How Thailand has reached universal coverage: a reflection spanning from 1990s to 2010s

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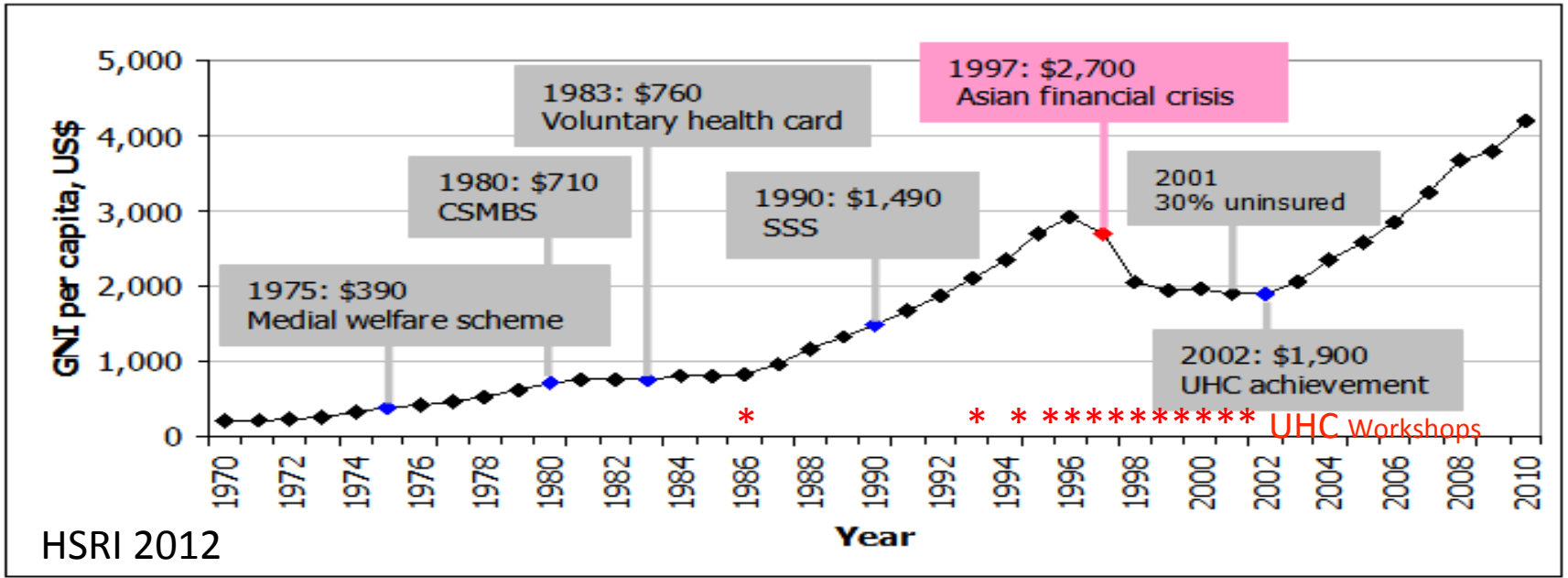
Scope

Background

- Thailand's universal health coverage policy had long been discussed with various stakeholders over a decade before becoming real.



