

Improving service delivery: key platform for successful UHC in Thailand

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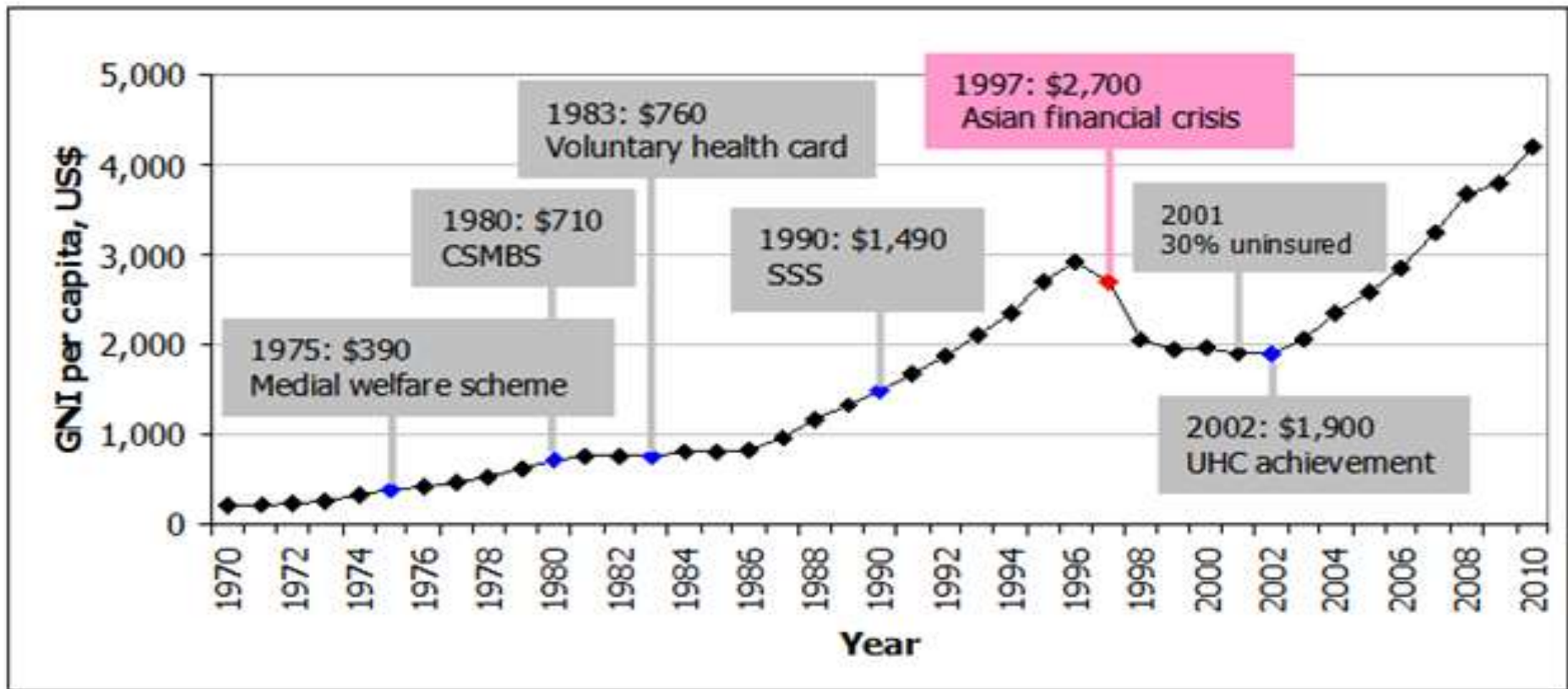
Thailand's Universal Coverage Scheme: Achievements and Challenges

An independent assessment of
the first 10 years (2001-2010)

Synthesis Report

<http://www.hsri.or.th>

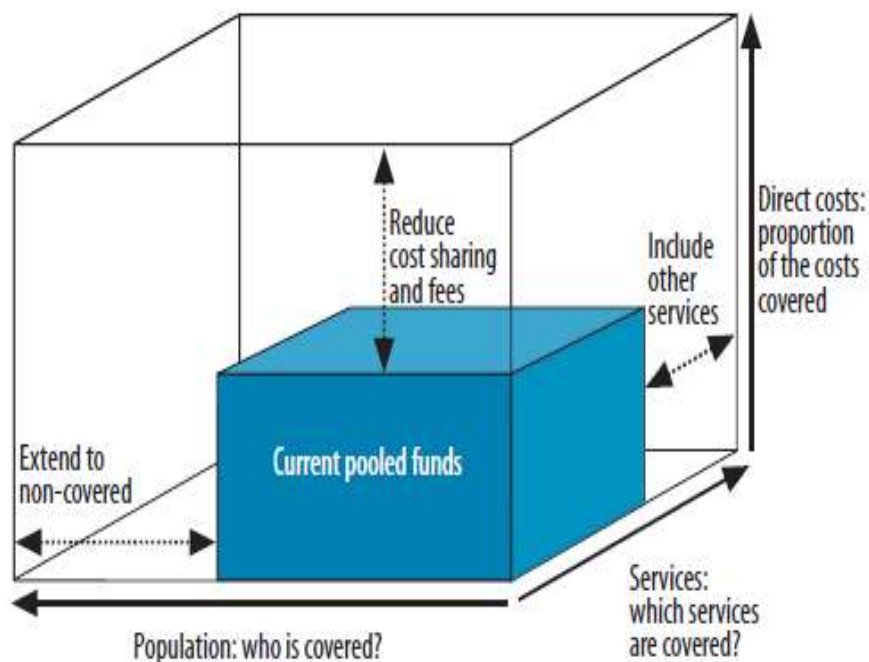
UHC trajectory and GNI per capita: 1975-2002



