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Confederation of
Medical Associations
in Asia and Oceania

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The 33rd CMAAO General Assembly

Theme: **Path to Universal Health Coverage**

Hosted by the **Malaysian Medical Association**

Date : Thursday, 13th September 2018

Time: 15:00-16:50

Venue: Shangri-La Rasa Sayang Resort and Spa,
Penang, Malaysia

Presented by the **Medical Association of Thailand**

Human Right to Health and Health Care

Everyone has the right to the highest attainable standard of physical and mental health, which includes access to all medical services, sanitation, adequate food, decent housing, healthy working conditions, and a safe and clean environment.



SDG 3: Ensure healthy lives and promote well-being for all at all ages

3.8 Achieve universal health coverage for all, including

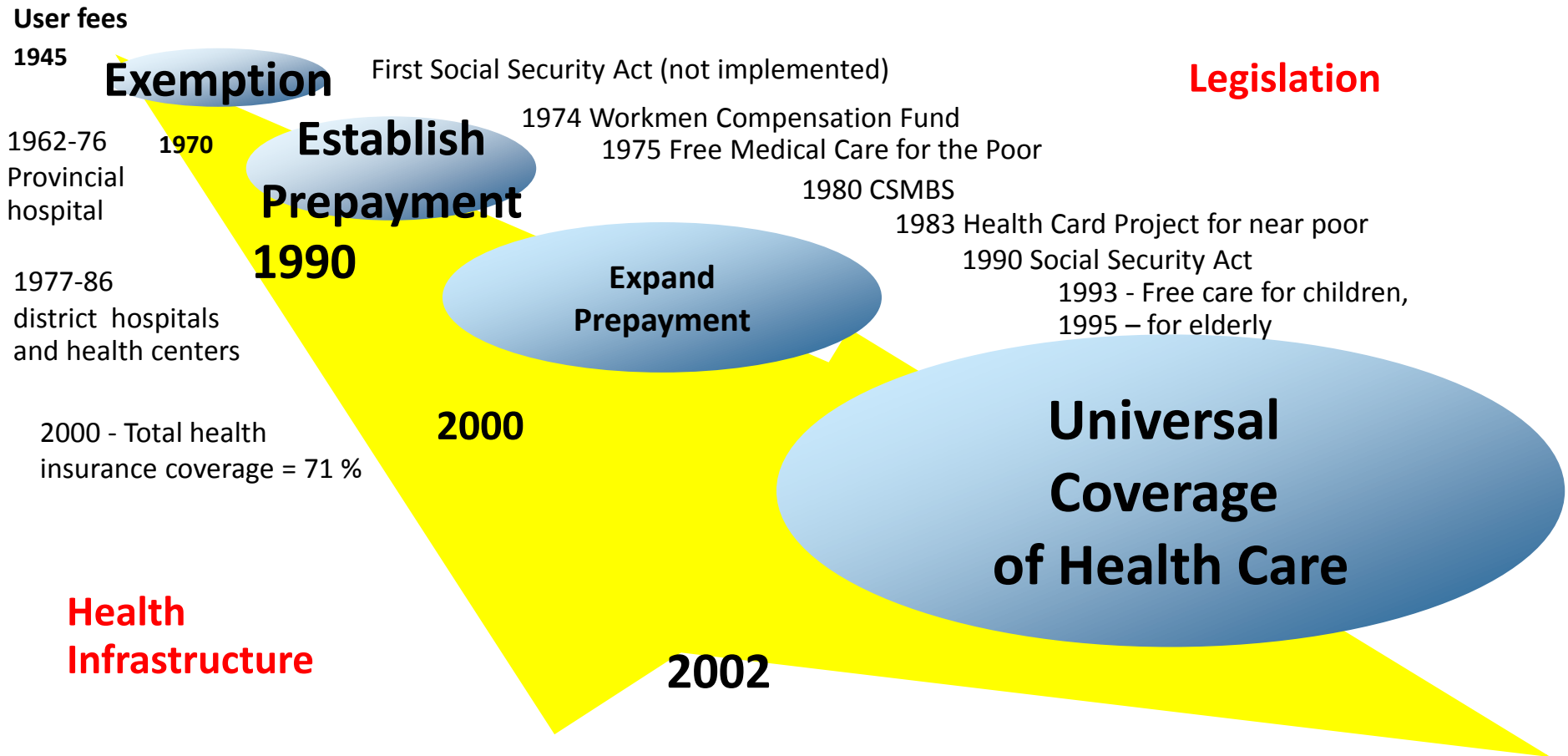
- financial risk protection,
- access to quality essential health-care services
- access to safe, effective, quality and affordable essential medicines & vaccines