HSRI 2012

Objectives of Thai UHC

- Equity
- Quality
- Efficiency
- Social Accountability

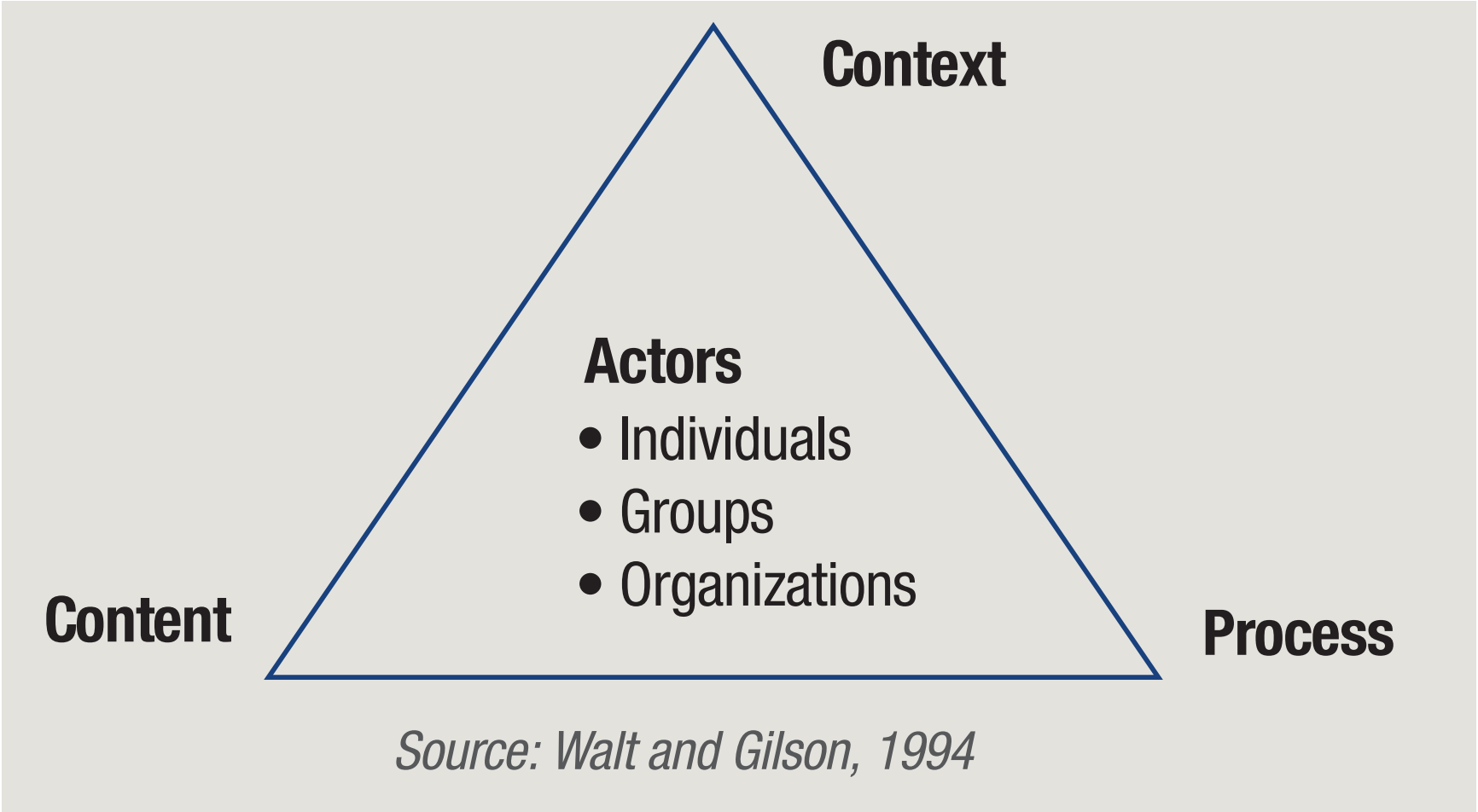
Streams of health reforms

- Health care reform dance
- Big bang policy change
- Kingdon's window of opportunity
  - Bureaucrat stream
  - Policy stream
- Triangle that moves the mountain
  - Knowledge
  - Social movement
  - Political decision

