



Health Systems Research Institute

Evidence based health financing reform: the case of Thailand

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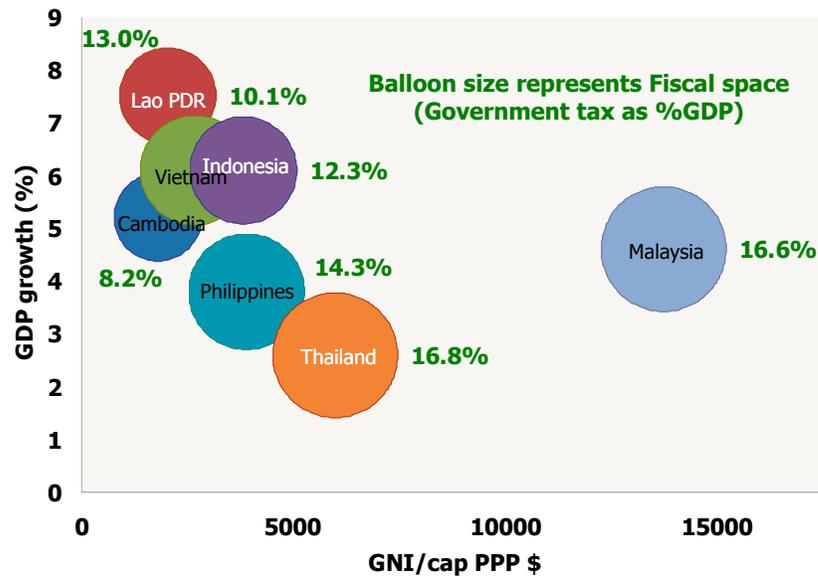
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Objectives

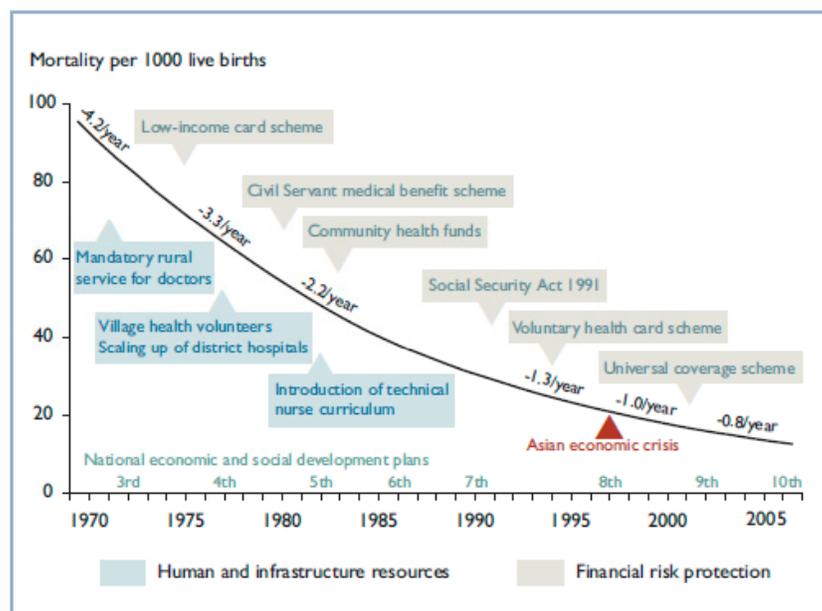
- ❑ To review health system development over the last 4 decades
 - ❑ Health service infrastructure development
 - ❑ Financial risk protection extension
- ❑ To review the evolution of institutional capacities in health policy and systems research and how it supports health care reform in Thailand



Economic and fiscal indicators seven ASEAN countries in 2008



Selected health indicator (U5MR) and related health interventions



U5MR data from Institute for Health Metrics and Evaluation 2010. *Infant and child mortality estimates by country 1970-2010*

