

Universal Health Coverage 2015-2017

Pogramme	Annual International Training Courses Thai International Cooperation Programme	
Course Title	Achieving Universal Health Coverage: experience sharing of Thai case study	
Duration	2015	24– 28 August 2015
	2016	22 – 26 August 2016 (tentatively)
	2017	21 – 25 August 2017 (tentatively)
Closing Date for Application	in June (of each year)	
Number of Participants	25-30	
Eligible Countries	<p>Asia: Afghanistan, Bangladesh, Georgia, Indonesia, Iran, Jordan, Kyrgyzstan, Malaysia, Maldives, Nepal, Oman, Pakistan, Palestine, Philippines, Sri Lanka, Tajikistan, Timor-Leste, Uzbekistan, Yemen, and Thailand</p> <p>Africa: Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Congo, Djibouti, Egypt, Eritrea, Ethiopia, Gabon, Ghana, Guinea, Lesotho, Libya, Malawi, Mali, Mauritania, Mauritius, Morocco, Namibia, Rwanda, South Sudan, Sudan, Swaziland, Togo, Tunisia, Zambia, Zimbabwe</p> <p>Pacific: Cook Island, Fiji, Marshalls Island, Nauru, Palau, Papua New Guinea, Vanuatu, Solomon Island, Tonga, Tuvalu</p> <p>Member Countries: FEALAC, OAS and CARICOM</p>	

A. Background

Concerned that millions of people are driven below the poverty line each year because of catastrophic health expenditures, the UN General Assembly resolutionⁱ on *The Future we Want* acknowledged “Universal Health Coverage as a key instrument to enhancing health, social cohesion and sustainable human and economic development” all togetherⁱⁱⁱ. The role of health as “a precondition for, an outcome and an indicator of all three dimensions of sustainable development” is also fully recognized. Member States have pledged to “strengthen health systems towards the provision of equitable universal coverage, through involvement of all actors for coordinated multi-sectoral actions to address urgently the health needs of the world’s population”.

Mid- February 2013, WHO and World Bank jointly convened a Ministerial-level Meeting on Universal Health Coverage, at WHO headquarters in Geneva, during which Ministers of Finance and Health from 27 countries as well as other high-level stakeholders discussed, learned and shared lessons at policy and implementation levels, and further committed to accelerate UHC at their respective countriesⁱⁱⁱ.

In view of UHC movement at global and regional levels by many relevant partners, many developing countries question its sustainability and achievement especially in relation to health financing systems and health services provision. Thailand has no exception. Although Thailand has achieved UHC since 2002, Thailand is still facing such problems as equity, service quality, accessibility, and escalation of medical care expenditure. Nevertheless, with more than 10 full years of experience and knowledge from both local and international experts, Thailand does have individual, institutional and network capacities to share with and learn from other developing countries, in the region and beyond.

Achieving universal coverage of health care together with success in achieving policy objectives of Thailand let the country being interested by many international organizations and other developing countries since Thailand is a pioneer among few lower middle-income countries who achieved universal coverage. There has been

i Sustainable development, The Future We Want, UN General Assembly Resolution, A/66/L.56

ii Sustainable development, The Future We Want, UN General Assembly Resolution, A/66/L.56, para 138-141.

iii WHO/World Bank Ministerial-level Meeting on Universal Health Coverage

http://www.who.int/mediacentre/events/meetings/2013/universal_health_coverage/en/index.html
[access 26 Feb 2013]

increasing requests from other developing countries to visit Thailand for learning the Thai experiences on this matter. In order to share the Thai experiences on universal coverage with other countries in a more systematic way and manageable of related organizations, CapUHC (Capacity Building for UHC) has been established by Thai institutes to serve as a mechanism for Thai partners can work together to share Thai experience and knowledge to build more capacity and to collectively move towards UHC for other developing countries.

Therefore, CapUHC by all partners i.e. Ministry of Public Health, National Health Security Office, ThaiHealth Foundation, Hospital Accreditation Institute, Center for Health Equity Monitoring Naresuan University, Health Insurance System Research Office, Health Intervention and Technology Assessment Program and International Health Policy Program annually organizes a training workshop to share experience of Thai Universal Health Coverage during the end of October 2014, 2015 and 2016.

The workshop aims at building capacity of countries with high political commitment to achieving Universal Health Coverage (UHC). Ultimately, the workshop promotes South-South technical collaboration for ensuring successful policy formulation and implementation of Universal Health Coverage (UHC). In addition, the workshop is designed to meet the countries' and participants' needs.