Before the big reforms

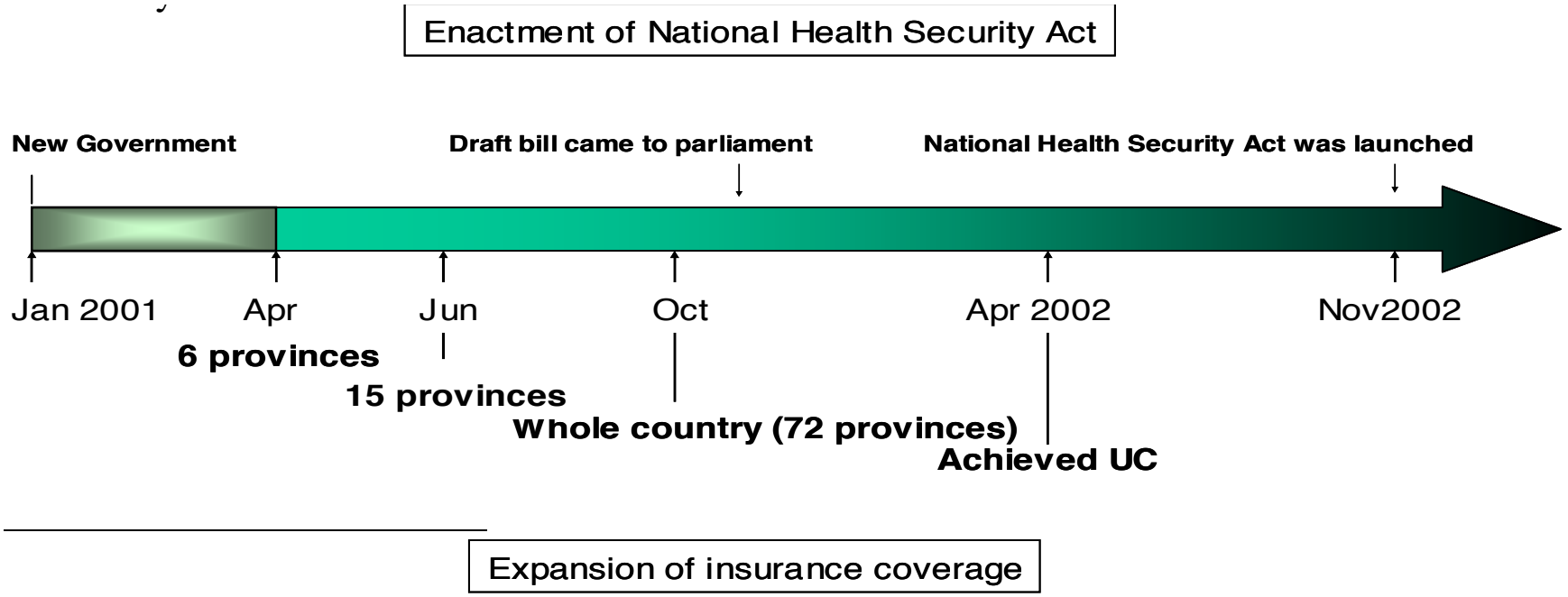
- Was Thailand delivering equitable health care?
- Was there any issue of financial barrier to health care?
- How much did we need to intervene health care market (achieving monopsonistic power)?
- Was a law approach effective?