Note: CSMBS: civil servant medical benefit scheme, SSS: social security scheme,

Pragmatism: Thailand introduced and expanded financial health protection to different groups of population: the poor and vulnerable, the formal sector and the informal sector

UC cube: what has been achieved?



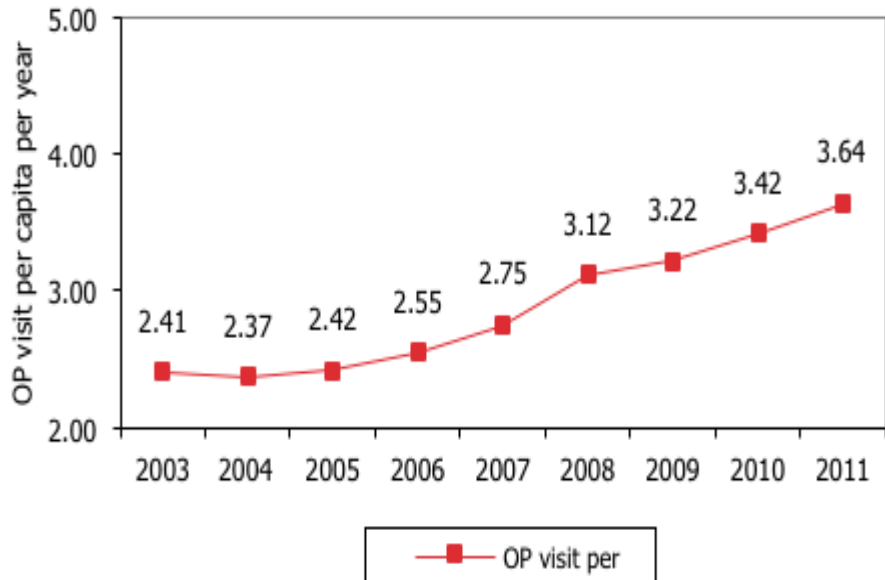
- X axis:
 - 99% pop coverage by 3 schemes [UCS 75%, SSS 20%, CSMBS 5%]
- Y axis:
 - Free at point of services, very minimum OOP,
 - Low incidence of catastrophic health expenditure and health impoverishment
- Z axis:
 - Comprehensive benefit package, very small exclusion list,
 - Most high cost interventions covered: dialysis, chemotherapy, major surgery, medicines (Essential drug list)

Three key factors for UCS

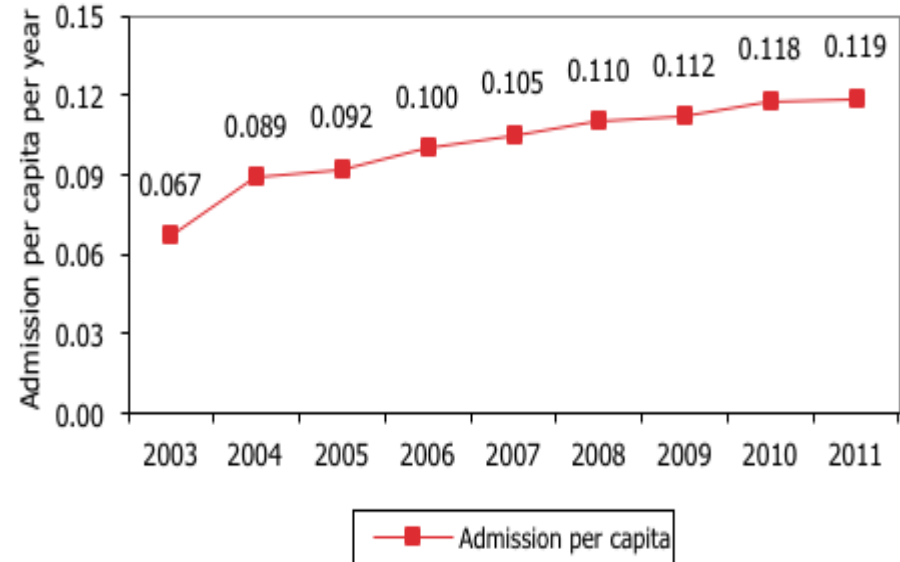
- Political commitment
- Civil society's mobilization
- Technical know-how

