The Partnership Project for Global Health and Universal Health Coverage

GLO+UHC

A new level of partnership between Thailand and Japan for moving the world towards UHC

MINISTRY OF PUBLIC HEALTH

NHSO
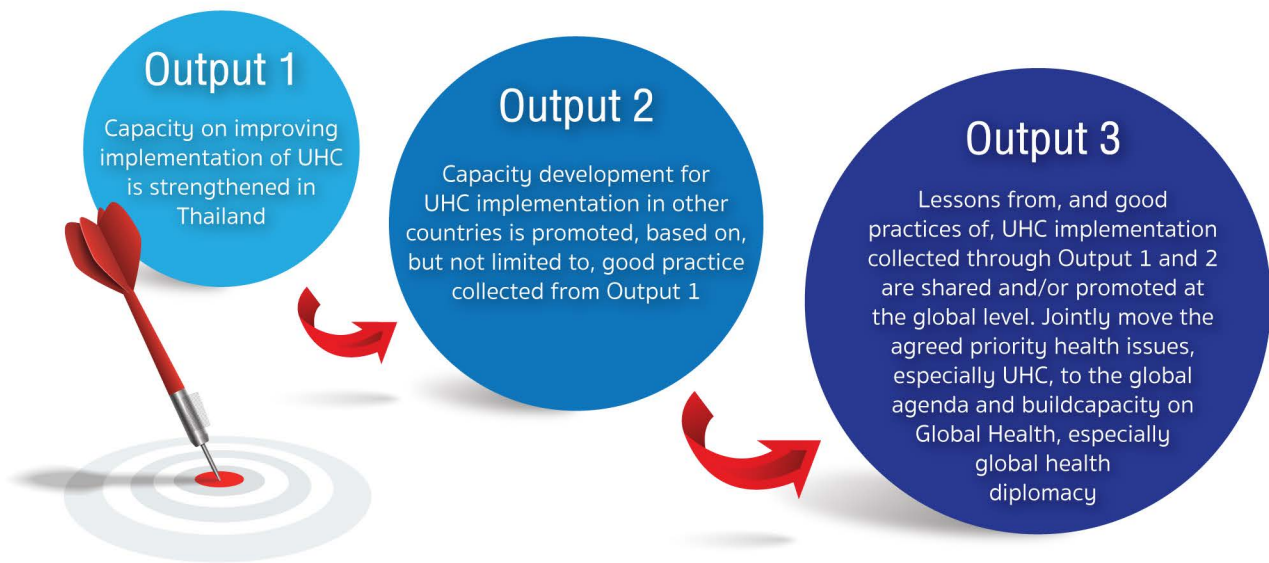National Health Security Office

JiCA

Overall Goal

Access to health services and financial risk protection are improved in Thailand and participating countries.

Project Purpose

Implementation of UHC in Thailand and participating countries is improved.

Output 1

Capacity on improving implementation of UHC is strengthened in Thailand

Output 2

Capacity development for UHC implementation in other countries is promoted, based on, but not limited to, good practice collected from Output 1

Output 3

Lessons from, and good practices of, UHC implementation collected through Output 1 and 2 are shared and/or promoted at the global level. Jointly move the agreed priority health issues, especially UHC, to the global agenda and buildcapacity on Global Health, especially global health diplomacy

