



Health Reform: Perspectives from the Thai Experience

CPCE Health Conference 2017

HEALTHCARE DELIVERY AND FINANCING REFORM

Implications for Business, Healthcare Providers and Patient

Hong Kong

16 January 2017



INTRODUCTION

- **Thailand's health system**
- **Health reform and district health systems**
 - **Primary care clusters and improving the quality of healthcare**
 - **Governance of district health care**
- **NUCHSM building capacity and capability**

Thailand at a glance, 2015



- **Population** 67.96 million (2015)
- **GNI per capita** US\$ 5,620 (UMIC) (2015)
- **Health status (2015)**
 - Life expectancy 78 (F)/ 72(M)
 - U5MR 12.0/1,000 LB
 - MMR 20/100,000 LB
- **Skilled birth attendance** 99.6% (2012)
- **UHC achieved by 2002 with comprehensive package, almost zero co-payment**
- **Health Expenditure**
 - THE 6.5 % GDP, US\$ 950 per capita (2014)
 - **Public source**
 - 56% THE, 3.3% GDP (2001) prior UHC
 - 80% THE, 4.6% GDP (2014) post UHC
 - **GGHE, 17 % of GGE (2014)**
 - **Out of pocket 11.3% of THE (2014)**

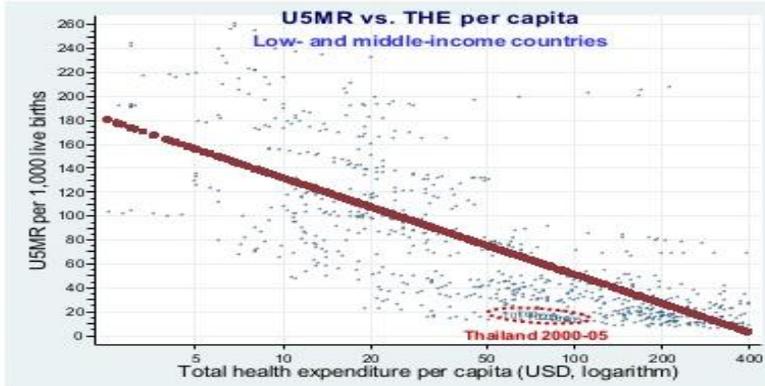
Thailand – Good health at low costs

Using CRVS for monitoring reduction in child mortality

Top ten MDG4 performers

Good Health at Low Cost !

Rank	Countries and territories*	Total population in thousands (2006)	Average yearly reduction in mortality (1990-2006)
1	Thailand	634 44	8.5%
2	Vietnam	86 206	7.1%
3	Peru	27 589	7.1%
4	Brazil	189 323	6.5%
5	Indonesia	228 864	6.2%
6	Syria	19 408	6.2%
7	Egypt	74 166	6.0%
8	Sri Lanka	19 207	5.6%
9	Nepal	27 641	5.5%
10	Morocco	30 853	5.5%



* GNI ≤ USD5,000 per capita; Births ≥ 100,000/year
Source: Rohde et al. (Lancet 2008)

Source: Analysis of World Health Statistics

Source: Balabanova D, McKee M, Mills A (2011); Prakongsai (2014)

Home > Resources > Thailand is first country in Asia to eliminate mother-to-child transmission of HIV and syphilis



PRESS RELEASE
THAILAND IS FIRST COUNTRY IN ASIA TO ELIMINATE MOTHER-TO-CHILD TRANSMISSION OF HIV AND SYPHILIS

CONTACT

WHO South-East Asia Regional Office, New Delhi
 Shamila Sharma
 tel. +91 981 828 7256
SHARMASHA@WHO.INT

CONTACT

UNAIDS Global
 Sophie Barton-Knott
 tel. +41 79 514 68 96
BARTONKNOTTS@UNAIDS.ORG

NEW DELHI/BANGKOK, 7 June 2016— Thailand today received validation from WHO for having eliminated mother-to-child transmission of HIV and syphilis, becoming the first country in Asia and the Pacific region and also the first with a large HIV epidemic to ensure an AIDS-free generation. The Minister of Health of Thailand was presented with the certificate of validation during a ceremony which took place in New York on the eve of the United Nations General-Assembly High-Level Meeting on Ending AIDS.