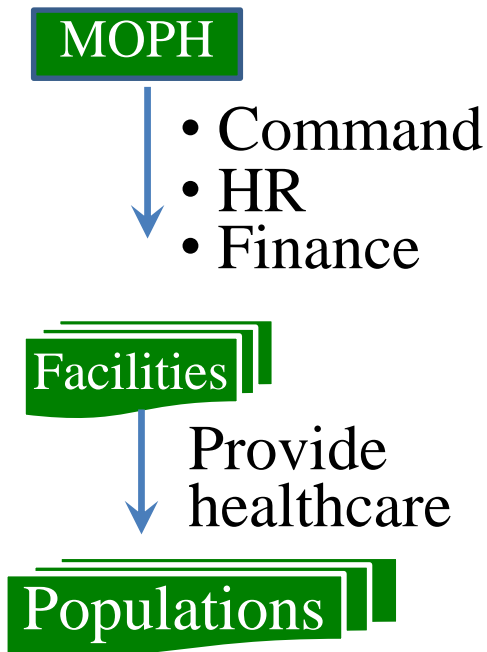
UC: Thailand Experience

History of Thai Health Coverage Development

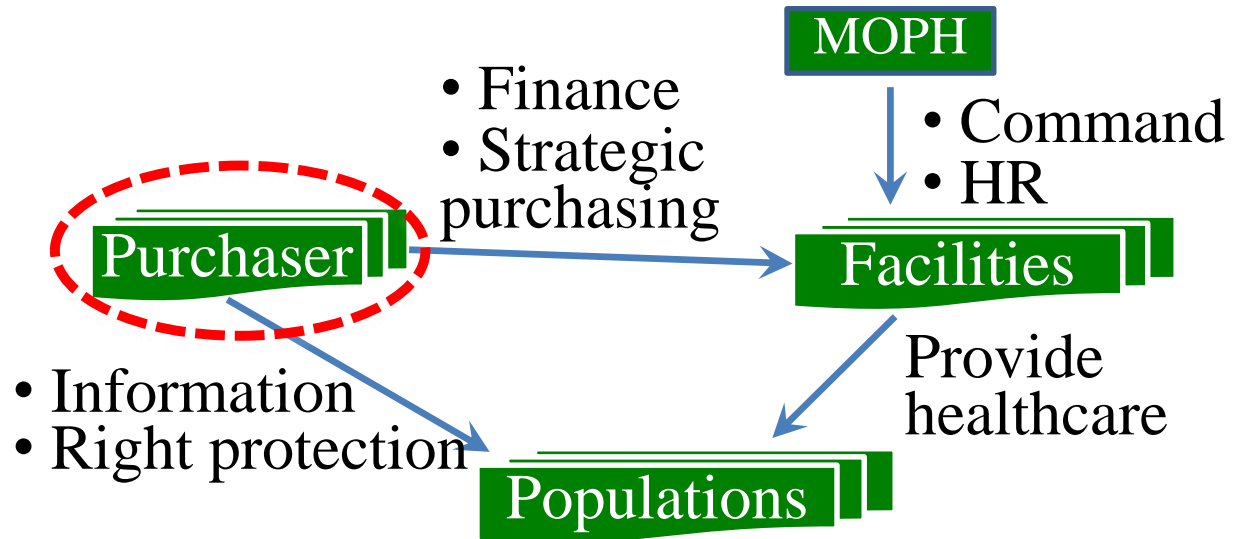


Purchaser-Provider Split

Prior to UC



Post UC (from 2002)



Expected results

1. Clear responsibility and functions of each unit
2. More accountable and responsive to populations
3. Shifting from supply side to demand side financing

