td>
<td>High</td>
<td>No</td>
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<tr>
<td>Implant dentures</td>
<td>Cost-effective (ICER= 5,147*)</td>
<td>Low</td>
<td>No</td>
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</table>

*Note: * Threshold: ICER = 160,000 ThaiBaht per QALY

Source: UC Benefit package project
Incidence of catastrophic health spending
>10% of household expenditure, before and after UC Scheme in 2002
Sub-national health impoverishment 1996 to 2008
5. Participatory governance systems ensures real ownership

• Voices of people
  – Board of UC scheme: 5 seats from civil society (out of 30), chaired by the Minister of Health
  – satisfaction survey of providers and patients
  – Call Center 1330 of UC Scheme
  – Annual public hearing at the national level, regional level and now extend to provincial level
Satisfaction of UC beneficiaries & health care providers

Source: NHSO
Summary

• UHC is context specific – learn from others and adapt but not copied

• Political and financial commitment is the key factors – on both health systems development and financial protection

• Ensuring equitable access to and good quality of health care services is as important as the financial protection

• The success of UHC depends much on the spirit of committed health workers not only money

• National capacity for evidence based policy is really needed
Situations that lead to reform

- 1997 Constitution
- 2001 general election
- Politics (Window of opportunity)

Triangle that moves the mountain

- Evidences & capacity
- UC working group 2000
- Social mobilization
- A civil proposal on UC

Related areas:
- 1993, 1996, 1997 HCF workshops
- HSRI 1992
- Experiences SSS & HCS
- SIP (WB) 1999-2001
- IHPP
- HITAP
- HISRO
Thank you for your attention