“This is a remarkable achievement for a country where thousands of people live with HIV. Thailand’s unwavering commitment to core public health principles has made elimination of mother-to-child transmission of HIV and syphilis a reality, a critical step for rolling back the HIV epidemic. Thailand has demonstrated to the world that HIV can be defeated,” Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia Region, said presenting the certificate of validation to Thailand in New York.

“ Thailand’s universal coverage reform dates from 2001.

The program has **substantially increased health care utilization**, especially among the previously uninsured.

And, as of 2009, the program had already **reduced by more than 300,000 the number of Thai people suffering catastrophic health care costs.**

And let me acknowledge that Thailand launched its universal coverage program against concerns over fiscal sustainability initially raised by my own institution, the

World Bank Group. Thailand’s health leaders were determined to act boldly to provide access for their whole population.

Today the world learns from Thailand’s example.”



**World Bank Group
President Jim Yong Kim’s Speech at
66th World Health Assembly:
Poverty, Health and the Human
Future**

Challenges

- Inequity among the three public schemes
 - Government subsidy
 - Provider payment methods
- Urbanization
 - Primary care in urban setting has not yet improved
 - Growing of % population in urban setting



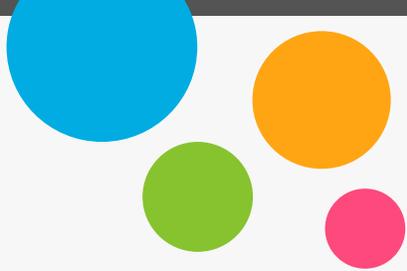
	1990	2000	2010	2014
% Urban	29%	31%	44%	49%
% Rural	71%	69%	56%	51%
Total population (mln)	56	63	67	68

- Demand increases

- Aging society
 - Elderly > 60 yrs = 11.9% in 2010 and will be 25% in 2030
 - Service utilization rate of elderly = 2.3 times of general population
- Risk factors: tobacco, alcohol, high salt, high sugar intake
- NCDs
- Emerging diseases



Source: Tangcharoensathien V. (2016)



Modifying Institutional Structures

- **Ministry of Public Health (MoPH) remains the national health authority**
- **Strengthened by other autonomous health agencies,**
 - The National Health Security Office (NHSO) was mandated to manage Universal Health Coverage (UHC), strategic purchasing, payment mechanisms
 - The Health Systems Research Institute (HSRI) has responsibility to build capacity in health systems research and it is credited as being successful in the health reform process
 - Thai Health Promotion Foundation (THPF), the National Health Commission (NHC) tasked with participatory engagement of all actors in the development of public policy and the Emergency Medical Institute of Thailand (EMIT).
 - Beneath this overarching institutional arrangement Thailand settled in 2012 on the concept of the structure of the district health system (DHS) that extends beyond health services to other social services and community actions.



Statement by
H.E. General Prayuth Chan-ocha, Prime Minister of Thailand
at the UNGA Side Event
"The Path towards Universal Health Coverage:
The Promotion of Equitable Global Health and Human Security in the Post-2015 Development Era"
at United Nations Headquarters, New York
28 September 2015



นรม. กล่าวถ้อยแถลงในกิจกรรมคู่ขนานเรื่อง The Path towards Universal health Coverage

Health and human security have long been top priorities for the Thai government. **We have strived to establish a universal health coverage system to provide access for all to necessary, affordable and quality healthcare services.** We view access to healthcare as one of the basic human rights and social justice.

The Thai Government seeks to improve the quality of health services and the well-being of the people by paving the way for the Universal Health Coverage system for all in a non-discriminatory manner. **Thailand's health policies focus on prevention more than treating patients after they become ill,** and supports public-private cooperation in developing medical and health service system.