Three Public Health Insurance Scheme

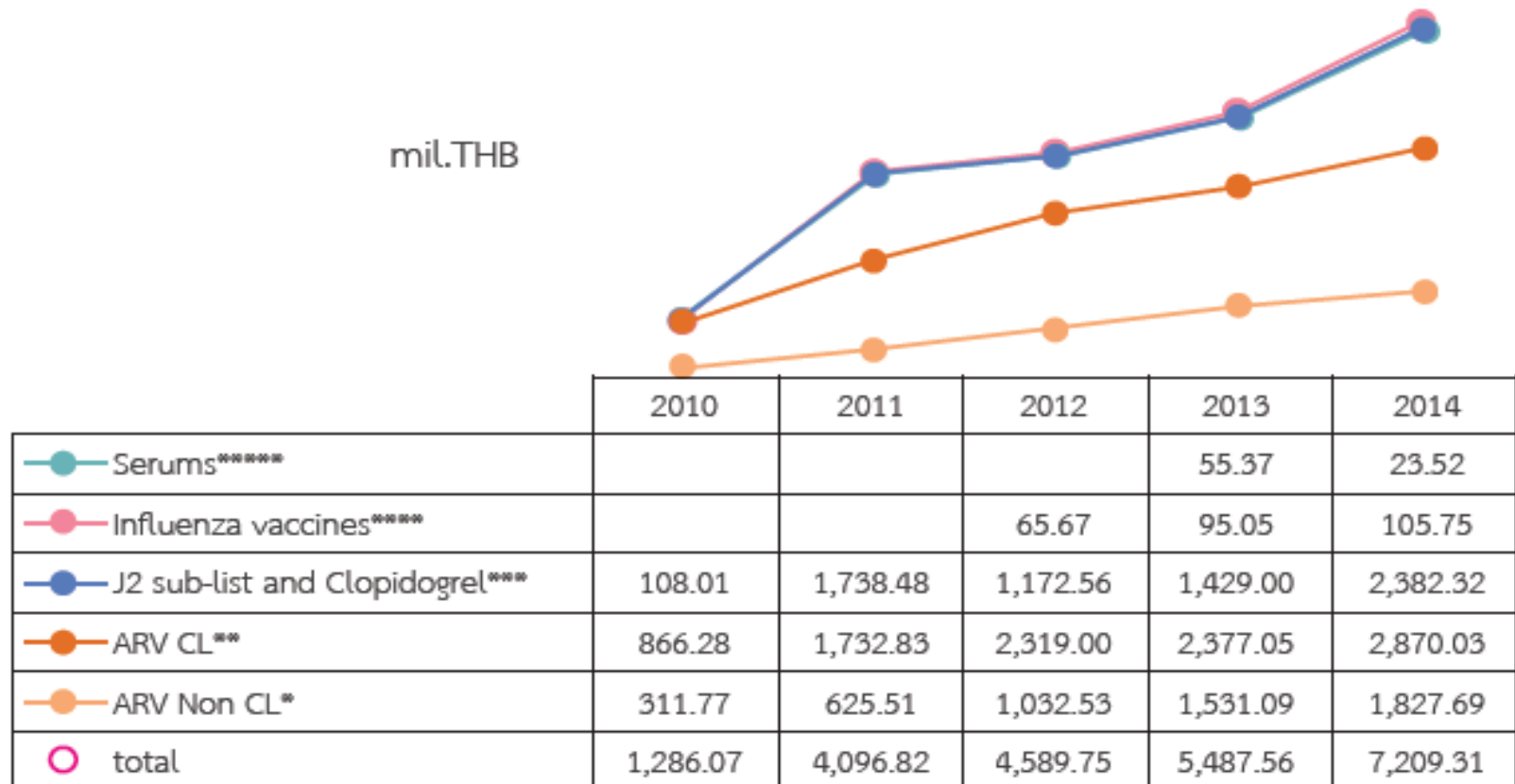
99% of 67 million population

UC Scheme	Civil Servant Scheme	Social health insurance
Act 2002	Royal Decree 1980	Act 1990
75% of pop, 50 mln pop (mainly reside in rural areas; Q1-2; children, elderly, informal workers)	7 mln pop (urban; Q4-5; children, elderly, public sector)	10 mln pop (city; Q4-5; Adult workers in private sector)
Tax funded	Tax funded	Tripartite contribution
Close ended budget	Open ended budget	Close ended budget
Capitation, DRG, fee schedule	Fee-for-service, DRG	Capitation, DRG
National Health Security Office (public independent body)	Comptroller General Department, MOF	Social Security Office, MOL