Outcome: Increased utilization, low unmet needs

Outpatient use rate 2003-2009, projection 2010-11



Admission rate 2003-2009, projection 2010-11



- Annual prevalence of unmet healthcare need was on par with OECD countries

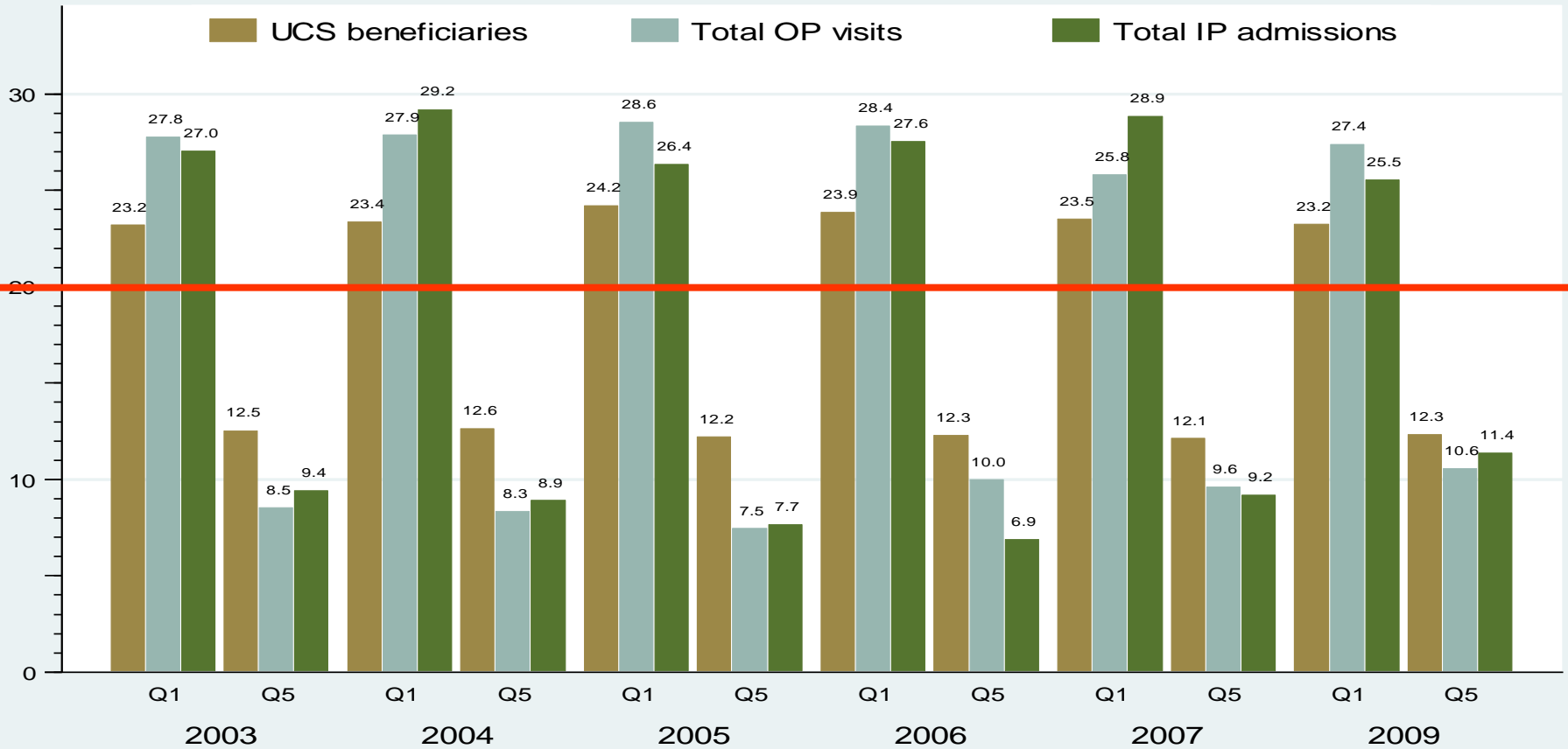
Outpatient 1.4%,

Inpatient 0.4%

Source: NSO Panel SES 2009

Outcome: pro-poor outpatient and inpatient utilization