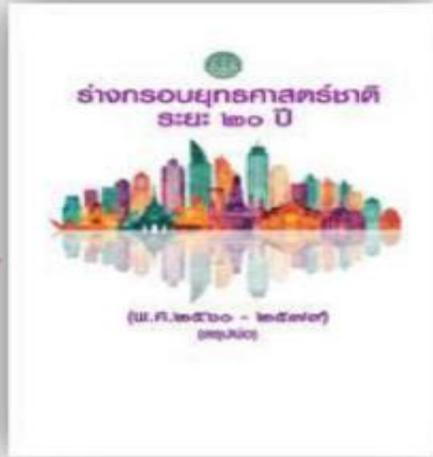
Thailand will be the center of learning in the region in health management and universal health coverage... to help drive the Universal Health Coverage system and support global health networks.



SDGs



Paris Agreement



(Draft) National Strategic Plan (20 Years)



12th National Social and Economic Development Plan

(Draft) the 20th Constitution



Proposal for Reforming Thailand by NRC.



Source: Setthasiroj, B. presented at the 9th National Health Assembly 23 Dec. 2016.

District Health System: hub for pro-poor outcomes The Lancet 2013;381:2118-33.



District Health Services

The DHS is the entity that provides access and delivers health services to local communities, in order to improve health and quality of life

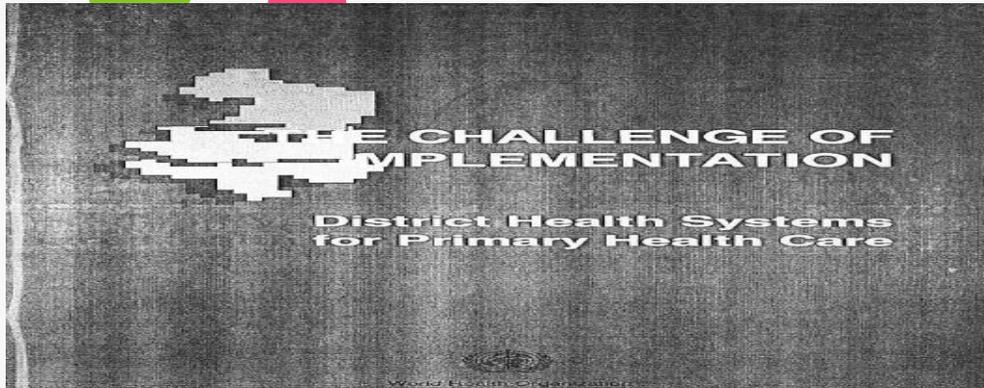
- In its extensive networks of Provinces there are hospitals and health structures of a relatively good standard within some 700 districts that have responded well in reducing the prevalence of communicable diseases.
- moving towards a 'good health orientated system,' which 'guarantees access to adequate quality healthcare for all'
- Reforming DHS
 - Stronger collaborative health networks to build a healthy district and to better respond to new health challenges
 - Improving quality health services at a standard level and, improved patient's satisfaction and health professionals' happiness in their daily work.
 - Strengthening primary care with better quality

Why Districts ?



- It is an appropriate level to bridge between health policy and implementation.
- It is so close to people and community that it can understand local health needs and can make local health policies and development plans to fit with the needs of local people;
- It is an appropriate level to have effective cooperation and distribution of health resources such as health personnel, budget, medical supplies and materials, academic support, and use of health information by all stakeholders in the district.
- It can use these resources with coverage and equity as well as modifying to meet relevant local needs;
- It can encourage intersectoral actions and participation of all sectors including the people sector in health and social development systematically. Also, these sectors can both be involved in governance and management of health systems and health services

DHS Approach



Declaration on Strengthening District Health Systems Based on Primary Health Care

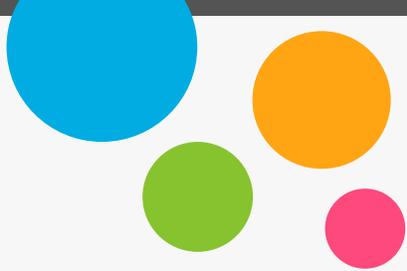
Harare, Zimbabwe
7 August 1987




World Health Organization

- 1 a collaborative working system for health by every sector, not just the health sector in the district
- 2 management style is specific to the context of each district and there should be sharing of resources within the districts
- 3 working together should be through appreciation and using knowledge management – learning together
- 4 support people and communities in the district to be self-reliant and help each other as 'no one will be left behind'
- 5 a common goal 'for the health of the people'