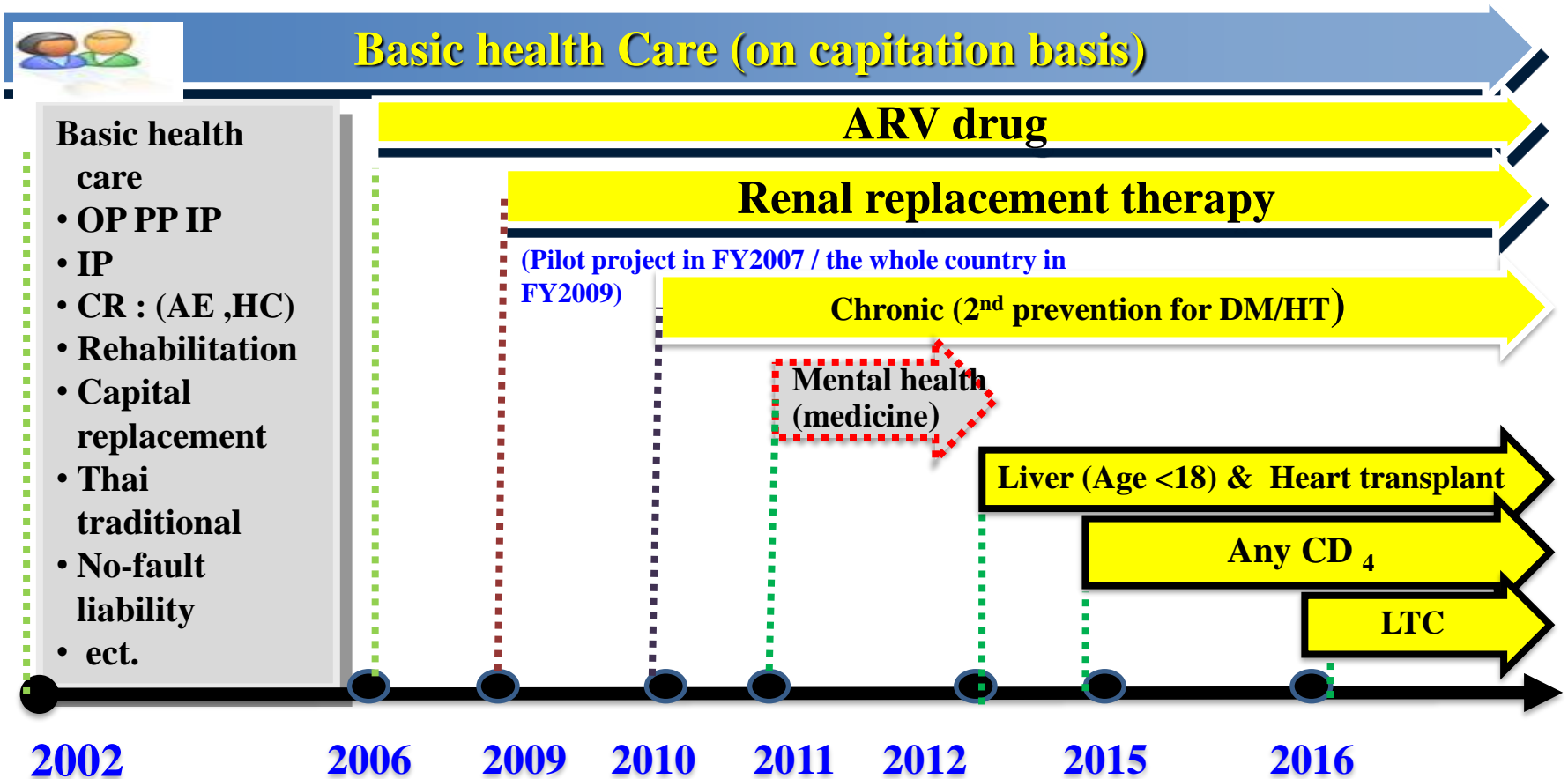
Public (75%) and private (25%) health facilities

Cost Containment

Figure 46 Value of government budget saved from central management on specific drugs, FY2010 – 2014