B. Training workshop objectives

1. To share experience of Thai universal health coverage scheme (Thai UC Scheme) in terms of policy formulation, implementation and monitoring and evaluation, in particular designing and application of provider payment methods i.e. capitation contract model, Diagnostic Related Groups (DRGs) with global budget and information system.
2. To exchange experience of other countries on their movement towards UHC
3. To build up networking among participants

C. Overview of the training workshop

The workshop covers contents of UHC in many aspects as follows:-

- a. How policy of Thai UC Scheme was introduced and implemented
- b. Calculation and adjustment of government budget requirement for Thai UC Scheme
- c. Application of close-end budget provider payment methods i.e. capitation and DRG with global budget in Thai UC Scheme to public and private health care providers
- d. Quality assurance and people's satisfaction,
- e. Monitoring and evaluation system – how to measure the achievement of UC Scheme
- f. Information System to support the movement of UC Scheme

See a schedule of the training workshop and brief overview of each topic in Annex 1

D. Methods used during the training workshop

Several methods were applied to ensure that participants would gain maximum benefit from the workshop. These methods are:-

1. Brief introduction by Thai policy maker
2. Presentation on each topic by Thai experts from several institutes
3. Interactive discussion and exchange of experiences and perspectives by participants and speakers
4. Short wrap up of the day before the session closed each day
5. Field visit to a province to see the real situation and implementation at provincial, district, and primary care levels
6. Essential materials for reading are printed and provided to the participants
7. Additional reading lists and references are provided
8. Country report by each country: participants prepare a report about their country which focuses their health system development, health delivery system, health financing, health workforces, financial risk protection mechanisms and their national policy towards UHC

E. Expected outputs of the training workshop

1. The participants have an understanding on policy formulation, implementation and evaluation of Thai UC Scheme and other countries' experiences on UHC, in particular provider payment methods

2. According to participants' country context, the participants can assess gaps for achieving UHC of their own country and can identify possible options for improving
3. Each participant would be developing networks with other participants and speakers

F. Participant criteria

- Be nominated by their government / institutes
- Be from countries where UHC is indicated clearly as the national policy
- Working in the field related to Universal Health Coverage
- Healthy both physically and mentally and able to fully participate in the training workshop for the whole period.
- Sufficient command of spoken and written English
- As this training workshop promotes networking, participants of each country should be from various institutes (note that one institute may have not more than 2 participants)

G. Venue

The training workshop will be conducted annually in August 2015-2017 in Thailand

H. Institution

CapUHC (Capacity Building for Universal Health Coverage)

- Dr. Walaiporn Patcharanarumol, Director of CapUHC walaiporn@ihpp.thaigov.net
- Dr. Warisa Panichkriangkrai, Deputy Director of CapUHC warisa@ihpp.thaigov.net
- Ms. Sarocha Rachawong, Program Coordinator of CapUHC sarocha@ihpp.thaigov.net

CapUHC, International Health Policy Program

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Social media: <http://ihppthaigov.net/capuhc/>; <https://twitter.com/CapUHC> and

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National Health Security Office (NHSO)

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Call Center 1330 (Domestic call)

Email: inter-affairs@nhso.go.th

Website: <http://www.nhso.go.th/eng/>

Schedule of UHC training workshop

Day 1

Time	Content
0900-0915	<ul style="list-style-type: none"> Welcome remarks and briefing objectives of this study visit
0915-1200	A. Overview of UHC - 'what is what' and 'how to?' plus overview of Thai health delivery system and quality of healthcare <ul style="list-style-type: none"> Historical development of Thai UHC including policy formulation, political and social context. How universal health coverage was achieved and designed including implementation, finance and outcome. Design of benefit package for Thai UC Scheme Health Care System Delivery Referral system and gate keepers Quality assurance and monitoring patient's satisfaction
1200-1300	Lunch
1300-1530	B. NHSO organization and NHSO study visit <ul style="list-style-type: none"> Presentation on governing body of NHSO Study tour at NHSO to see the flow of activities – The founder of Thai UC and PHC Father, Data Center and Customer Protection: Call center
1530-1700	Summary and discussion, final questions and answers of the day

Day 2

Time	Content
0900-1200	C. Health financing, effective purchasing and provider payment <ul style="list-style-type: none"> Resource mobilization, pooling and allocation How to design, enforce and monitor contractual agreement by purchaser organization DRG development and implementation: data and technical requirements. Capitation: estimation and application for purchasing primary care services: data and technical requirements Costing of hospital services: a foundation for development of sustainable provider payments Positive and negative experiences from fee-for-services provider payment methods in Thailand, and non-successful reform experiences Performance-related payments for staff
1100-1230	<u>Capitation</u> <ul style="list-style-type: none"> Capitation: design & method, process and the development of Thai capitation. Budgeting for capitation, including payment capitation to the provider health spending, by whom and pay for what and trend?
1230-1330	Lunch
1330-1500	<u>Diagnostic Related Groups (DRGs)</u> <ul style="list-style-type: none"> Overview on Thai DRG Opportunity for developments Medical coding and DRG Costing and calibration of relative weight Programming steps of DRG Auditing of DRG data Discussion
15.00-16.30	<u>Claim processing and the payment</u> <ul style="list-style-type: none"> Outpatient and Inpatient Payment System Reimbursement and claim process
1630-1700	Summary and discussion, final questions and answers of the day

Day 3

Time	Content
0900-1200	D. Information System and Management <ul style="list-style-type: none"> Information Architecture and system Patient registration System using national citizen individual identification system Data sharing - standardization of data elements and data mapping to link data between NHSO and other schemes and the healthcare providers. National data pooling of admission records using electronic transfer (web-based application)