Source: WHO (1988)



DHS Policy

Policy launched 5 years ago



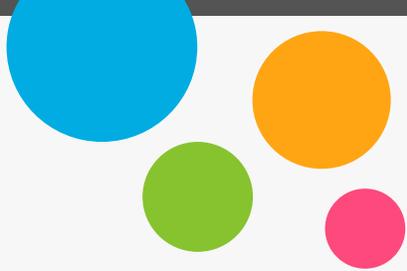
The purposes of this policy are to improve quality of life of people and to encourage people to have better self-care and to look after each other in their own communities by having better capacity to deal with changing health challenges, and to reduce the cost of medical care.



policy direction has been formulated from best practices observed from several pilot projects on community health development in districts during the past decade



This approach is claimed as one of the successful exemplars of 'bottom-up movement' for health care reform in Thailand



Two current district initiatives

Primary Care Cluster (PCC) Policy



Policy focuses on urban areas in the first phase



There will be 3 family doctors with 3 multidisciplinary health teams in 1 cluster



Comprehensive health care by multidisciplinary health team for 30,000 people



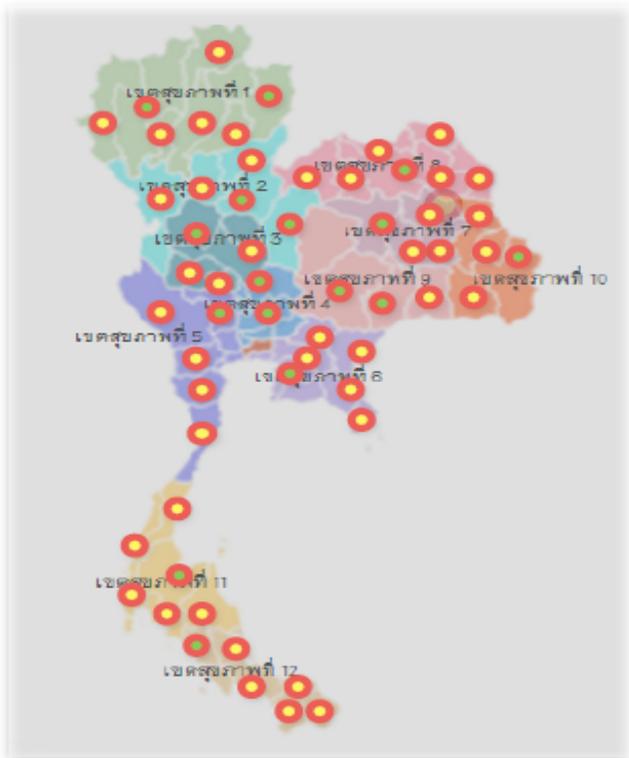
At least 76 clusters in 2016 (424 Health Teams) and will expand to cover all areas in Thailand within 10 years (6500 Health Teams)

Source: Ministry of Public Health (2016)



10-Year Development Plan for Primary Care Cluster (PCC)

1 PCC = 24000-36000 population
= 3 Units



Source: Ministry of Public Health (2016)

2016

- 1. เชียงใหม่ (4) น่าน (4)
- 2. พิษณุโลก (8) เพชรบูรณ์ (2)
- 3. กำแพงเพชร (4)
- 4. อุทัยฯ (9) สระบุรี (2)
- 5. สุพรรณบุรี (3)
- 6. ชลบุรี (7)
- 7. ขอนแก่น (9)
- 8. อุตรดิตถ์ (1)
- 9. นครราชสีมา (8), บุรีรัมย์ (4)
- 10. สรรพสิทธิ์ประสงค์ (5)
- 11. สุราษฎร์ธานี (1)
- 12. ตรัง (6)

2017

348 Teams - Urban

76 Teams - Rural

Bangkok –
1 PCC/District

Next 10 Yrs.