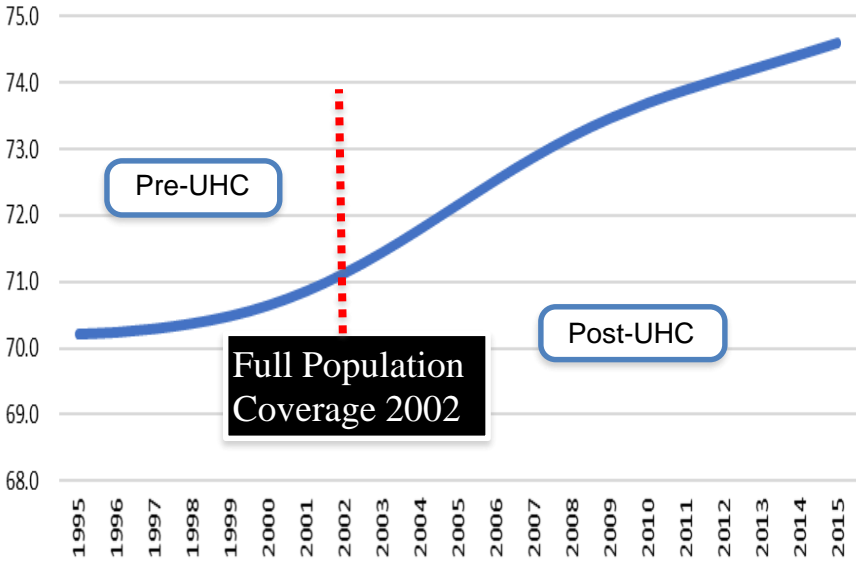
National Health Security Fund : Categories



Health Investment Improves Health

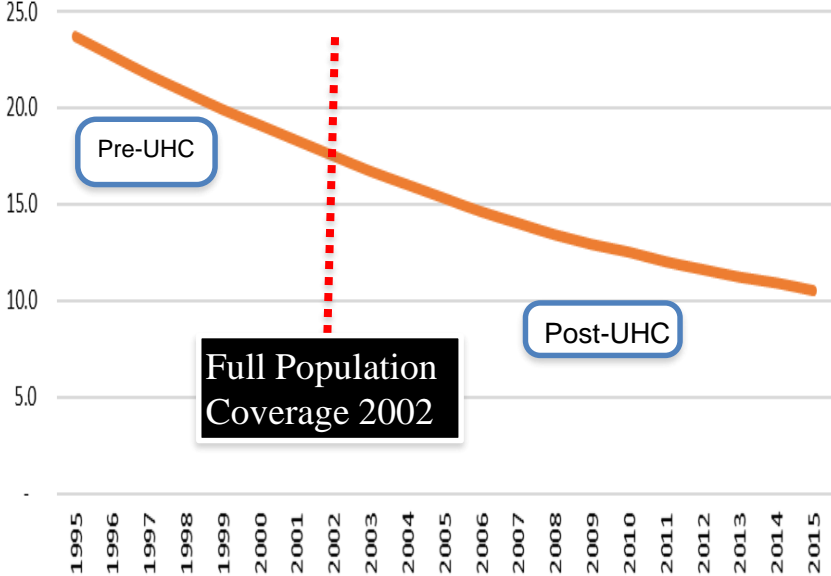
LE & MR in Thailand

Life Expectancy at Birth, Total (Years)



Source: World Bank, World development indicator. (accessed December, 2017)

Mortality rate: infant/1,000 live births



Source: World Bank, World development indicator. (accessed December, 2017)

Panel 5: Lessons learned from Thailand's universal health coverage (UHC)