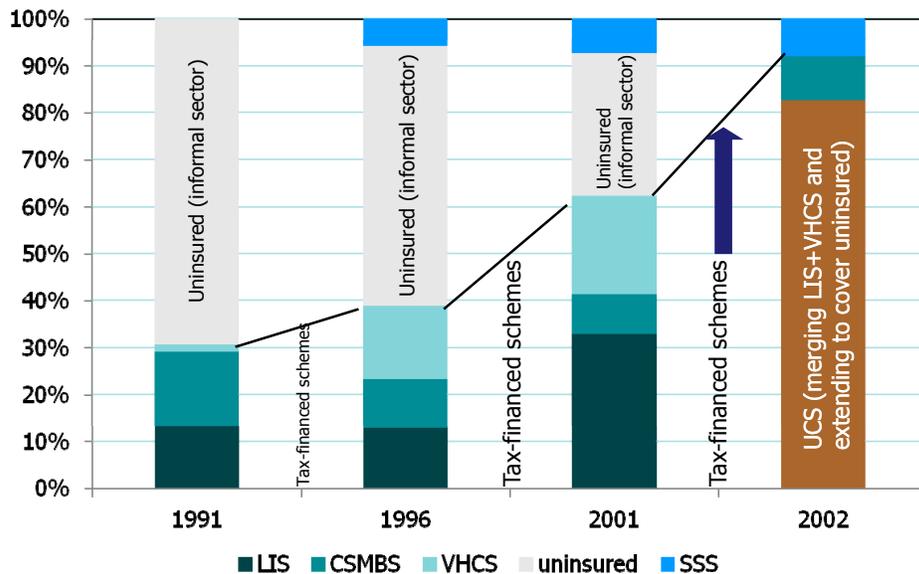


Health system development over the last 4 decades

- Investment in healthcare infrastructures including HRH in rural area
 - Primary care and district health system
- Financial risk protection started from covering specific population groups and then expanding to cover entire population
 - Low income and civil servants and their dependences were financed through taxation
 - Formal sector employees were financed through payroll contribution
 - Informal sector employees: a challenging policy option between tax based system and payroll contribution



Fill the gap (informal sector) by tax-financed scheme (UCS)





Key financing reforms

- ❑ The use of taxation to achieve UC
- ❑ Establishment of a UC system based on purchaser-provider split approach
- ❑ Development of provider payment methods
 - ❑ Capitation contracted model
 - ❑ Thai Diagnostic Related Group (DRG) version 1-5
 - ❑ Pay for performance (P4P)
- ❑ A systematic approach to fine-tuning the benefit package
- ❑ Establishment of a sin-tax fund to support health promotion activities



Building system capacity for UC 1

- ❑ Institutional capacity to generate evidence
 - ❑ Establishment of HSRI and its associated institutions focusing on health system research in specific areas
 - ❑ The introduction and sustaining national data platforms and consistent improvement the quality of data such as NHES, NHA, SES, HWS, admin data of health services
- ❑ Key success factors
 - ❑ Strong ownership and self-initiation of HCR programs
 - ❑ Linkages and supports from international partners
 - ❑ Long term fellowship program from various sources
 - ❑ Research networks aim to produce policy relevant research with equitable sharing of benefits, political impartiality, programmatic and financial accountability and a collegial environment.

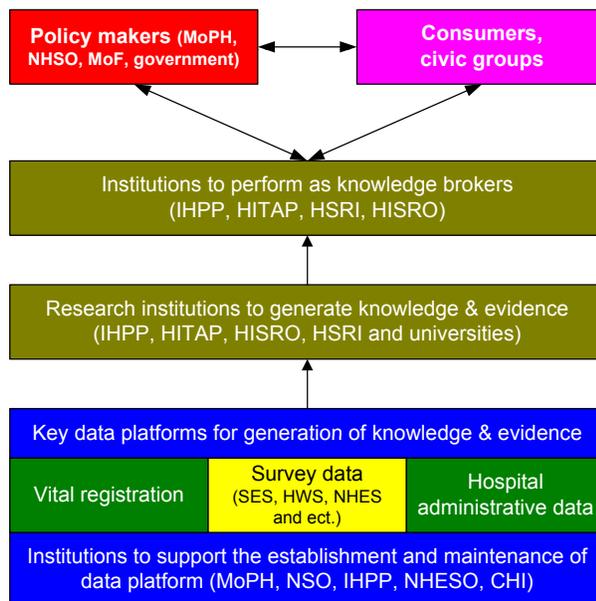


Building system capacity for UC 2

- Translating evidence to policy decisions: two case studies demonstrate the importance of
 - A critical mass of qualified researchers and institutional umbrella for them to work in a sustainable way
 - National committee where evidence interacts with policy makers in a deliberate and transparent manner
 - Institutions perform as an effective knowledge broker
 - A need to understand stakeholders and to mobilize their supports esp. from civic groups



Institutional arrangement for HCR knowledge generation and translation





Conclusion

- ❑ Financing reforms are country specific and national capacity to generate evidence for reforms is needed to ensure the success
 - ❑ Long-term investment for qualified health researchers with appropriate institutional arrangement for HSR
 - ❑ Establishment, maintenance and improvement of evidence-based decision platform
 - ❑ Long-term commitment of key partners i.e. health researchers, knowledge brokers, health system developers and advocacy coalitions (including civic groups)
- ❑ Multiple policy interventions are needed to achieve objectives of financing reform



Acknowledgement

- ❑ International Monetary Fund (IMF)
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- ❑ Health Intervention and Technology Assessment Program (HITAP)
- ❑ Ministry of Public Health (MoPH)
- ❑ National Health Security Office (NHSO)
- ❑ Thai Health Foundation (Thai-Health)
- ❑ National Statistic Office (NSO)



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Sawasdee
Thank you for your attention