310 Urban PCC

208 in Municipals
190 PCC in BKK

Fam med = 70

16/48

Urban
Primary care
cluster

Family care team
Fam med=48

424

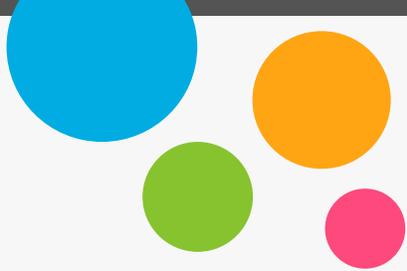
Family care team
Fam med=424

3250

Next 5 Yrs.

Family care team
Fam med=6500

6500



Two current district initiatives (Cont'd)

- **District Health Board (DHB) Policy**
 - Help improve health and quality of life of people in the districts through the new governance structure and mechanism, namely district health board (DHB).
 - Are 73 districts for pilot project in the first year and will expand to cover 800 district across the nation in the near future
 - Need knowledge of how to run the board effectively and how to make the board work for their people effectively
 - The number of members of the board is flexible and is decided by those local members.
 - The chief of district who is appointed by the Ministry of Interior (MoI) is expected to chair the board and the director of the community hospital is deputy chair
 - The chief of district health office is responsible for a secretary of the board
- **The members of the board are from all sectors in the district: public, private and people sectors, and includes health, health related and non-health sectors with the concept of all for health.**

Thai District Health System

Province

Provincial Health Office

National Health Security Office (Regional Branch)

