What is needed to achieve Sustainable Universal Health Coverage?

Five Lessons Learnt from Thailand

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Lesson 1: UHC can be started and achieved at low income level
Lesson 2: Reallocation of budget during Economic Crisis in early 1980s, to build rural facilities and HRH

- Budget (billion Bahts)
  - Provincial
  - District

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<tbody>
<tr>
<td>Budget</td>
<td>1.68</td>
<td>2.04</td>
<td>2.15</td>
<td>2.23</td>
<td>2.27</td>
<td>2.43</td>
<td>2.73</td>
<td>3.15</td>
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- Dr. Suwit Wibulpolprasert, Ministry of Public Health, Thailand

quality and well manned rural health facilities

- Rural health centers with 3-6 nurses n CHWs cover 2,000-5,000 population
- Extensive production of appropriate cadres and motivated health personnel with mandatory public works and adequate support are essential.

- Rural community hospital with 2-8 doctors cover 30-80,000 population
From reverse to upright triangle: PHC utilization (OP visits)

Changes in out-patient utilization:
primary secondary and tertiary 1977-2010

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<tr>
<th>Year</th>
<th>Regional / Provincial Hospital</th>
<th>District Hospital</th>
<th>Health Centres</th>
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<tr>
<td>1977</td>
<td>45% (5.5)</td>
<td>24% (2.9)</td>
<td>29% (3.5)</td>
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<td>1987</td>
<td>27% (11.6)</td>
<td>32% (14.6)</td>
<td>40% (15.7)</td>
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<td>2000</td>
<td>19.7% (20.4)</td>
<td>32.7% (40.2)</td>
<td>46.1% (51.8)</td>
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<td>2010</td>
<td>12.6% (18.1)</td>
<td>33.4% (33.4)</td>
<td>54.9% (78.0)</td>
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Note: (number of OP visits in million)
Source: Suwit's presentation on 30 Sep 2011 and updated 2010 data

Lesson 3: Peace, sustained economic growth and democracy bring 'more money for health'

Source: Bureau of Budget

Dr. Suwit Wibulpolprasert, IHPP, Thailand
Lesson 4: Strong capacity on HP/HS with active people engagement ensure ‘sustainability’ and ‘more health for money’

- **Cost-effectiveness studies** of health technologies: *IHPP, HITAP*
  - NEDL and Essential benefit package
- **Strategic purchasing** – Bulk purchasing with VMI, use of TRIPs flexibilities, Public Private Partnership
- 20% of UC budget to P&P & community H fund
- **Close end capitation** budget with mixed payment
- Active engagement of civil society in the governing body

Lesson 5: Innovative financing with participatory governance systems ensure ‘more financing’ and ‘extensive social participation’ on UHC

- **Sin tax** - 2% additional levy on top of tobacco and alcohol excise tax, since 2001 – Thai Health Promotion foundation – tackling health risks
- **Community Health Development Fund** and provincial rehabilitation fund – 50% from UC and 50% from local government
- Other innovative financing in the exploring processes with the SAFE principle (Sustainable, Adequate, Fair, and Efficient)
Summary of five lessons

1. UHC can be reached at low level of income – don’t wait

2. Strong and equitable PHC based HS ensure real access

3. Peace, sustained economic growth and democracy lead to ‘more health for money’

4. Sustainable capacity to manage HP/HS and active citizen engagement ensure ‘sustainability’ n ‘value’

5. Innovative Financing with participatory governance systems – more money and ownership