In January 2016 Thailand's Ministry of Public Health (MOPH) and National Health Security Office (NHSO) together with the Japan International Cooperation Agency (JICA) launched 'the Partnership Project for Global Health and Universal Health Coverage' or 'GLO+UHC'. The project aimed to promote and support global health and universal health coverage in ASEAN countries and beyond.
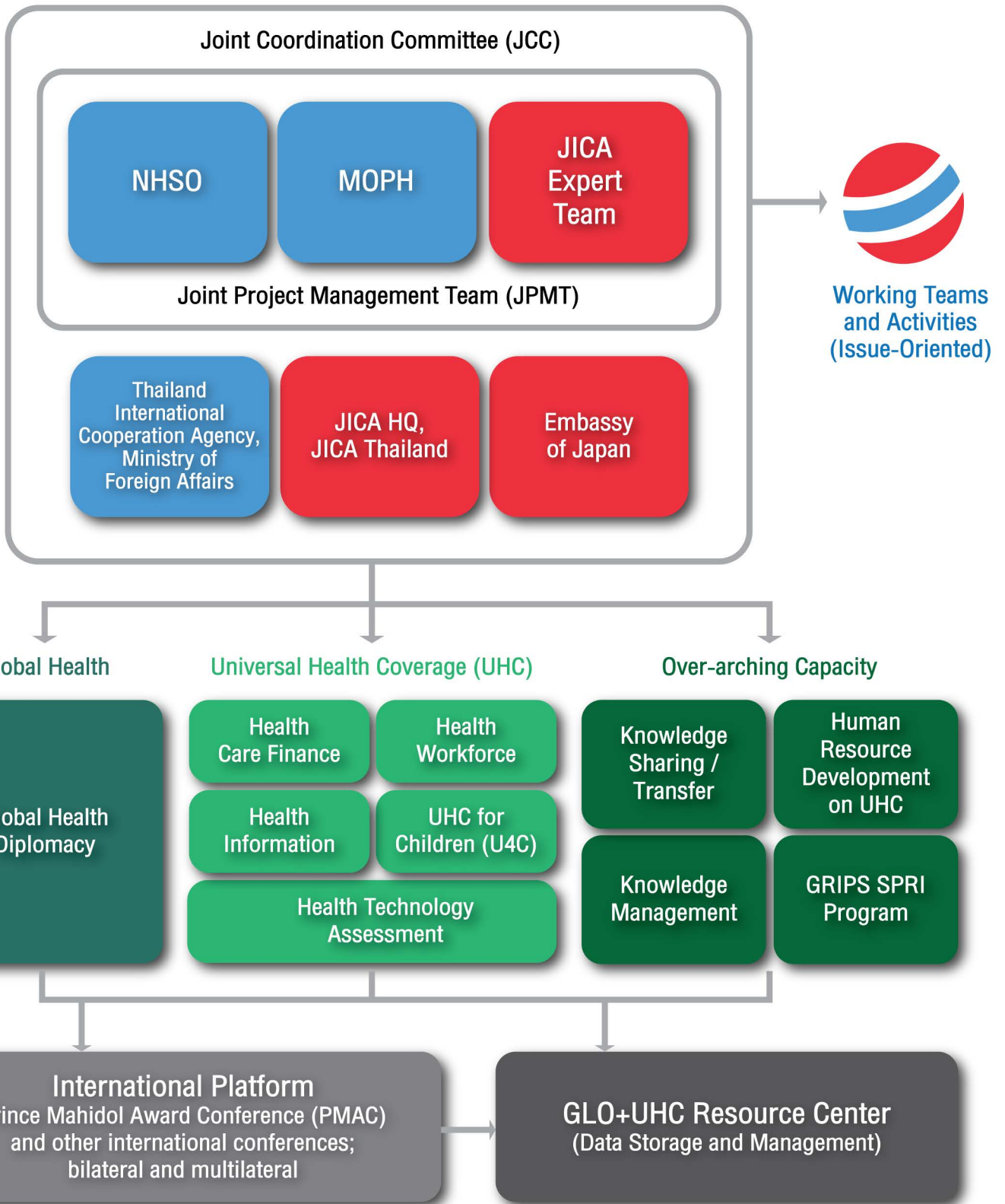
Japan and Thailand achieved universal health coverage (UHC) in 1961 and 2002, respectively, providing nearly the entire population of each country with access to health services, regardless of income status. Japan and Thailand gained a global reputation for successfully achieving and sustaining UHC for many decades. The two countries had worked extensively on global health issues, both at regional and international levels. They had used their wealth of experience in various issues such as provider payment mechanisms, strategic purchasing, and governance of purchasing for the benefit of many developing countries desiring to move toward UHC. At the same time, the two countries were focusing on various sustainability challenges posed by demographic and epidemiological transitions.

The governments of Thailand and Japan thus started this partnership cooperation with the following three aims: 1) To improve Thailand's UHC operation; 2) To provide technical support to ASEAN and other countries in Asia and Africa towards achieving UHC; 3) To promote UHC at the global level.

The GLO+UHC Project symbolized a new level of south-south collaboration and networking which was striving towards strengthening UHC implementation around the world.

Core Structure

Thai-side 🇹🇭 🇯🇵 Japan-side

Joint Coordination Committee (JCC)

Joint Project Management Team (JPMT)

NHSO	MOPH	JICA Expert Team

Thailand International Cooperation Agency, Ministry of Foreign Affairs	JICA HQ, JICA Thailand	Embassy of Japan

Working Teams and Activities (Issue-Oriented)

Global Health

Global Health Diplomacy

Universal Health Coverage (UHC)

Health Care Finance	Health Workforce
Health Information	UHC for Children (U4C)

Health Technology Assessment

Over-arching Capacity

Knowledge Sharing / Transfer	Human Resource Development on UHC
Knowledge Management	GRIPS SPRI Program

International Platform
Prince Mahidol Award Conference (PMAC) and other international conferences; bilateral and multilateral

GLO+UHC Resource Center
(Data Storage and Management)

Main Activities

Workshops / Lectures in Thailand

The Project organized or supported more than 30 capacity-building programs on prioritized issues for improving implementation of UHC in Thailand based on a situation analysis. 31 Japanese experts in various health fields, including health economy, health data science, and health professional education, were engaged.