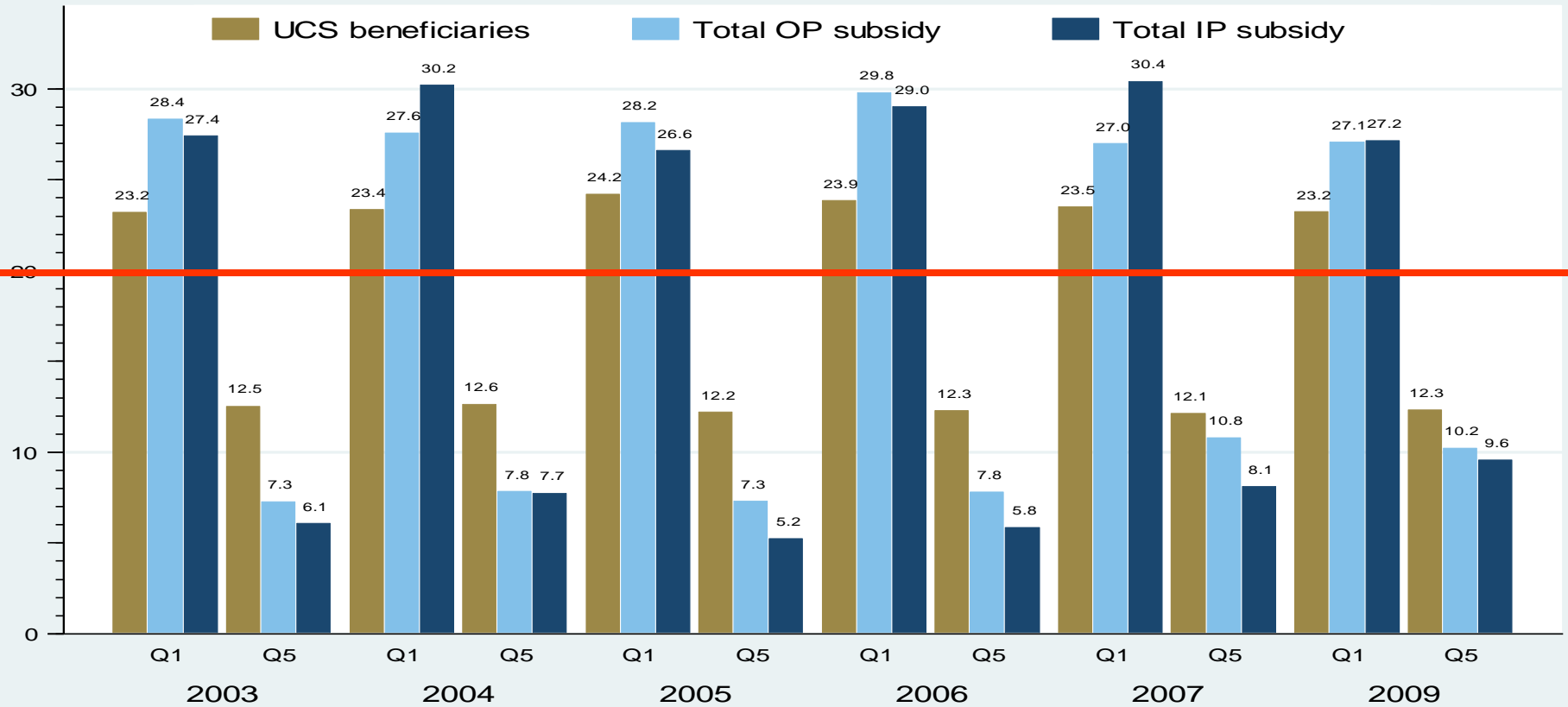
Health utilization by the poorest (Q1) and richest (Q5) beneficiaries
2003-2009



Source: Analysis of Health and Welfare Survey

Outcome: pro-poor government health subsidy to outpatient and inpatient services

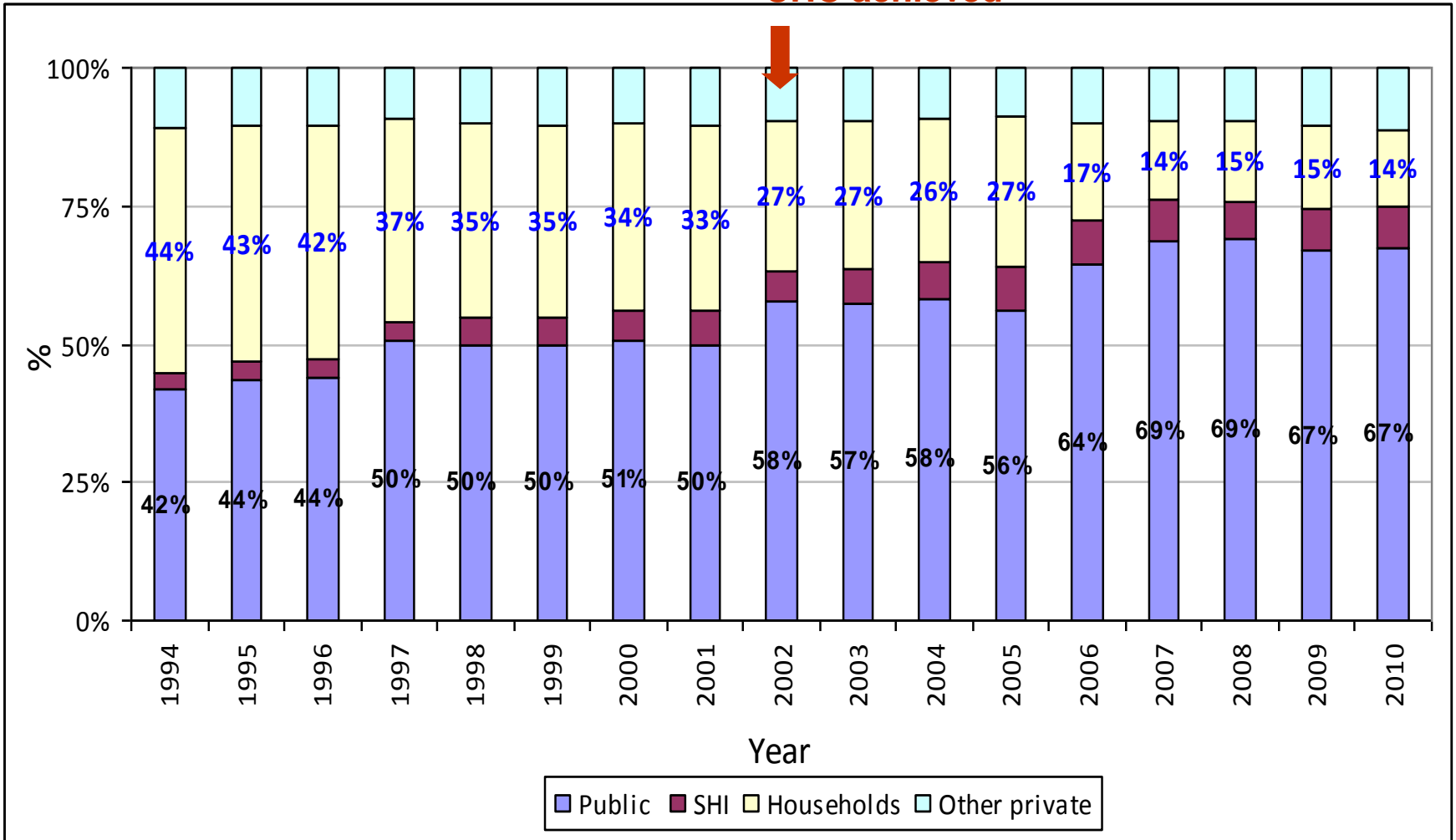
Government health subsidy for the poorest (Q1) and richest (Q5) beneficiaries
2003-2009