Policy analysis triangle



Source: Walt and Gilson, 1994

Timeline after the Big Bang



Pitayarangsarit 2004

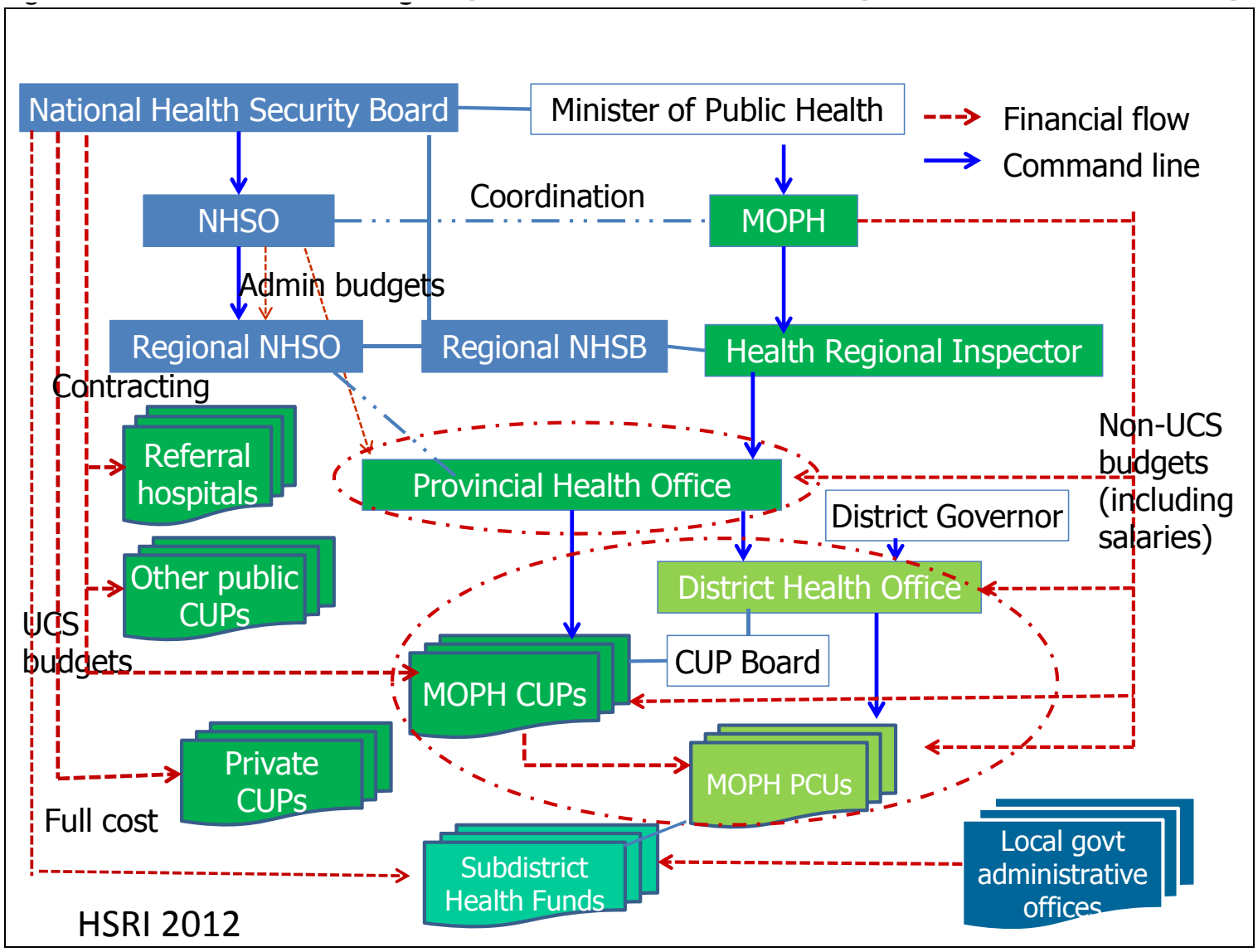
After the big reforms – the good

- National Health Security Act 2001
  - Capitation payment for outpatient services
  - Diagnosis related group payment within a global budget for inpatient care
- National Hospital Accreditation Body
- National Health Act 2007