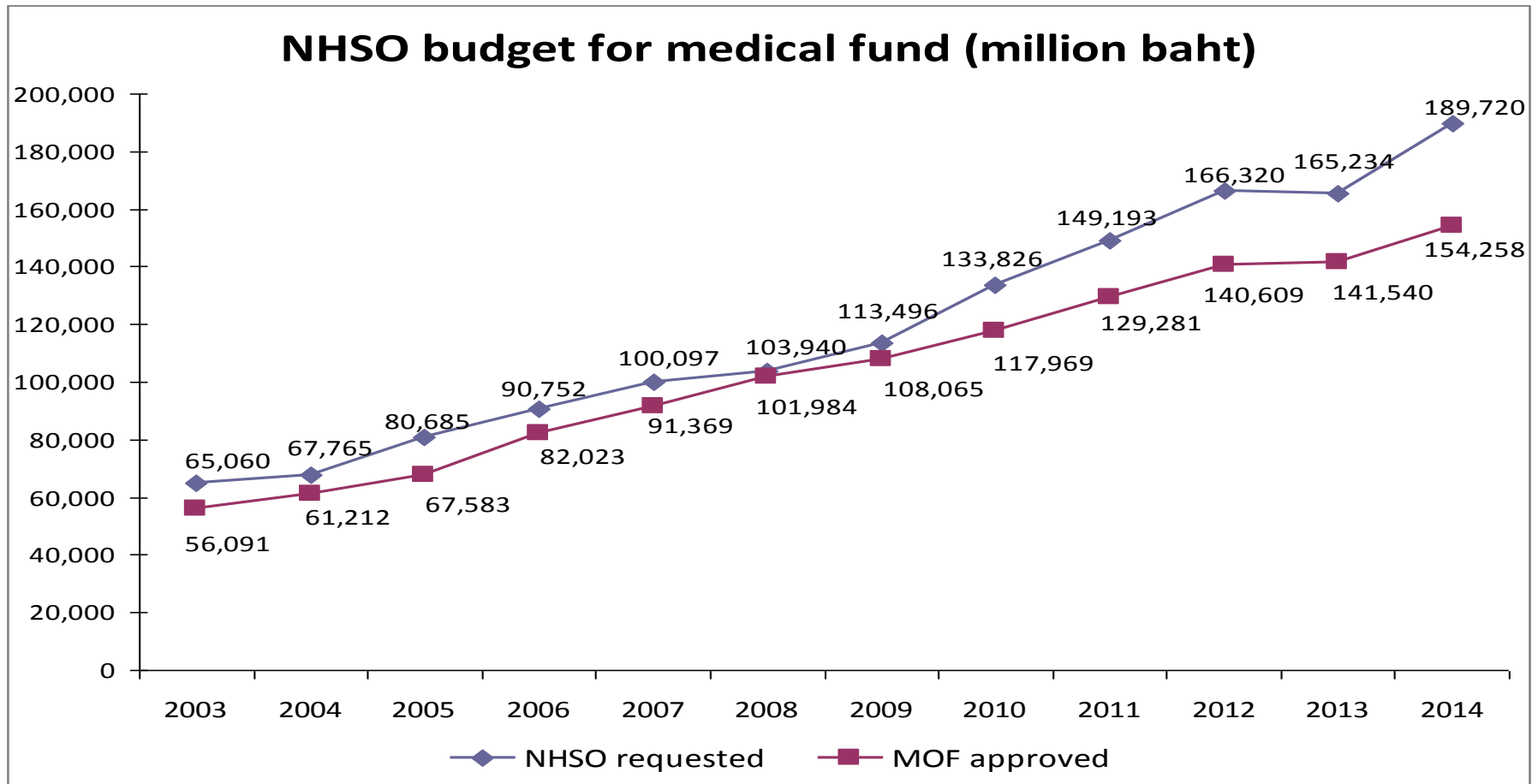
- Extensive geographical coverage of functioning primary health care provides a solid platform for implementing UHC
- Rural recruitment, home town placement, and financial and non-financial incentives can improve the availability of health workers in underserved areas and strengthen primary health care
- The district health system is a strategic hub for translating UHC policy into pro-poor utilisation and benefit incidence
- A tax-financed universal coverage scheme proved the most feasible and progressive route to achieve UHC in the context of a large informal sector
- A comprehensive benefit package, with minimal co-payment at the point of service, prevents catastrophic health spending and protects households from being impoverished
- Well designed strategic purchasing organisations and provider-payment methods support efficiency, cost containment, and equity outcomes
- Stringent health technology assessment for inclusion of new medicines and interventions into the benefit package enhances health systems efficiency
- An understanding of the political economy of health and the importance of good governance, an active citizenry and civil society, provision of evidence, and ethical leadership help manage tensions and conflicts and safeguard the interests of members of the Universal Health Coverage Scheme



