

# Information System Supporting UC Scheme in Thailand

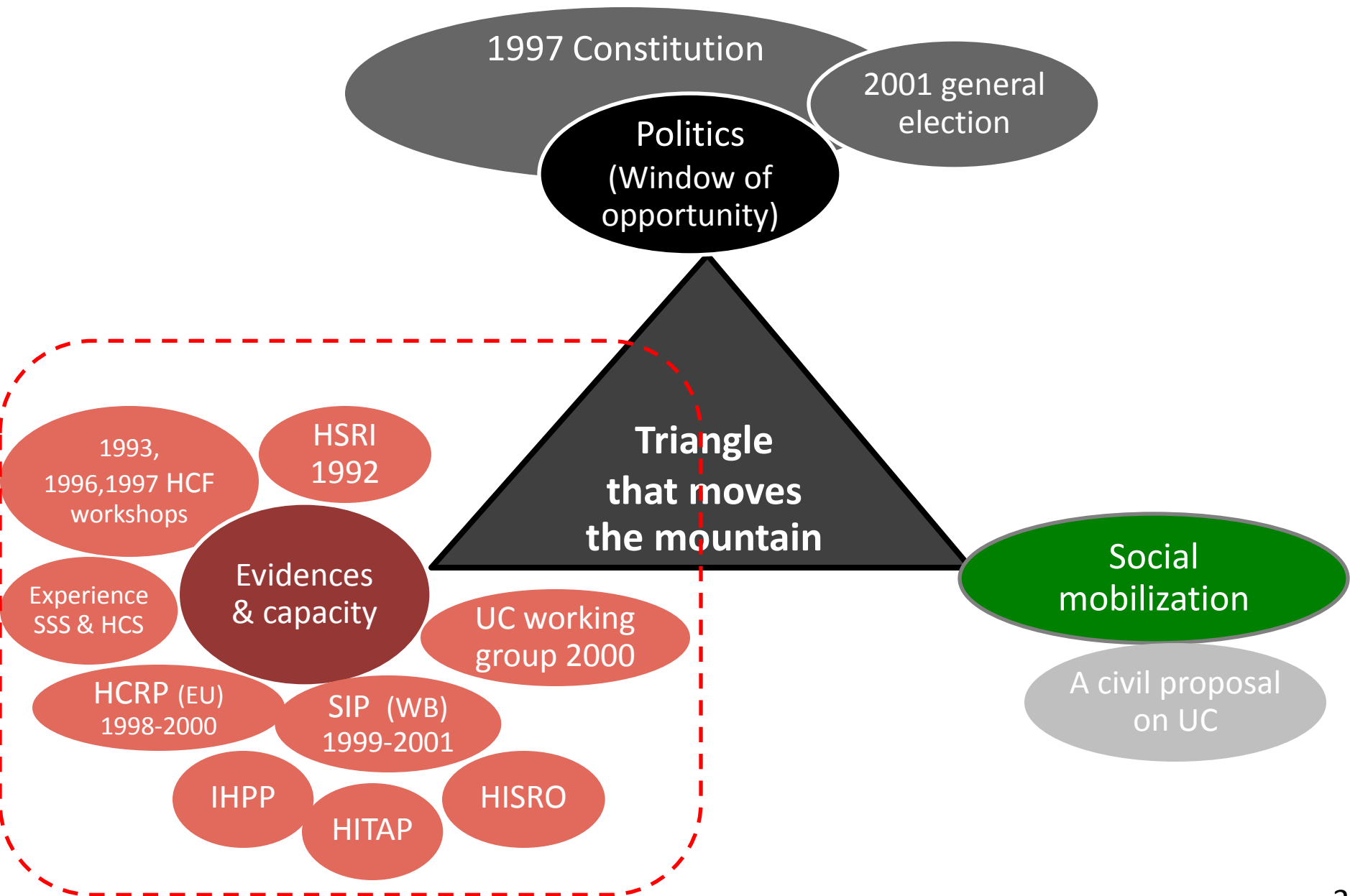
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# Thailand: three public health insurance schemes