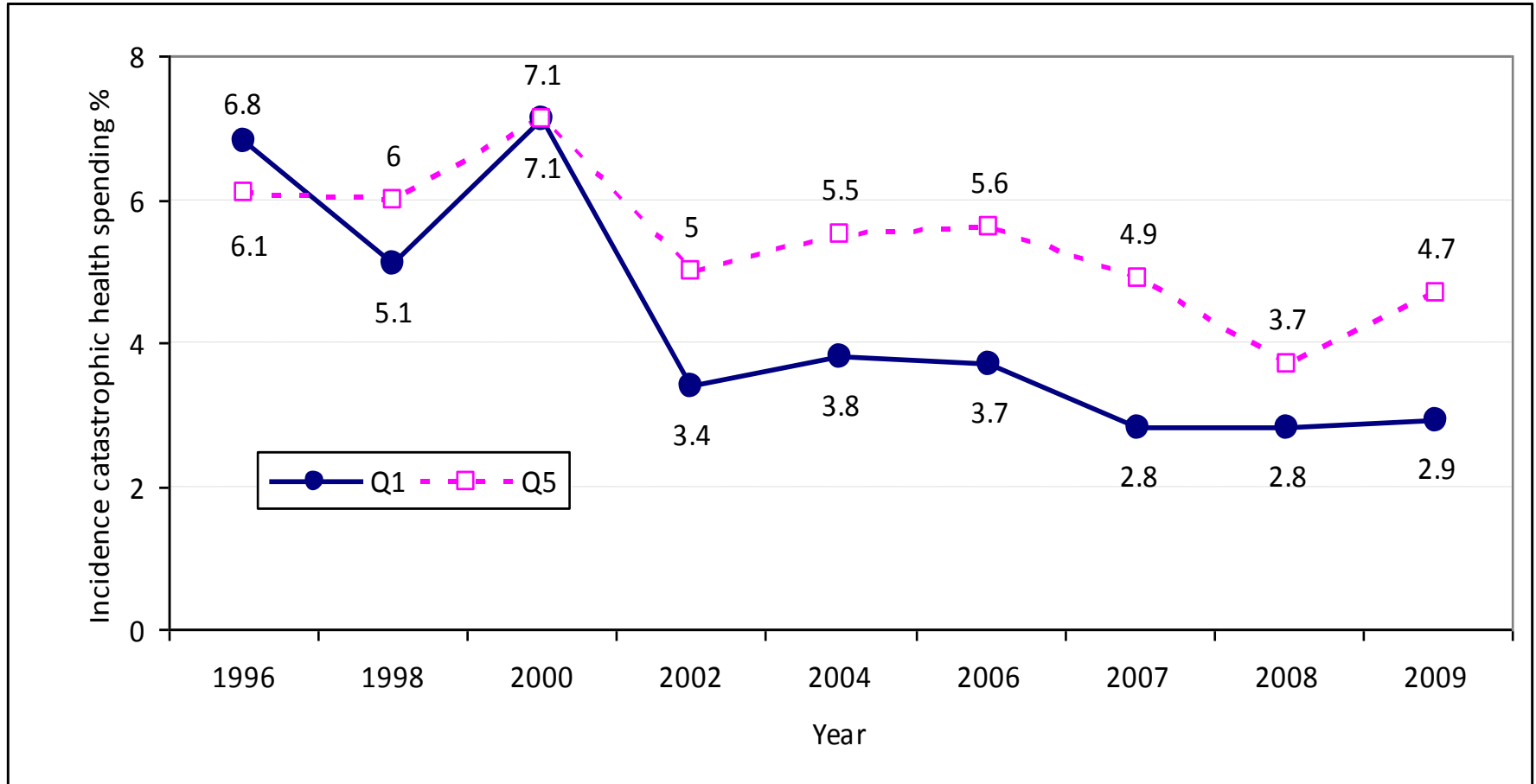
Source: Analysis of Health and Welfare Survey