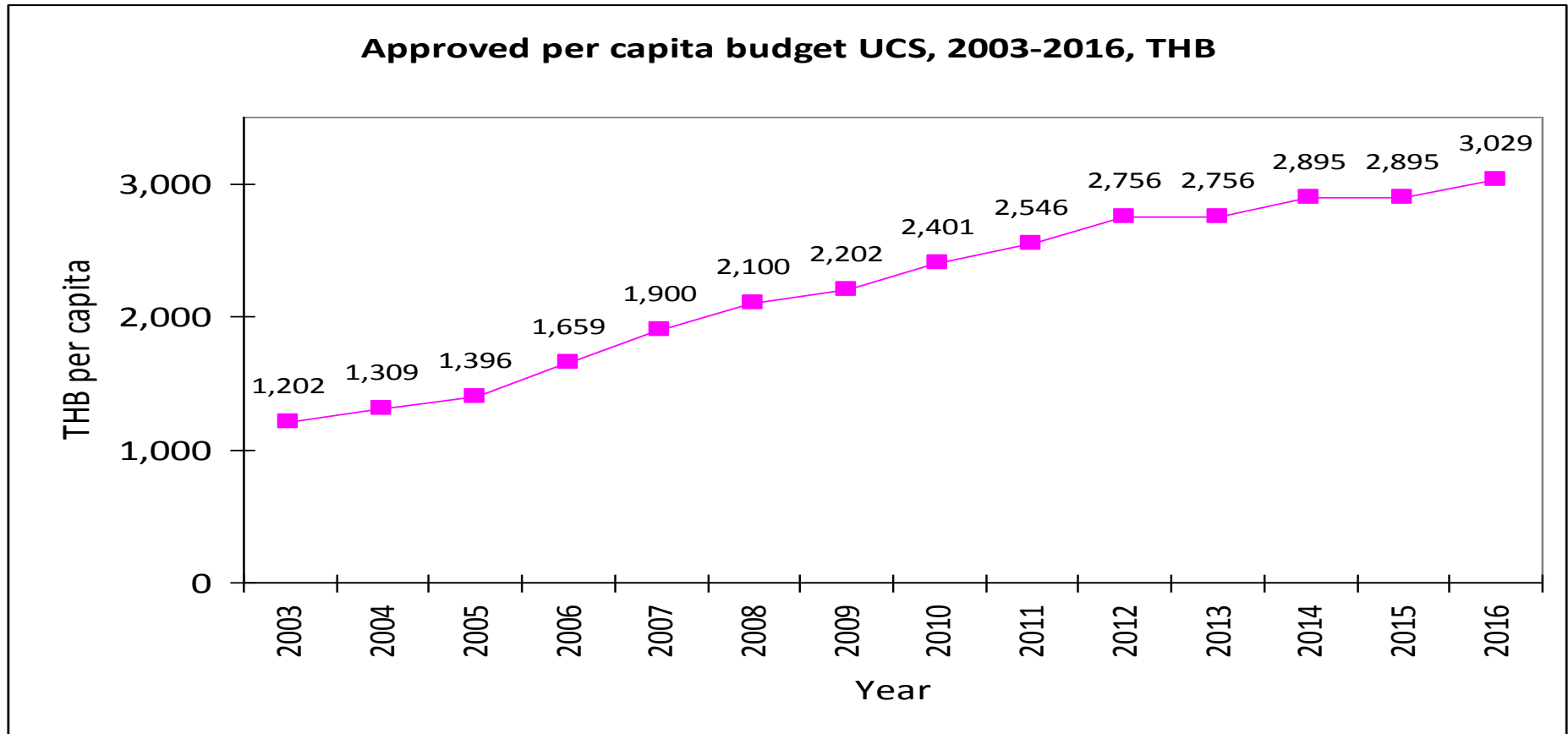
Challenges

Fiscal Reality:

