EXPANDING COVERAGE TO MARGINALISED POPULATIONS: THAI UHC EXPERIENCE

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Started with gov employees, the poor, formal sector

Adverse selection for voluntary financing, even with subsidies

Poor coverage of the informal sector

Not just technical challenges, but heavily political

LIC – Low Income Card for user fee exemption

CSMBS – Civil Servant Medical Benefit Scheme

CBHI – Community Based Health Insurance

SSS – Social Security Scheme

MWS – Medical Welfare Scheme

HCS – Voluntary Health Card Scheme

Source: modified from Prakongsai et al 2011
About two-thirds of family members in the poorest quintile were not covered ... In contrast, 38% of the richest quintile were uncovered … [H]igher-income families, with state assistance, received greater protection from out-of-pocket payments than the poorer and lower occupational groups.
UNIVERSAL HEALTH COVERAGE SCHEME

National Health Security Act in 2002

- Coverage expansion to enrol additional 14m
- Comprehensive benefit package covering inpatient, outpatient, medicines, and dental care
- Major financing reform: purchaser provider split & “strategic” purchasing
- Supply side budgeting => outcome oriented
- Additional benefits introduced over time

https://openknowledge.worldbank.org/handle/10986/13297
http://millionssaved.cgdev.org/case-studies/thailands-universal-coverage-scheme
Twenty-five hundred years ago, in the princely home, in the foothills of spirit, there was agitation and agony. What is needed is to reconcile the cloth of the world with the mystery of the universe.

Thailand’s experience in universal healthcare is exemplary, both in advancing health achievements across the board and in reducing inequalities between classes and regions.
HEALTH SERVICE SYSTEM EXPANSION IN PUBLIC SECTOR

1962-76 Expanding Coverage of Provincial Hospitals

1977-1987 4th & 5th National Economic and Social Development Plan – strengthening primary health care – building more district hospitals & health centres

- 1990 Full coverage of district hospitals (3-50,000)

1992-2002 Decade of health centre development

- 2000s Health centres in all subdistricts (3,000-5,000)

Significant progress in Sexual & Reproductive Health was achieved well before UCS Introduction
THOSE NOT BEING COUNTED: IMMIGRANT AND EMIGRANT POPULATIONS

Increasing movement within & across countries: Rural - Urban & Overseas
Majority in informal sector, many undocumented

Potential areas of action:
• Flexibility in location for social health protection / benefits
• Migrant health insurance scheme
• Roaming health insurance?

<table>
<thead>
<tr>
<th>Country</th>
<th>Thailand</th>
</tr>
</thead>
<tbody>
<tr>
<td>General trend</td>
<td>Receiving</td>
</tr>
<tr>
<td>Number of immigrants</td>
<td>3,913,258</td>
</tr>
<tr>
<td>Immigrants as % of population</td>
<td>5.8</td>
</tr>
<tr>
<td>Estimated number of emigrants</td>
<td>854,327</td>
</tr>
<tr>
<td>Main destination countries for emigrants</td>
<td>Brunei, Malaysia, Myanmar, Saudi Arabia, Singapore</td>
</tr>
</tbody>
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Source: McMichael & Healy 2016
https://doi.org/10.1080/16549716.2017.1271594
OVERSEAS MIGRANTS

(1) Social security system 0.5 million

(2) Temporary permission – one stop service compulsory migrant health insurance

(3) Other undocumented / illegal migrants – purchase at public hospitals

MOPH Migrant Health Insurance Scheme

Benefit: medical care, P&P

Cost in 2018: 3,200 Baht per adult, 730 Baht for each migrant’s child

Results of ‘One-stop-service’ in 2014 Migrant Registration During NCPO Policy

- 1,626,235 cards issued
- MWs= 1,533,675 (94%), Dependents= 92,560 (6%)
  - Myanmar 623,648 (40.6%)
  - Cambodia 696,338 (45.4%)
  - Lao PDR 213,689 (13.9%)

Source: Sirilak & Prakongsai 2015
UHC is not only about health insurance coverage

Thailand has invested in health system development and health financing reform to ensure access to majority of the population

Other factors affecting health and health care access beyond social health insurance must also be considered

Remaining gaps and challenges:
- stateless populations, undocumented migrants,
- long term care & social support for the caregivers
THANK YOU!

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