Outcome: reduced household out of pocket payment

UHC achieved

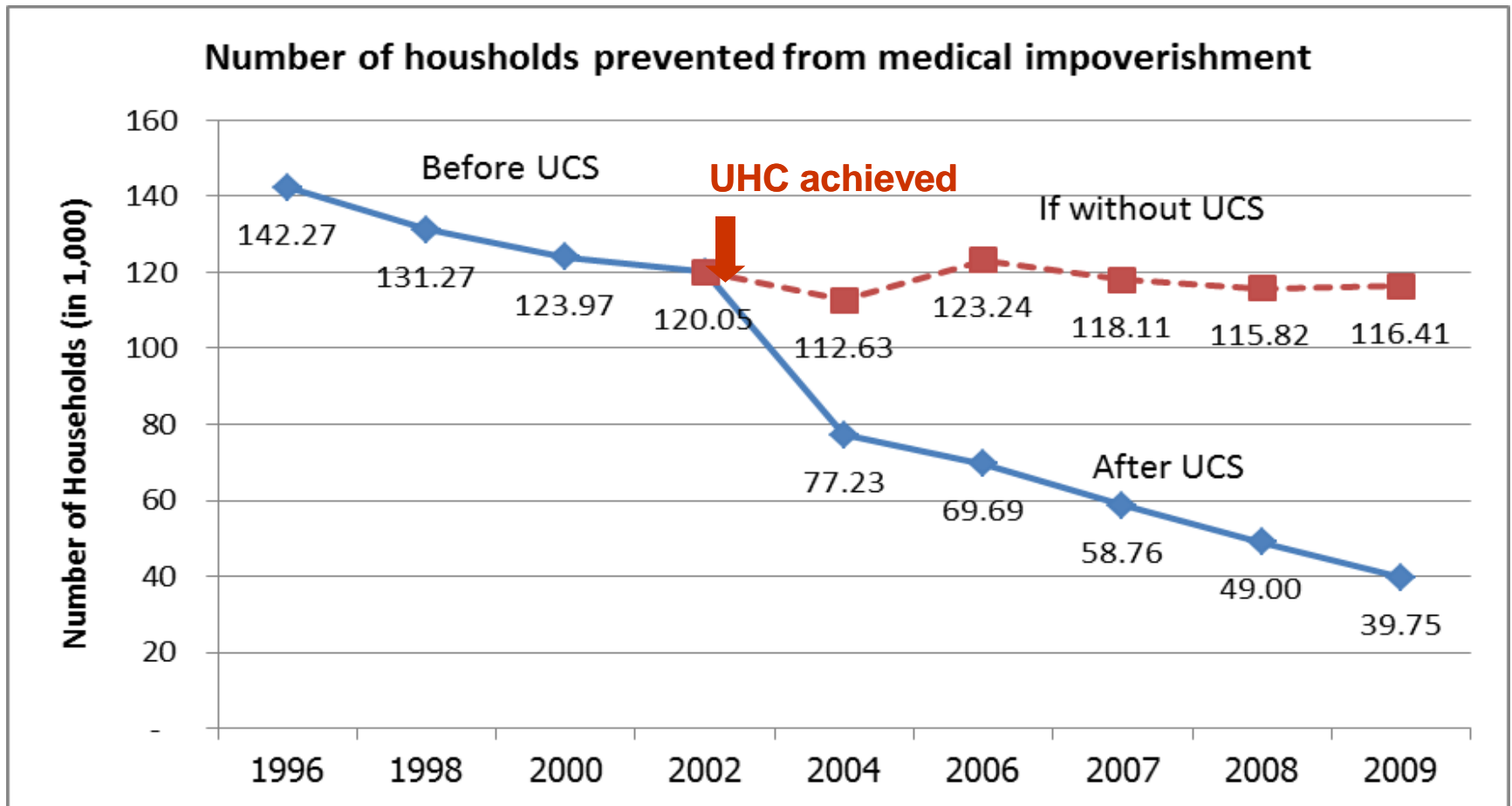


Outcome: reduced incidence of catastrophic health spending [OOP>10% total consumption exp.]