Other important issues

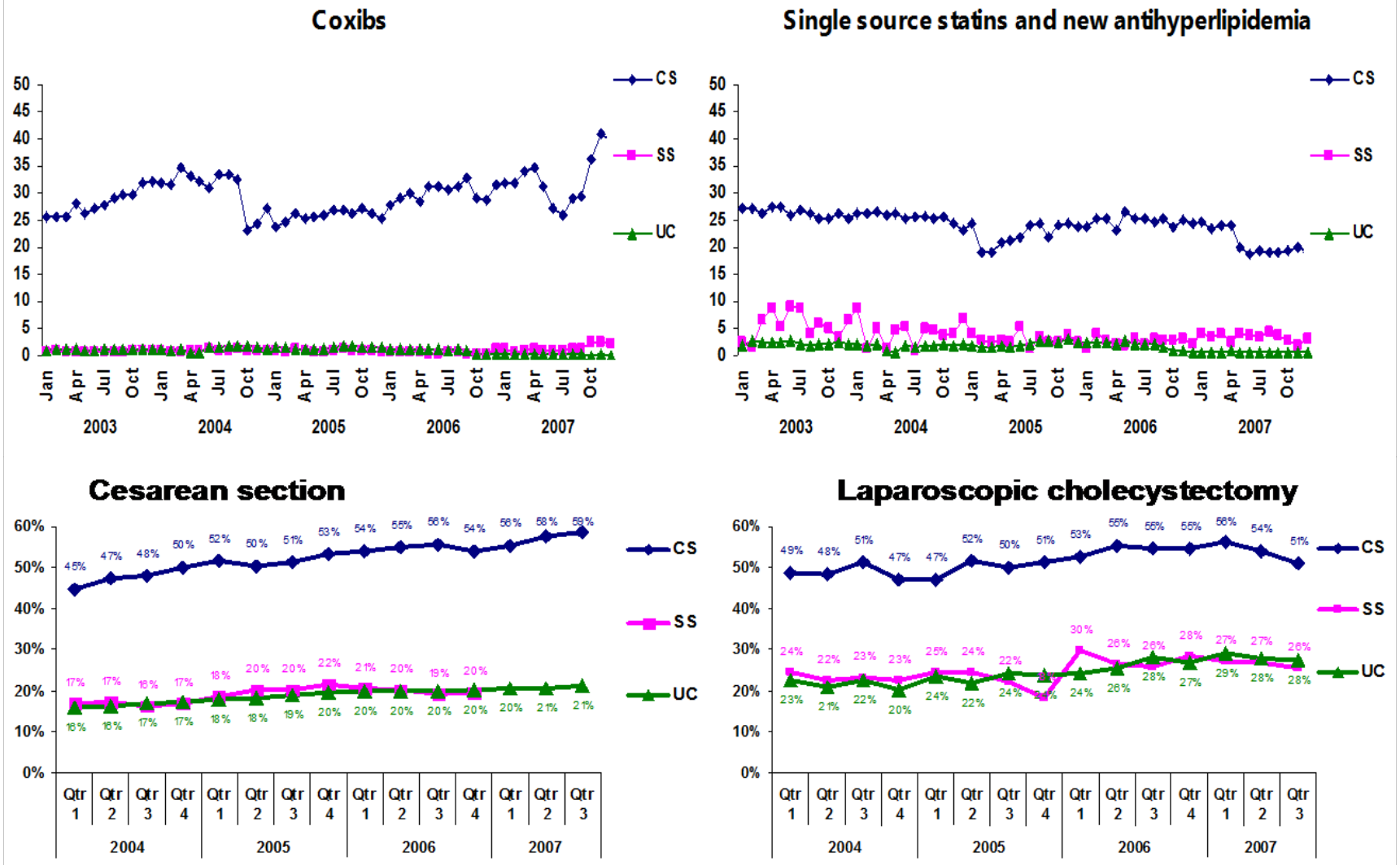
- National Health Assembly
- National Health Commission
- Thailand Reform Movement: Citizen Power