99% of 67 million population		
UC Scheme	Civil Servant Scheme	Social health insurance
Act 2002	Royal Decree 1980	Act 1990
<b>75% of pop, 50 mln pop</b> (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		

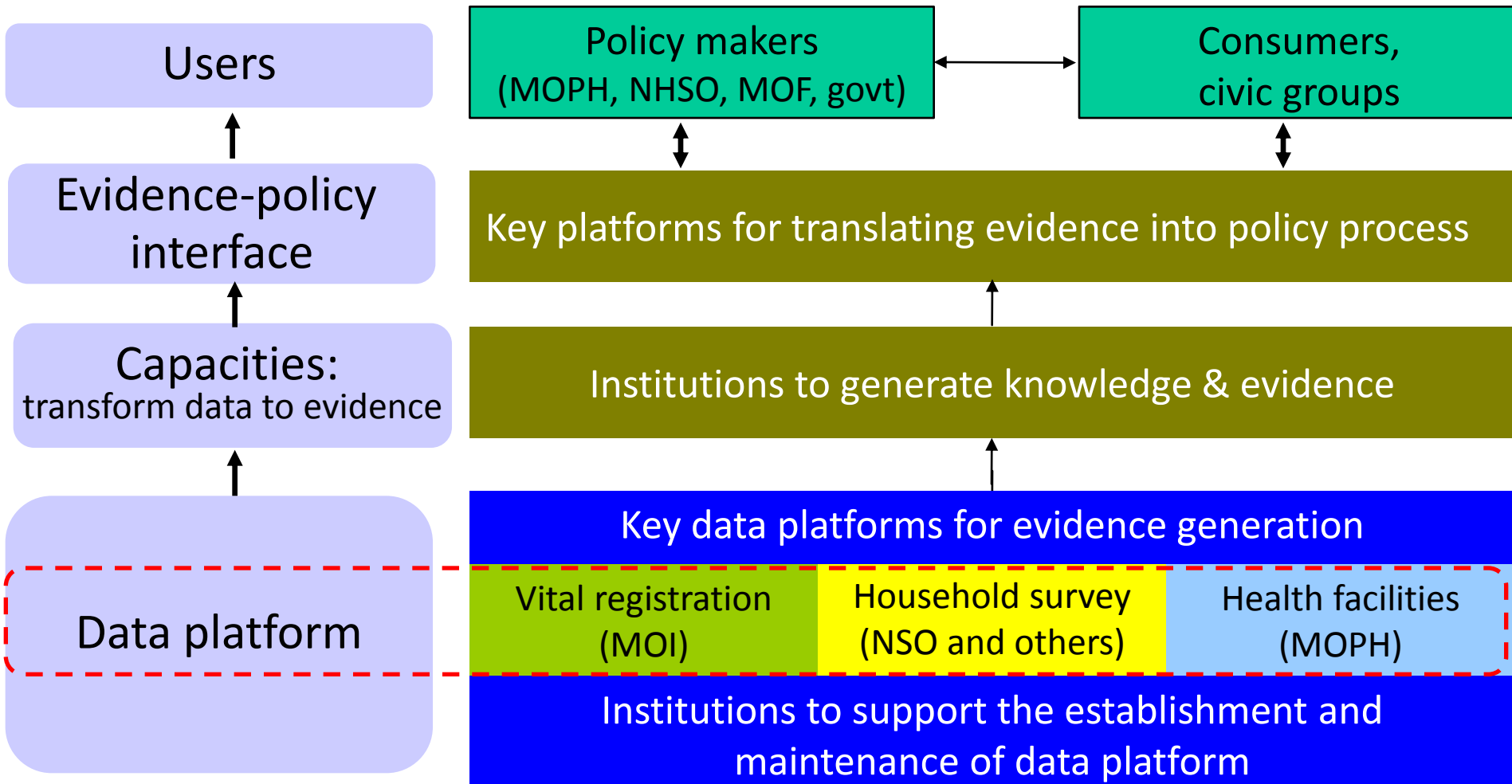
# Situations that lead to UC reform



# Objectives

1. What evidence, data platforms and linkages support strategic purchasing and national health priorities?
2. How they were initiated, strengthened and sustained?