Educational Activities to Other Countries

A variety of knowledge-sharing and capacity-development activities were offered to Asian and African countries, which are striving for UHC, by accepting their study visits and sending Thai and Japanese lecturers to the countries upon request. The Project also co-hosted international training courses such as Thai Universal Health Coverage in Action and Global Health Diplomacy Workshop.

Study Visit to Japan

The Project organized or supported around 20 short-term thematic training courses in Japan. In total, around 130 Thai officials and relevant delegates joined the capacity-building programs to learn more about Japan's successful UHC system. The Project also offered 2 NHSO officers to study about UHC system in Japanese universities.

Policy Recommendations

After a series of capacity-building programs, Thai participants of each subgroup summarized the results and made practical policy recommendations to policymakers.

International Conferences

By utilizing the Prince Mahidol Award Conference (PMAC) and other international platforms, lessons learned and good practices of UHC implementation in Thailand and Japan were shared with other developing countries at the global level.

Achievements

Output 1
- Through a wide range of activities, the capacity of Thai relevant parties on improving the implementation of UHC, especially on health care finance, health information systems, health workforce, health technology assessment, and UHC for children and mothers, was strengthened.
- Notably, , as application of learnings to improve the UHC practice in Thailand, some mechanisms or infrastructure were established and strengthened during the four years of the Project period For example, a fee schedule committee in Bangkok modeled on Japan's Central Social Insurance Medical Council called "Chuikyo", and hardware and software for Big Data architecture.

Output 2
- Through many educational activities, the long experience in the design and implementation of UHC from Thailand and Japan in various fields were shared with other developing countries who are striving for UHC.
- The project built a network with the countries as a basis for further collaboration.

Output 3
- By not only direct contribution by the Project activities, but indirect or spill-over effects (e.g. Thailand-Japan collaboration at a high-level meeting on UHC and on drafting a political declaration and south-south technical collaboration in essential areas of UHC), the presence of Thailand and Japan in the global health arena was enhanced.

Health Care Finance: Fee Schedule

Background

Out of Thailand's three public health insurance schemes, the Universal Coverage Scheme (UCS) is the biggest, covering around 75% of the Thai population. The UCS adopts closed-end provider payment methods, which differs for outpatients and inpatients; a capitation basis budget for outpatients and a global budget based on the Diagnosis-Related Group (DRG) system for inpatients. However, the service for outpatients transferred to secondary and tertiary care is costly and now adopts a fee-for-service system. This service needs an "open-ended budget" by the fund manager of NHSO. To avoid under-provision of services and to improve the effectiveness of the payment system, NHSO Bangkok region was selected as a model to apply Japan's payment system based on the fee schedule to the Thai context.
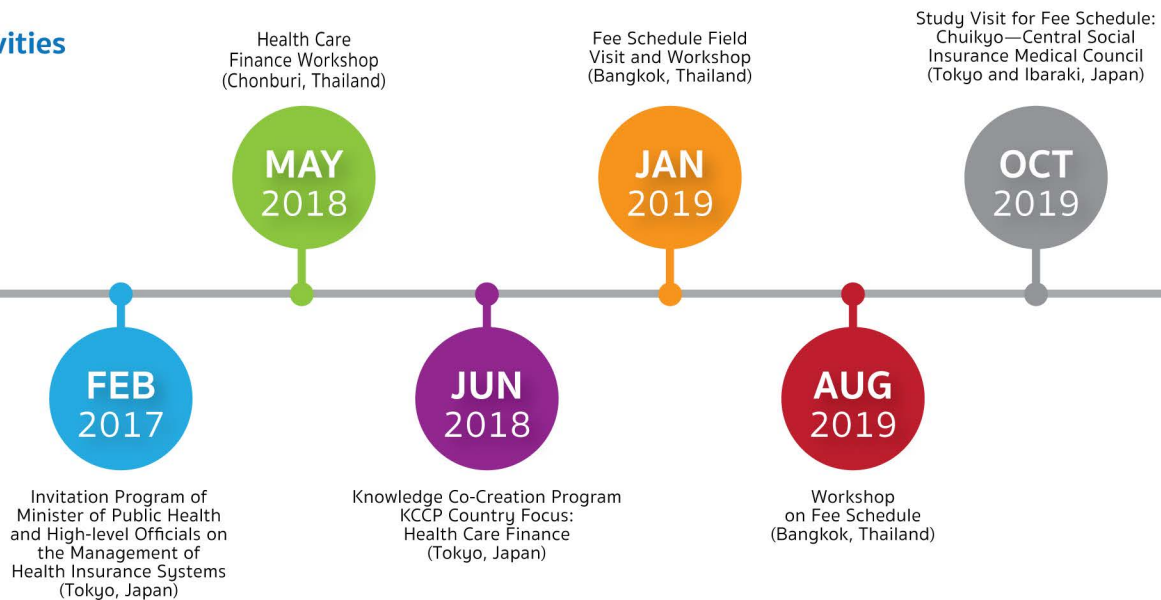
Objectives