Conflicts in the purchaser-provider split



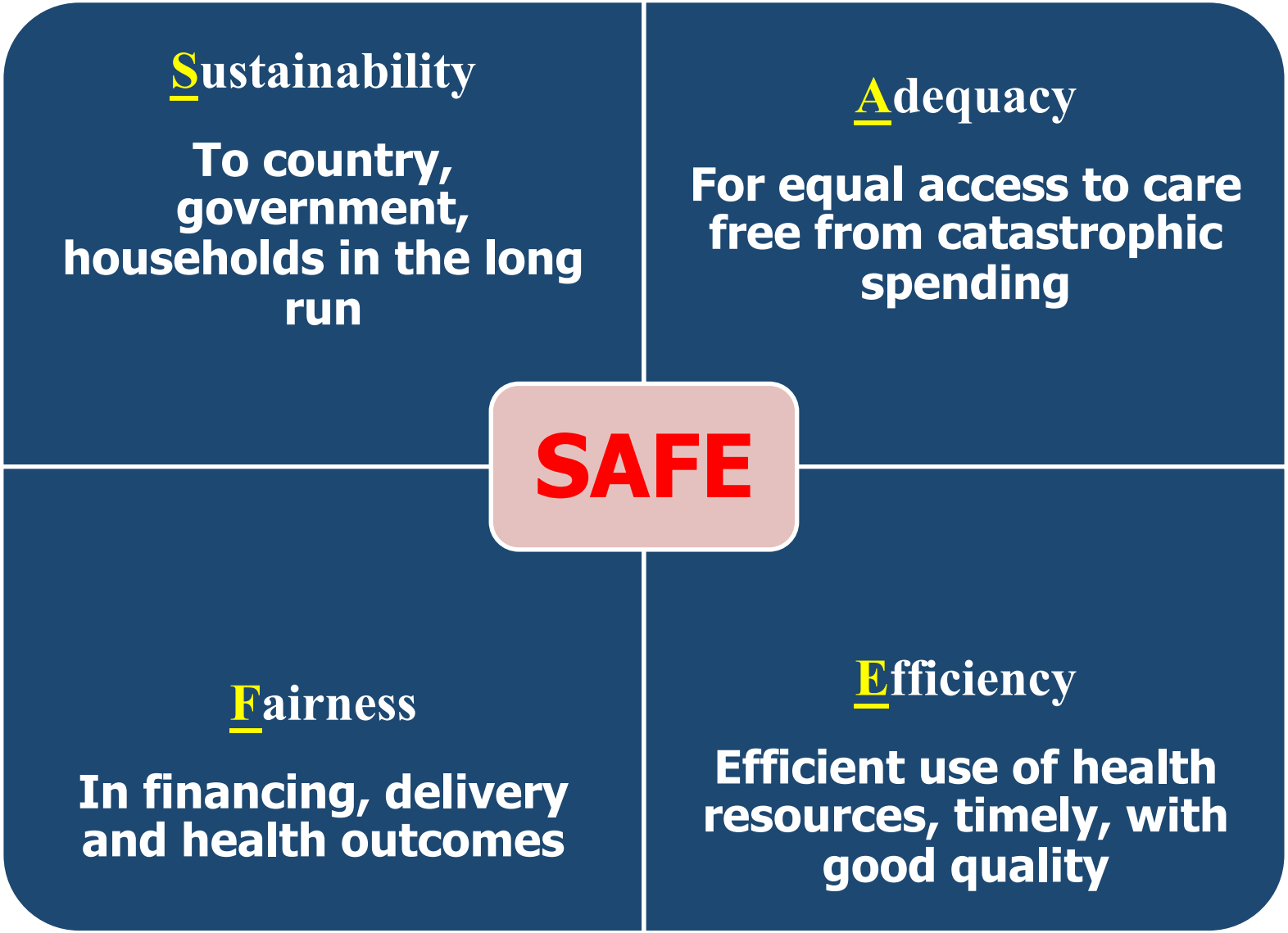
Scheme	Population coverage		Financing sources	Benefits package	Purchasing relation	Access to service	Per capita expenditure 2010
Social Security Scheme (SSS)	Private sector employees, excluding dependants	16%	Payroll tax financed, tri-partite contribution 1.5% of salary, equally by employer, employee, government	Comprehensive: outpatient, inpatient, accident and emergency, high-cost care, with very minimum exclusion list; excludes prevention and health promotion	Contract model: inclusive capitation for outpatient and inpatient services	Registered public and private competing contractors	US$ 71
Civil Servant Medical Benefit Scheme (CSMBS)	Government employees plus dependants (parents, spouse and up to two children age <20)	9%	General tax, non-contributory scheme	Comprehensive: slightly higher than SSS and UCS	Reimburse-ment model: fee for service, direct disbursement to public providers for outpatients; conventional DRG for inpatients	Free choice of providers, no registration required	US$ 367
Universal Coverage Scheme (UCS)	The rest of population not covered by SSS and CSMBS	75%	General tax	Comprehensive: similar to SSS, including prevention and health promotion for the whole population	Contract model: capitation for outpatients and global budget plus DRG for inpatients	Registered contractor provider, notably district health system	US$ 79

Variations of services by scheme



Source: Limwattananon, J., S. Limwattanon, et al. (2009).

Scientific Working Group on Health Finance



Conclusions

- The universal health coverage policy in Thailand came to existence by the big bang phenomenon but with continuous efforts from academicians (including technocrats) and civil society over a decade.
- The policy window was narrow related to the general election in 2001.

Conclusions

- The UHC in Thailand is a multi-payer system, operated by three government 'purchaser' schemes.
- Sustainability phase required long incremental interactions of technocrats (including academicians) dealing with the diverse health systems to achieve overall efficiency and to reduce gaps.
- Benefactors of each scheme can help protect equitable sources of financing in the long term.
- It is interesting to follow what would be the recommendations from the newly appointed working group towards the sustainability of the UHC in Thailand