# Data, knowledge generation and translation into policy and practice



MOI: Ministry of Interior, NSO: National Statistical Office

# Vital registration – everyone is counted

1943



1988

Unique Citizen ID 13 digits



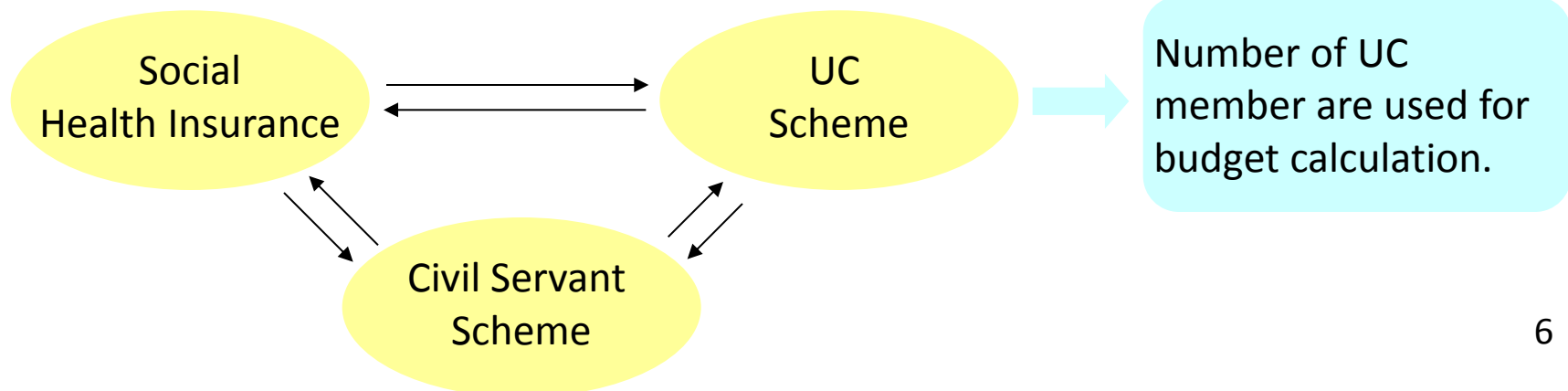
2005

Smart card



2002 Paper based of UC card -> 2005 Move to ID card

- Beneficiary database for effective enrollment
- Health entitlement since day one of a newborn
- Movement of beneficiaries across 3 schemes requires real time update through Citizen ID



# Household survey data conducted by National Statistical Office (NSO)

- Thai Socio-Economic Survey (SES) similar to WB-LSMS
  - Financial protection monitoring
- Thai Health and Welfare Survey (HWS)
  - Access and use of services

## HWS before UC (2002)

- HWS every 5 yrs  
1991, 1996, 2001, 2006
- Equity by gender, geography  
but not by SE characteristic