Health services operated by health professionals

Provincial Hospital

Chief of District

District

Private Sector

Community Hospital

District Health Office

Pharmacies

Private Clinics

CUP Board

Sub-district health fund

Local Governments

Sub-district

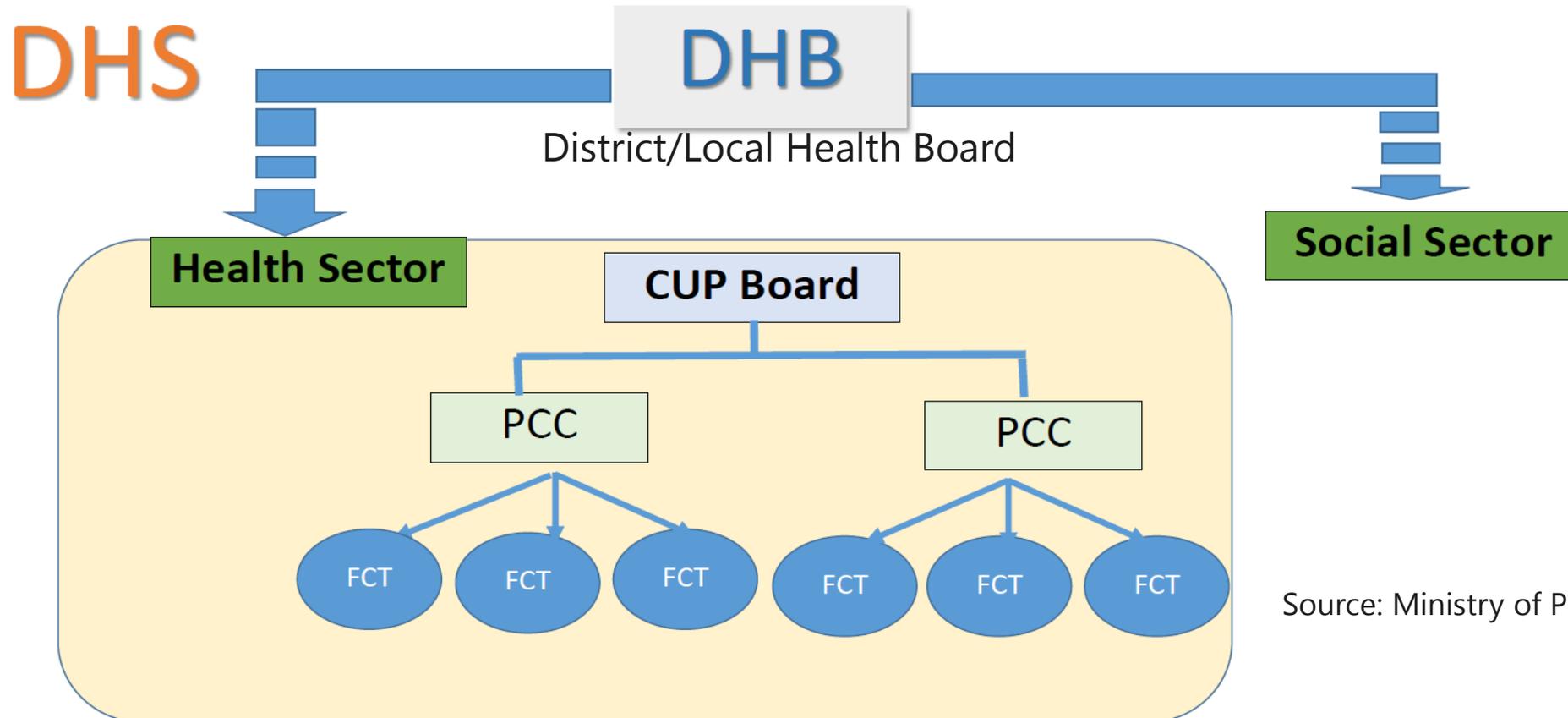
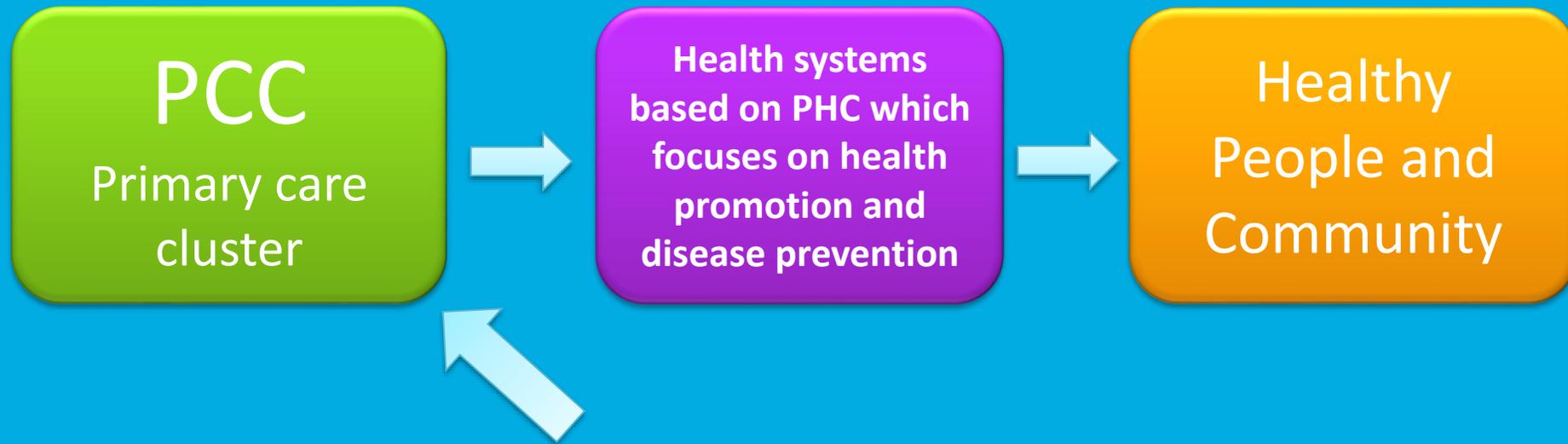
Health Centre