Approved budget was lower than the evidence based estimations



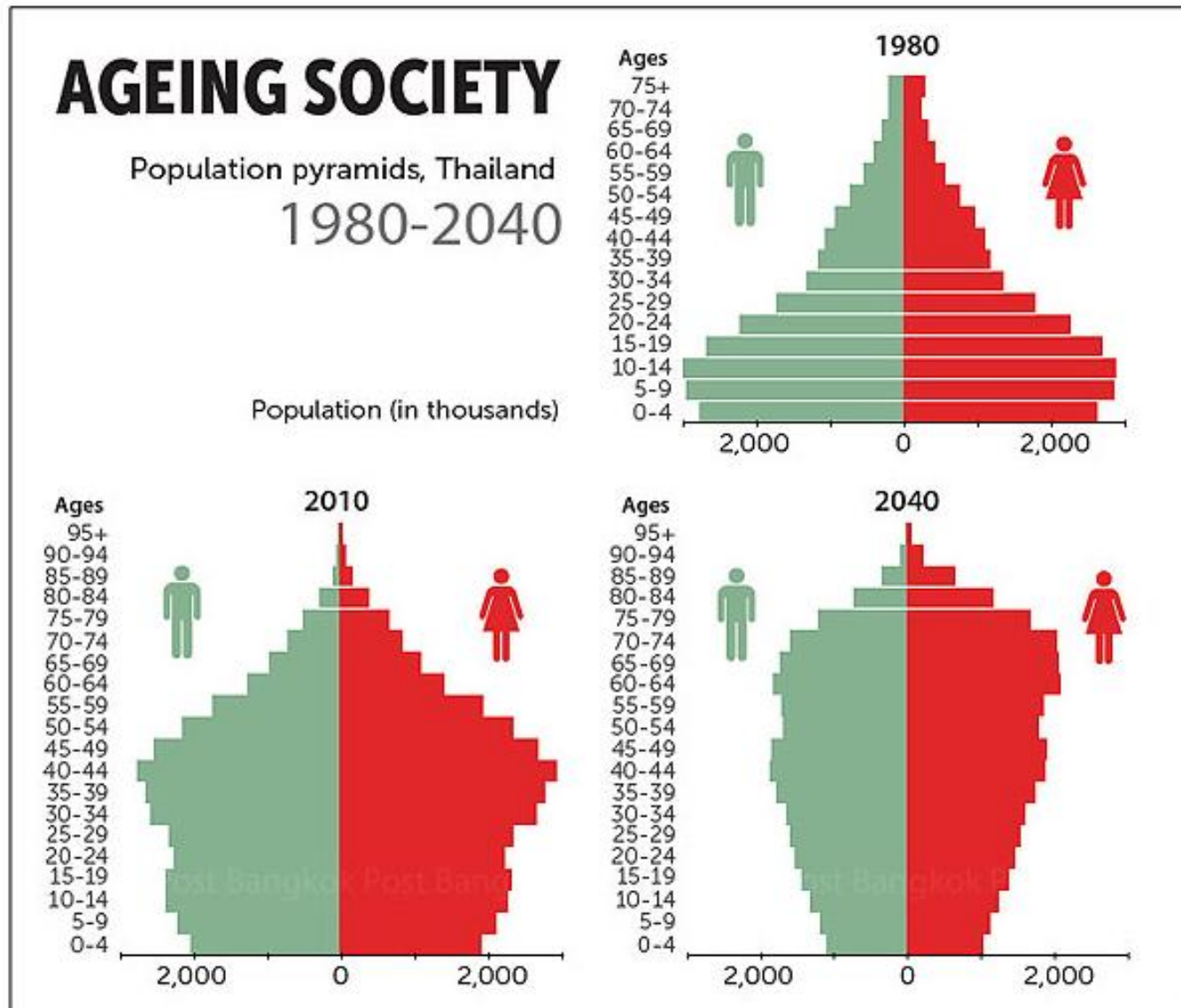
UC Scheme: Approved Budget/Capita, 2003-2016



Budget increases by 3 folds, cost drivers are a) expansion of benefit packages, b) increased utilization of OP and IP, c) unit cost inflation: 3% annual wage increases and medical products inflation .

y 2017 \approx 3,100⁺; y 2018 \approx 3,400⁺

Demographic Change in Thailand



Source: http://www.ipsr.mahidol.ac.th/ipsr-th/population_thai.html

POSTgraphics

Future Challenge

- Preparedness for **economic bust or crisis** : UCS relies on tax financing is sustainable?
- Importance of **sustaining institutional capacities** to generate evidence for policy formulation
- **Conflict role of MOPH** (Regulator & Providers)
- **Health workforce** : the most critical asset in overcoming any future difficulties
- **Demographic transition** and long term care policies (financing and care provision)
- Health protection for **non-Thai citizen**: a new agenda (labor migrant :legal & Illegal) → **ASEAN Issue**

Five Ensure (5E) **Strategies** to Improve the Universal Health System, Thailand 2017-2021

1. Ensure Coverage & Access for Vulnerable & Underutilization Groups
2. Ensure Quality & Adequacy of Health Coverage
3. Ensure Financial Efficiency
4. Ensure Participation & Ownership of All Stakeholders
5. Ensure Good Governance

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Five Ensure (5E) **Strategies** to Improve the Universal Health System, Thailand 2017-2021

4. Ensure Participation & Ownership of All Stakeholders

- 4.1 Expand participation & ownership of all stakeholders
- 4.2 Create more system/process to improve stakeholder relation
- 4.3 Improve hearing process with passive and active directions



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