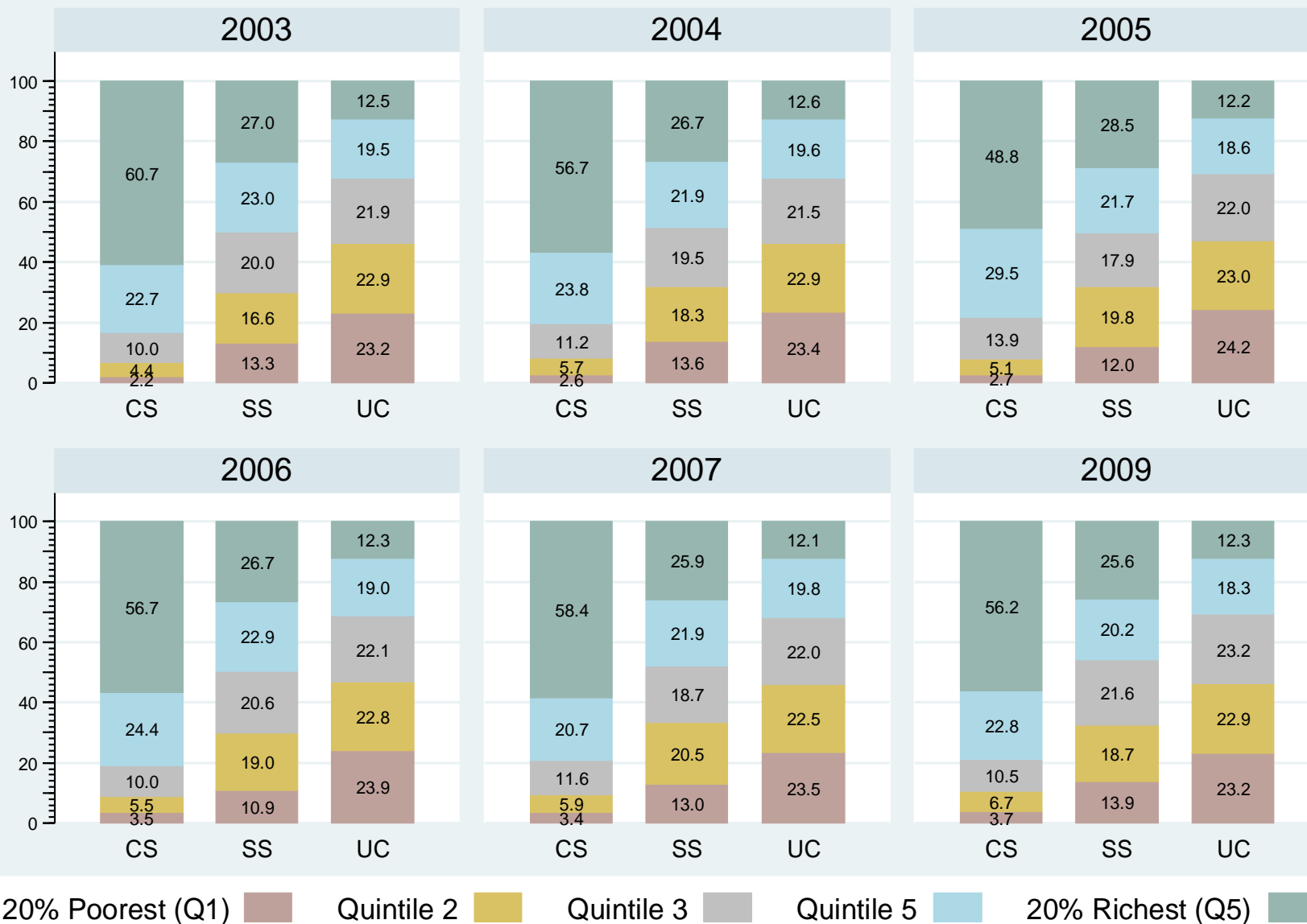
Collaboration  
NSO – IHPP,  
MOPH

## HWS after UC (2002+)

- Five annual HWS (2003-07)  
and thereafter biannual
- HWS 1991, 1996, 2001,  
2003-07, 09, 11, 13, 15, 17
- “**wealth indicators**” in  
every survey related to  
health e.g. disability,  
reproductive health survey