Village

Community PHC

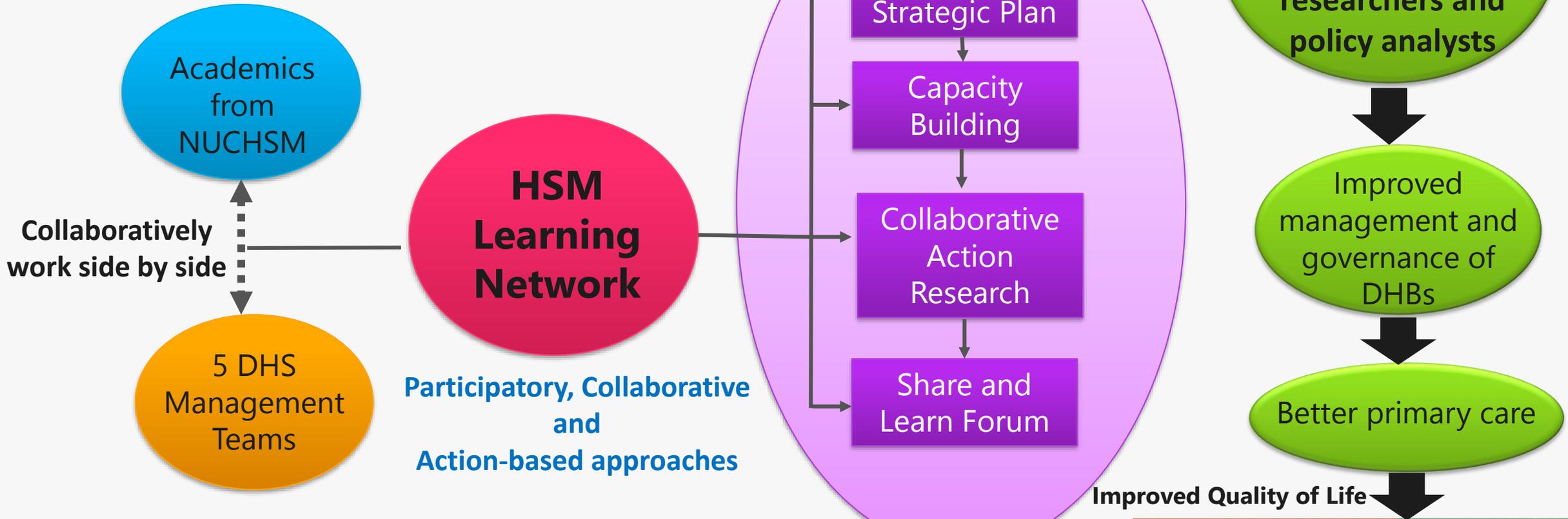
Services operated by community

People and Community



Source: Ministry of Public Health (2016)

Role of NUCHSM on Strengthening DHS Management



Two year project with 10.5 million Baht budget funded by the Thai Health Promotion Foundation

Source: Tejativaddhana, P., Briggs, D. & Tonglor, R. (2016)



NUCHSM Initiative

- NU established NUCHSM to build capacity in Thailand and the sub region in the leadership and management of health systems management
- Implementing the two DHS projects
- Establish masters research and PhD in health systems management
 - PhD students commenced
 - Supported by International academic advisory committee
 - Focus on Thailand and the sub region



The Establishment of NU College of Health Systems Management

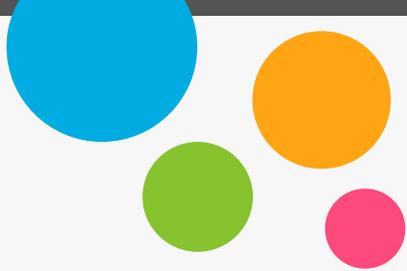


**BETTER HEALTH SYSTEMS
START HERE!**



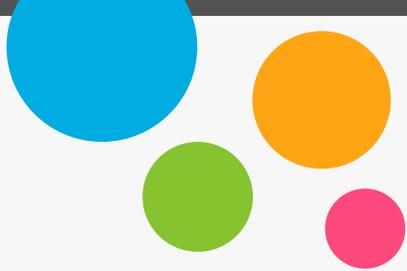
COLLEGE OF HEALTH SYSTEMS MANAGEMENT
NARESUAN UNIVERSITY