Source: Analysis of Socio-economic Survey (SES)

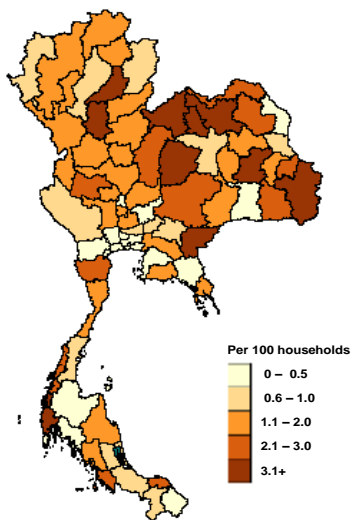
Outcome: Protection against health impoverishment



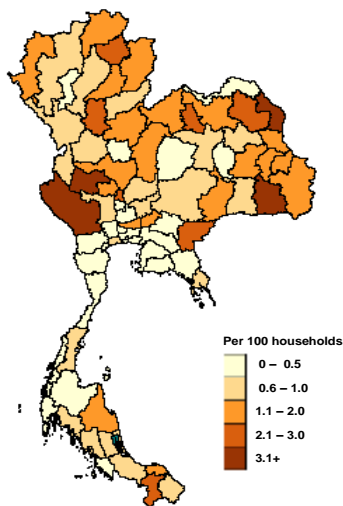
Red line: counterfactual scenario, **Blue line:** actual outcome

Gaps between red and blue line are number of household protected against health impoverishment

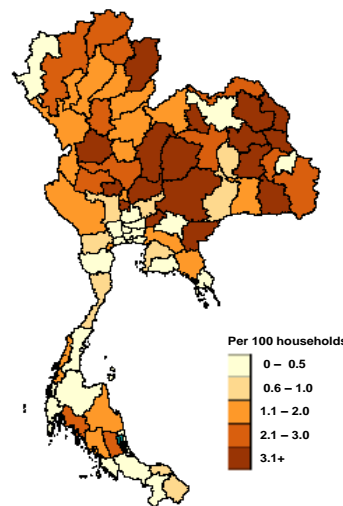
Outcome: Sub-national health impoverishment



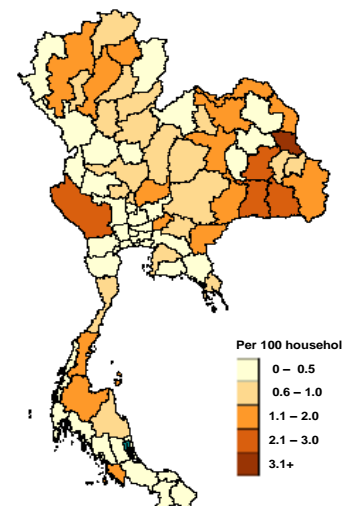
1996



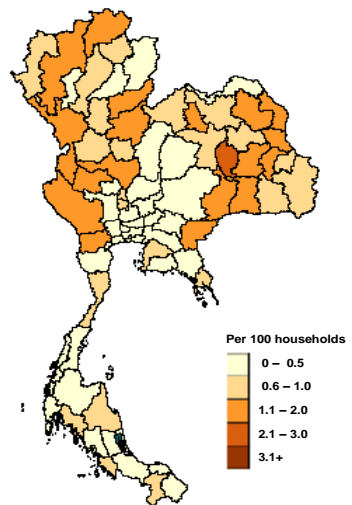
1998



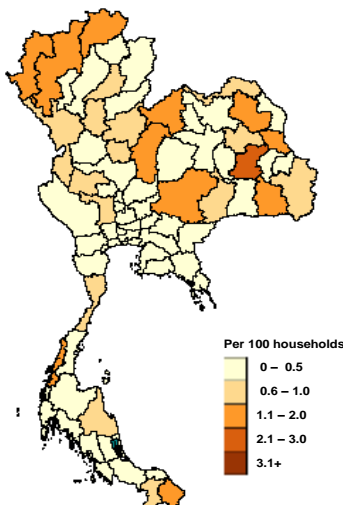
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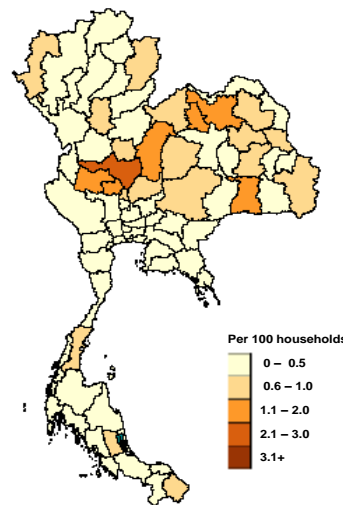
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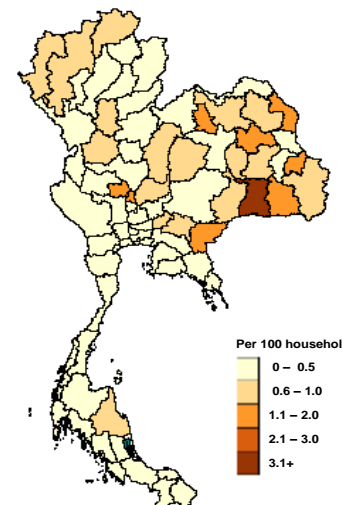
2004