# Beneficiaries' living standards

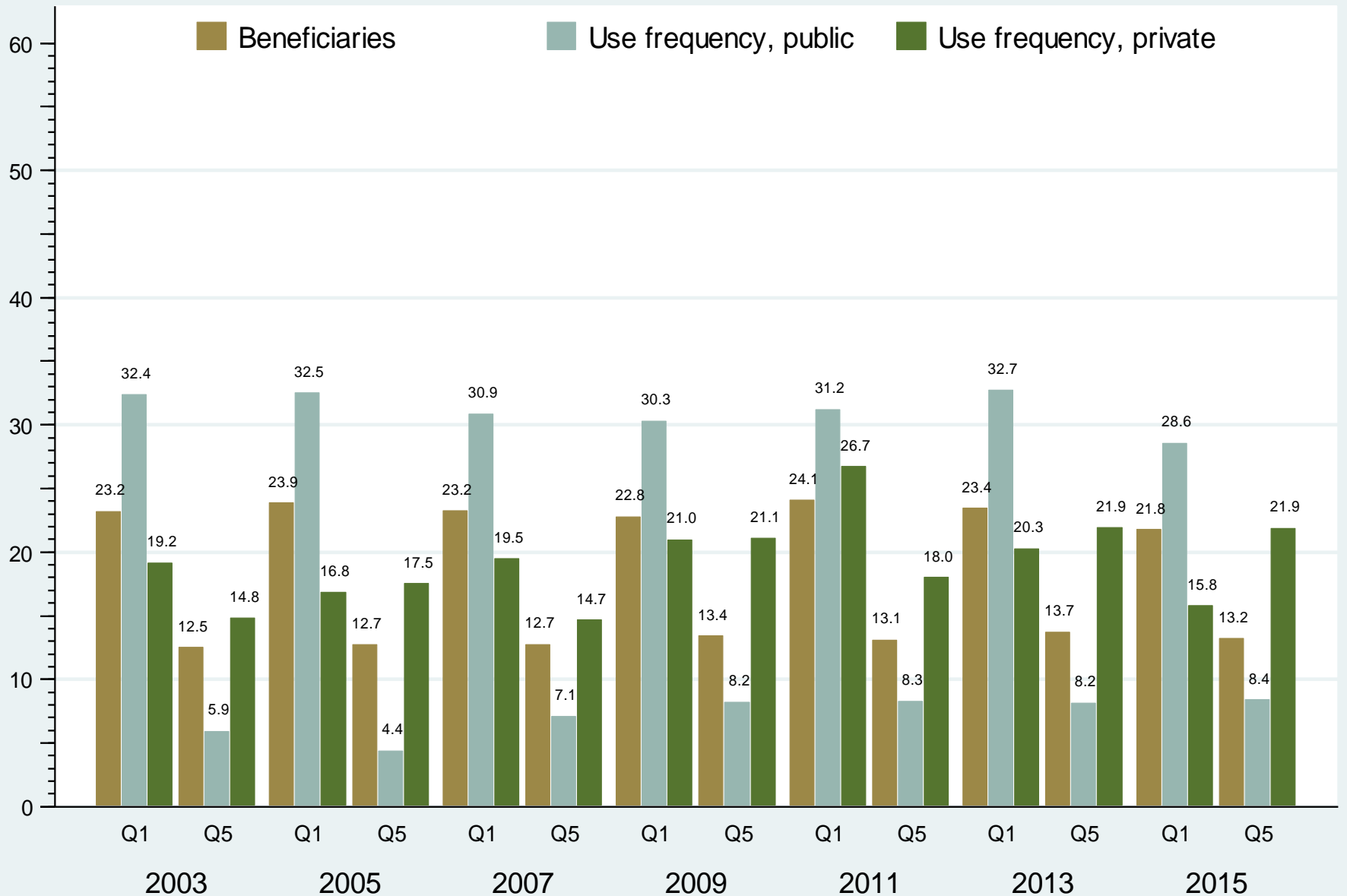
## Public insurance schemes, Thailand