THAILAND



List of References

- Balabanova D, McKee M, Mills A (eds) ‘Good health at low costs’ 25 years on. What makes a successful health system? London School of Hygiene & Tropical Medicine, 2011.
- Bureau of Information, Ministry of Public Health. Four organizations hand in hand to improve quality of life of people by using area-based and participation of all sectors approach (in Thai). 30 March 2016. Ministry of Public Health. 2016. Available from http://pr.moph.go.th/iprg/include/admin_hotnew/show_hotnew.php?idHot_new=81337 [Accessed 8th October 2016].
- Ministry of Public Health. Guideline on the Operation of Primary Care Cluster for Health Providers (in Thai). Nondhaburi, Ministry of Public Health. 2016. Available from http://bps.moph.go.th/new_bps/sites/default/files/Guidelines%20PCC.pdf [Accessed 8th October 2016].
- Prakongsai P, Limwattananon S, Tangcharoensathien V. The equity impact of the universal coverage policy: Lessons from Thailand. In: Chernichovsky D, Hanson K, (eds). Innovations in Health System Finance in Developing and Transitional Economies. London: Emerald Group Publishing. 2009:57-81.
- Saelee D, Tiptaengtae Sh, Tonsuthepweerawong C, Yana T, editors. Karn Kub Kluea Rabob Sookkapab Amphur Chabub Prated Thai (The Movement of District Health System, Thailand version) (in Thai). 1st revised ed. Nondhaburi: Ministry of Public Health. 2014. P. 4.
- Tangcharoensathien V. Thailand UC Scheme: Achievement and challenges. Presentation at Health Systems Management: Health Security and Financing Management for Better Health Equity Seminar. National Health Commission Office. Bangkok. Thailand. 26th August 2016. Available from <http://chsm.nu.ac.th/en/2016/?p=454> [Accessed 8th October 2016].
- Tangcharoensathien V, Pitayarangsarit W, Patcharanarumol. Achievements and Challenges. Policy Note-Thailand Health System in Transition. Asia Pacific Observatory on Health Systems and Policies. Health Systems Review: World Health Organisation. 2016.



List of References (cont.)

- Tangcharoensathien V, Pitayarangsarit W, Patcharanarumol W, et al. Promoting universal financial protection: How the Thai universal coverage scheme was designed to ensure equity. *Health Res Policy Syst.* 2013;11(25):1-9. DOI:10.1186/1478-4505-11-25.
- Tejavivaddhana, P., Biggs, D. S. The establishment of College of Health Systems Management, at Naresuan University, Thailand. 2016. Available from <http://chsm.nu.ac.th/en/2016/?p=367> [Accessed 8th October 2016].
- Tejavivaddhana, P. The research proposal on development of prototype districts to pass on the effective district health systems management to other districts towards the achievement of SDGs (in Thai). College of Health Systems Management, Naresuan University. 2016. Available from <http://chsm.nu.ac.th/en/2016/?p=451> [Accessed 8th October 2016].
- Tejavivaddhana, P., Briggs, D. & Tonglor, R. From global to local: Strengthening district health systems management as entry point to achieve health-related sustainable development goals, *APJHM*, Vol. 11, Iss. 3, 2016. pp. 81-86.
- Tejavivaddhana, P. Capacity Building for District Health Systems Management Network to Achieve Health Promoting Districts. Presentation at ACHSM Annual Congress 2014. Adelaide, Australia. 2014. Available from <http://chsm.nu.ac.th/en/2016/?p=363> [Accessed 8th October 2016].
- WHO. The Challenge of Implementing District Health Systems for Primary Health Care, WHO/SHS/DHS. Geneva. 1988. Available from <http://www.ais.up.ac.za/med/pcm870/challenge.PDF> [Accessed 8th October 2016].
- WHO. 2016. From MDGs to SDGs. A new era for global public health 2016-2030. Available from http://www.who.int/about/finances-accountability/funding/financing-dialogue/MDGstoSDGs_Summary.pdf?ua=1 [Accessed 8th October 2016].
- Why district health systems should be strengthened. In: Saelee D, Namtadsanee S, Tiptaengtae Sh, Sumamal T, Tonsuthepweerawong C, Yana T, editors. *Karn Kub Kluen Rabob Sookkapab Amphur Chabub Prated Thai (The Movement of District Health System, Thailand version)* (in Thai). 1st ed. Nondhaburi: Ministry of Public Health. 2014. p. 4.