2006



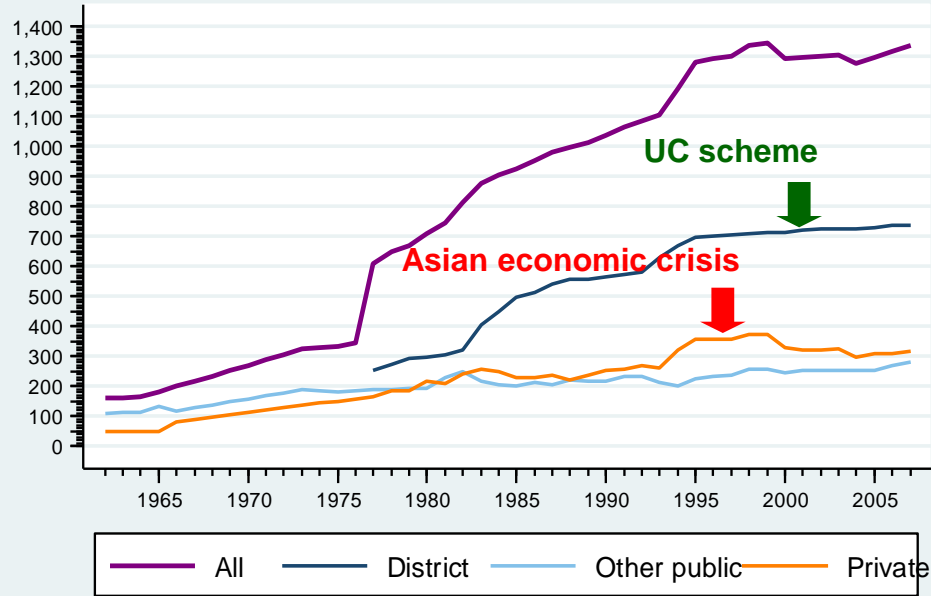
2007



2008

Pre-UC expansion of health infrastructures and human resources

Hospitals



UCS success

- high percentage of UCS members who express satisfaction — 90% in 2010, up from 83% in 2003.
- Also, although many contracted health-care providers were unhappy with the UCS in its first few years, their satisfaction rates rose from 39% in 2004 to 79% in 2010.

Conclusions

Main outcome of UCS:

- Improved access, minimum unmet needs;
- Pro-poor use and government subsidy;
- Reduced OOP, catastrophic spending, protection against health impoverishment;

Contributing factors:

- Health service delivery
 - Extensive coverage of PHC and district health systems
 - Three years mandatory rural services by all health graduates since 1972
- Leadership and continuity
 - Continued political support despite rapid turn over government
 - Capable technocrats and active civil society
- Evidence informed decision, strong institutional capacities on
 - Health technology assessment capacities
 - Key platforms for evidence informed decisions
 - Health systems research

Research team

Thai research team: Viroj Tangcharoensathien, Siriwan Pitayarangsarit, Hathichanok Sumalee, Phusit Prakongsai, Walaiporn Patcharanarumol, Jiraboon Tosanguan, Weerasak Putthasri and Nonglak Pagaiya, [International Health Policy Program](#); Pongpisut Jongudomsuk and Boonchai Kijsanayotin, [Health Systems Research Institute](#); Samrit Srithamrongsawat, [Health Insurance System Research Office](#); David Hughes, Swansea University, UK; Jadej Thammatach-Aree and Yongyuth Pongsupap, [National Health Security Office](#); Nucharee Srivirojana, [Institute for Population and Social Research, Mahidol University](#); Vinai Leesmidt, [Klong Khlung Hospital](#); Pini Faramunayphol, [Health Information System Development Office](#); Nusaraporn Kessomboon, Supon Limwatananon, Chulaporn Limwatananon and Areewan Chiewchanwattana, [Faculty of Pharmaceutical Sciences, Khon Kaen University](#); Kanchit Sooknark, [Faculty of Management and Information Sciences, Naresuan University](#); Supasit Pannarunothai, [Faculty of Medicine, Naresuan University](#); Songkramchai Leethongdee, [Faculty of Public Health, Mahasarakham University](#); Paibul Suriyawongpaisal and Rassamee Tansirisithikul, [Faculty of Medicine, Ramathibodi Hospital, Mahidol University](#); Thira Woratanarat, Piya Hanvoravongchai and Jiruth Sriratanaban, [Faculty of Medicine, Chulalongkorn University](#); Watchai Charunwathana, [Department of Health Service Support, Ministry of Public Health](#); Pongsa Pornchaiwiseskul, Worawet Suwanrada and Somprawin Manprasert, [Faculty of Economics, Chulalongkorn University](#).

15 offices and institutions

Final clear and simple message

- universal coverage is possible in a lower-middle-income country which Thailand is until 2011

Thank you