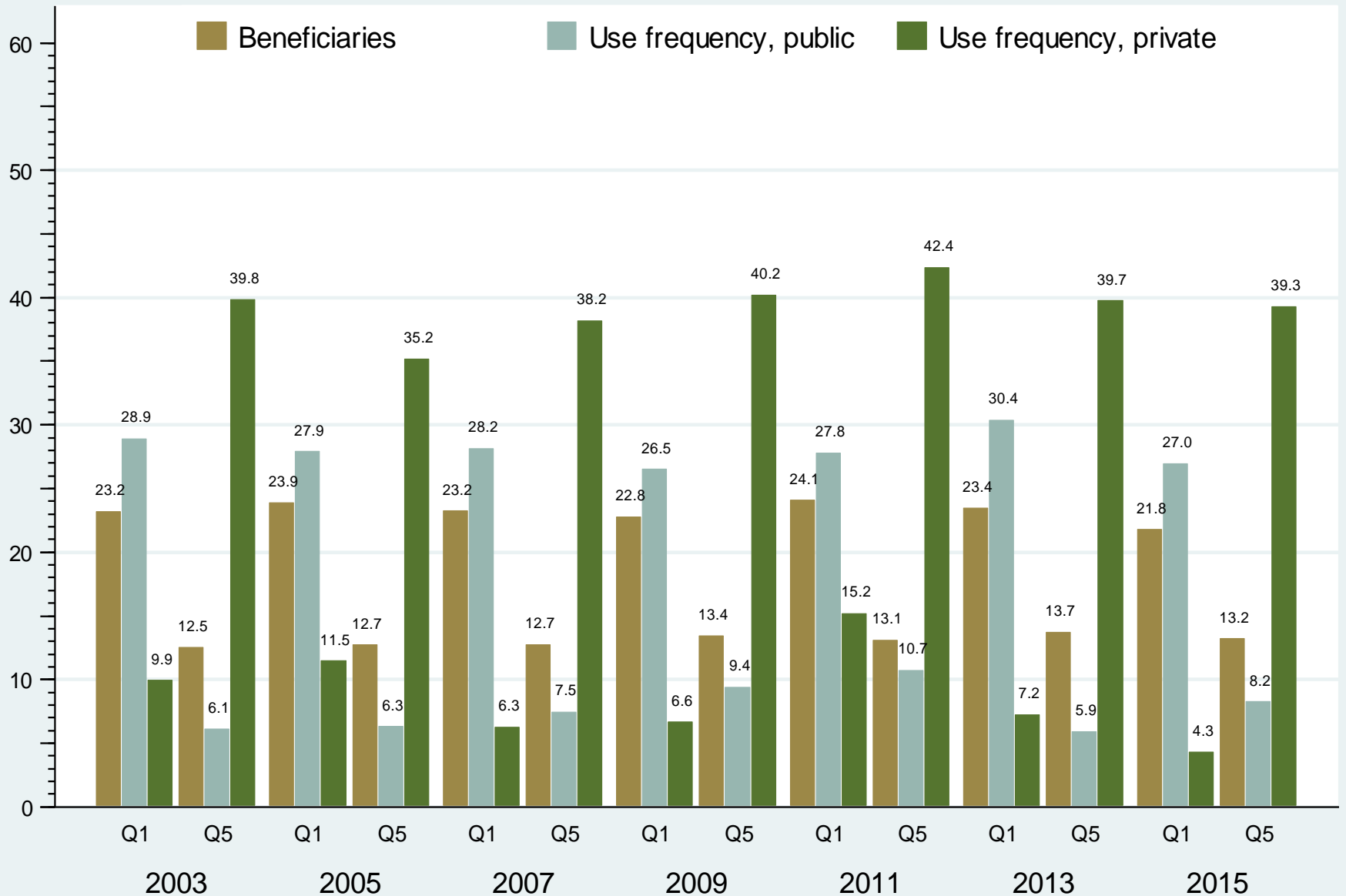
# Utilization by the poorest (Q1) and richest (Q5) beneficiaries