1200-1300	Lunch
1300-1430	E. Quality Assurance <ul style="list-style-type: none"> Context of quality improvement by payers Ensuring standard quality Motivating providers & professionals to improve the quality Activating patient & public demand for quality Investing in quality e.g. prevention & coordination, investment in infrastructure for patient-centered care
1430-1630	F. Audit system <ul style="list-style-type: none"> Account Audit according to criteria Medical Audit according to standard guideline (Clinical Practice Guideline, CPG).
1630-1700	Summary and discussion, final questions and answers of the day

Day 4

Time	Content
0800-1200	G. Study visit at health facilities Visit Provincial Hospital <ul style="list-style-type: none"> Registration and data update for UC patients at CUP Service delivery system: disease prevention, health promotion and curative services, including referral system Flow of fund from national to provincial level and then to CUP Management system: patient record and claiming process
1200-1300	Lunch
1300-1600	Visit a district hospital and Health Centre as one Contracting Unit for Primary Care (CUP) and Community Health Fund <ul style="list-style-type: none"> Registration and data update for UC patients at CUP Service delivery system: disease prevention, health promotion and curative services, including referral system Flow of fund from national to provincial level and then to CUP Payment within CUP and the province Management system: patient record and claiming process Community Health Fund management and its activities
1600-1800	Summary and discussion, questions and answers of the field visit Travel back to BKK

Day 5

Time	Content
0900-1200	H. Monitoring and evaluating the outcome of UHC <ul style="list-style-type: none"> Equity in utilization, financial risk protection against catastrophic health expenditure and impoverishment across rich and poor groups, equity in budget subsidies (benefit incidence analysis) Household level data platform such as national representative household surveys by NHSO e.g. SES, HWS, MICS, which facilitate regular monitoring of impact at household levels. Administrative data platform for regular monitoring of clinical outcomes and practice variations such as national IP dataset Feedback loop from M&E results for policy fine tuning and reorientation What lessons learned and how they could be replicated in your country
1200-1300	Lunch
1300-1700	<ul style="list-style-type: none"> Wrap up: debriefing by participants and Thai speakers The way forward on UHC movement: working group in each countries to discuss and brain storm on the way forward and plan for the next mission in their countries Final questions and answers Conclusions and closing remarks

Fellowship Arrangements

1. Application Procedures

1.1 Applicants interested in participating in the course must be nominated by their government and must submit three (3) completed nomination forms to the Royal Thai Embassy or Consulate in their respective countries before the closing date of application.

1.2 Each country is pleased to nominate two (2) suitable candidates for the course. However, nomination may be limited to one (1X candidate from each country due to limited seat of each program.

1.3 The Royal Thai Government will inform the nominating government (or relevant authority) whether or not nominee(s) have been accepted for the course, normally four weeks (a month) before the course starts.

1.4 Further information about training courses held under AITC can be obtained from TICA's website: <http://www.tica.thaigov.net/main/>

2. Allowances and Expenses

The Royal Thai Government will be responsible for the following allowances and expenses:

2.1 An economy class electronic ticket (e-ticket) will be issued to each participant via email. Each of the participants is not allowed to change the flights route and schedules.

Participants should not buy air tickets by themselves and should be advised that if they do so, the cost cannot be reimbursed from the Royal Thai Government. The Royal Thai Government will also arrange the domestic flight in Thailand for participants.

2.2 Each participant will receive a living allowance of 500 baht per day to cover meals, local transportation and other personal daily expenses. Accommodation will be arranged by the Royal Thai Government and all participants will stay at the same place. It is suggested that each participant should bring some pocket money approximately US\$ 100 to cover the expenses before the allowance is paid.

2.3 Minor medical treatment will be provided for participants who become ill during their stay in Thailand.

2.4 The Royal Thai Government will provide transportation for the authorized field trips undertaken as part of the course.

3. Regulations

Participants are required to observe the following regulations:

3.1 Participants must only stay at the places designated by the Royal Thai Government.

3.2 Participants must strictly attend classes as scheduled and should not change their training subjects.

3.3 Participants must not extend the training period.

3.4 Participants must not bring any family members with them to Thailand.

3.5 Participants must return to their home countries after the course completion (at the date as scheduled by the Royal Thai Government).

3.6 Participants are required to fly only on the route designated by the Royal Thai Government and must not make any alterations. Please also be informed that the maximum allowable baggage that can be loaded on flights is 20 kilograms. Participants will be responsible for any cost incurred in exceeding this limit.

3.7 Participants must observe the rules and regulations of training institute(s).

3.8 Participants must refrain from engaging in political activities, or any form of employment for profit or gain.

4. Visa Procedures

Prior to departure from their home country to Thailand, all participants must first obtain Non-Immigrant Visa "F" from the Royal Thai Embassy or Consular representative in their countries. Presentation of the acceptance letter is required when applying for VISA. A maximum of 80 US\$ visa fee must be paid by a participant to the Royal Thai Embassy or Consular representative. Participants must request for the original receipt which could be later on reimbursed from the Royal Thai Government upon presenting the original receipt (reimbursable not exceed Baht 2,000 or approximately US\$ 65).

Information and Contacts:

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Thai Embassy and Consulates:

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