OP health service, UC, 2003-2015

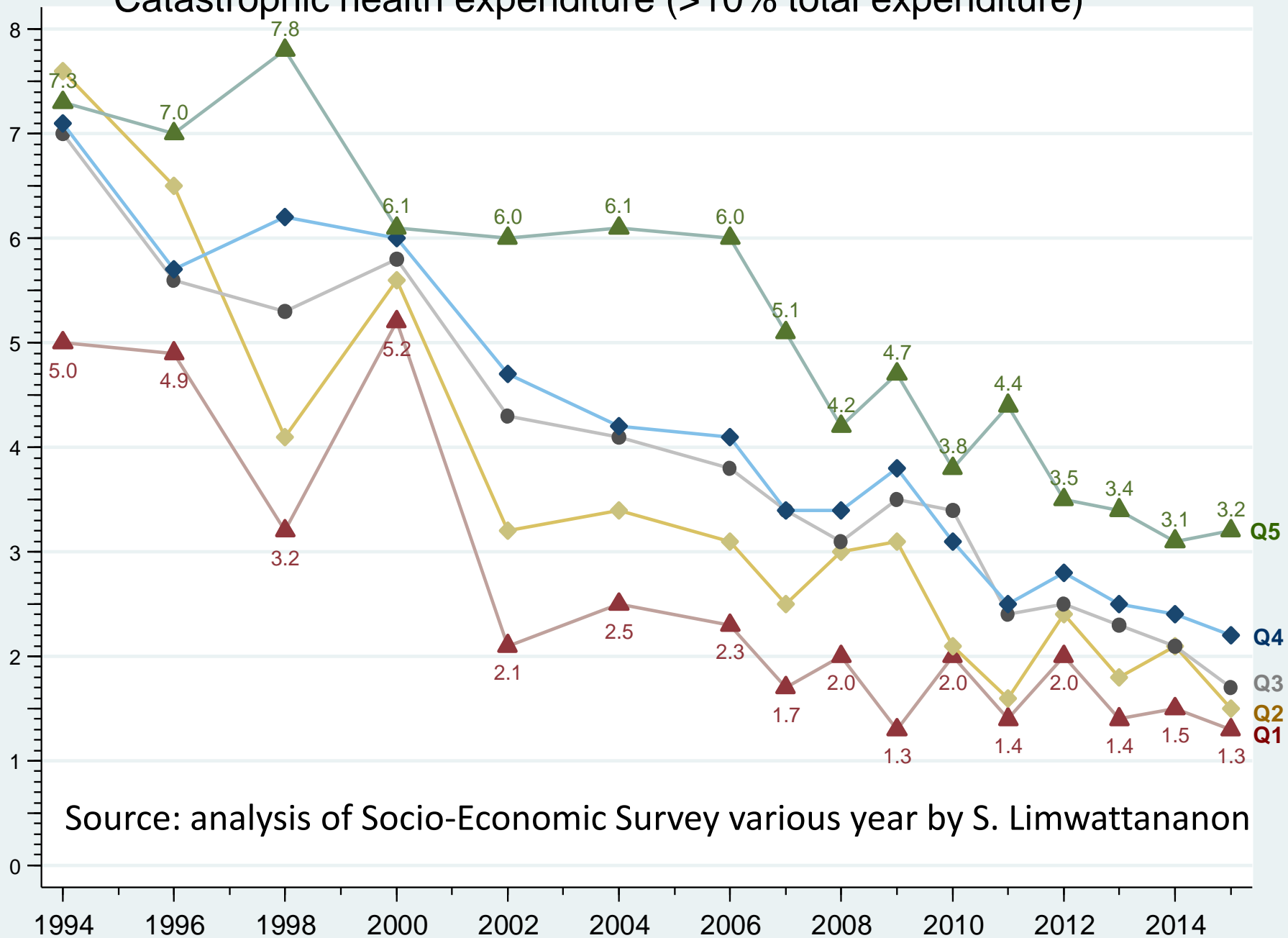


# Utilization by the poorest (Q1) and richest (Q5) beneficiaries

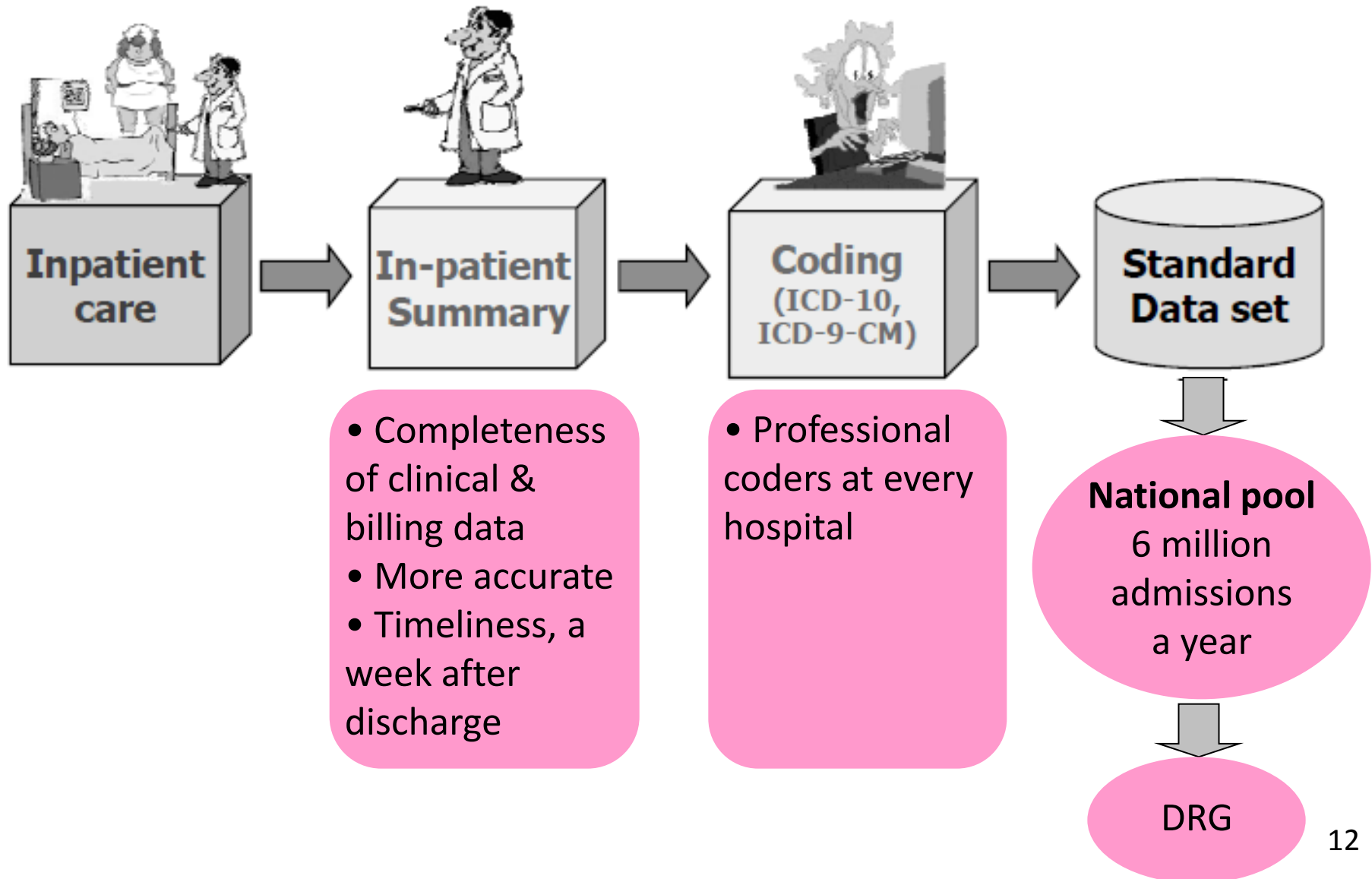
IP health service, UC, 2003-2015



# Catastrophic health expenditure (>10% total expenditure)



# Admission data for DRG: opportunity for improving health information



# Health Information System Development beyond UC Scheme

- Few disease registries for the whole population (not only UC Scheme) are developed and sustained
  - HIV/AIDS, End Stage Renal Disease, stroke fast track, STEMI fast track, national birth defects and disable registries by partner institutes
- Disease registries: not difficult to develop but high policy utilities
  - National birth defects and disabled registries supports universal provision of assistive devices and other social supports
- Disease registries when link with CRVS mortality, supports monitor 5, 10 year survival outcome and improve treatment protocols

# Summary remarks (1/2)

- CRVS and CID plays significant role
  - Ensuring health entitlement for all Thais
  - Budgeting of UC Scheme
- National dataset of all admissions (with ICD10) - linked with mortality from CRVS
  - Admissions of Ambulatory Care Sensitive Conditions to improve quality of ambulatory care
  - Monitor **SDG mortality targets**
- National household surveys by NSO
  - HWS and SES are crucial for **UHC monitoring, SDG 3.8** access and financial protection
  - Other surveys (reproductive health, disability, elderly, MICS) support monitoring equity of access to services among target population.

# Summary remarks (2/2)

**Three capacities required:** locally initiated and sustained

- Work with partners to strengthen data platform for policy relevance
- Generate evidence: strengthen and sustaining capacities of Health Policy and System Research
- Platform for the interface between evidence and policy decision

Thailand does not have national strategies on HCF but all works concertedly focus on UHC.

“Talk without walk” is worst than “walk without talk”

"walk the talk" is the best.