- To understand Japan's in-depth fee schedule system and apply the practical knowledge gained to the NHSO Bangkok region
- To share the above experience and knowledge at the global level

Remarkable Outcomes

- The fee schedule committee in Bangkok Region modeled on Japan's Central Social Insurance Medical Council (Chuikyo) was established in January 2019. The committee has the following characteristics:
    - It consists of civil society, academics, insurers, and health providers
    - It has meetings every two months
    - It aims to increase the item list of the fee schedule to 100% and include high-volume, high-cost items (e.g. MRI, CT scan)
- The coverage of items covered by the fee schedule was increased from 30% to 50% based on technical advice given by Japanese experts.

Main Activities

Health Care Finance Workshop (Chonburi, Thailand) — MAY 2018

Fee Schedule Field Visit and Workshop (Bangkok, Thailand) — JAN 2019

Study Visit for Fee Schedule: Chuikyo—Central Social Insurance Medical Council (Tokyo and Ibaraki, Japan) — OCT 2019

Invitation Program of Minister of Public Health and High-level Officials on the Management of Health Insurance Systems (Tokyo, Japan) — FEB 2017

Knowledge Co-Creation Program KCCP Country Focus: Health Care Finance (Tokyo, Japan) — JUN 2018

Workshop on Fee Schedule (Bangkok, Thailand) — AUG 2019

Health Information: Data Platform

Background

The NHSO, as the funder of the UCS, routinely collects information of the users and providers of all kinds of health services, namely, prevention and health promotion, outpatient, and inpatient services under UCS through the operation. The information also consists of subscribers' demographic data and health status, including underlying diseases. Information and Communication Technology (ICT) has played an important role in the NHSO's management of these data sets. In the current digital era, there is a growing need for the use of state-of-the-art ICT such as "Big Data" in health areas to generate evidence to develop policies for achieving better UHC, particularly in improving the health system performance with more efficient and effective resource mobilization. Therefore, building a database platform is fundamental for the systematic analyses of the NHSO's big data.
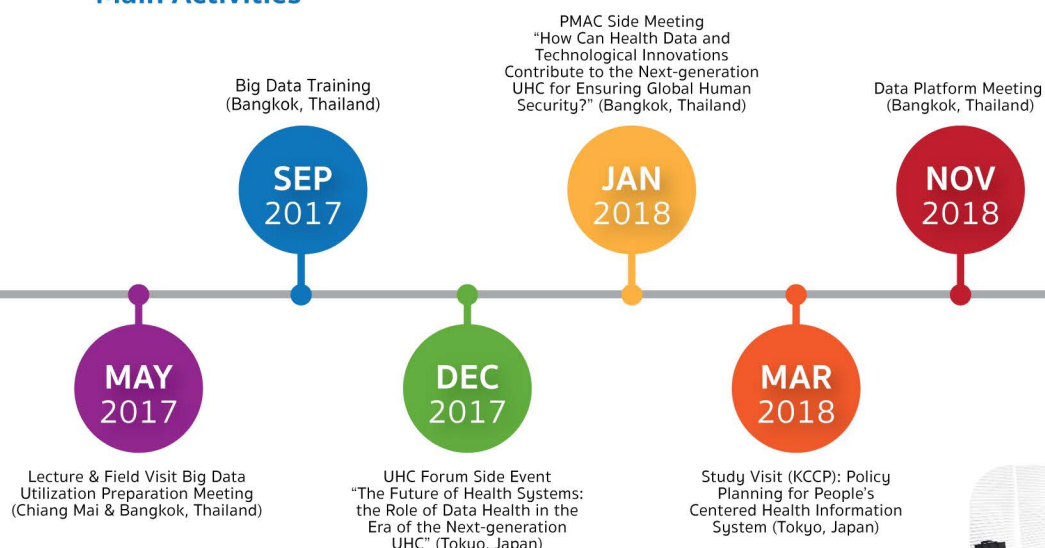
Objectives

Through learning Japan's policy and experience on the use of ICT for the next-generation health care system;
- To develop a plan of action for people-centered health information system
- To establish hardware and software architecture and its legislation
- To integrate all the health information of each person—starting from the aggregation of all data sets managed by the NHSO and then from other relevant entities—as the Individual Health Profile (IHP)

Remarkable Outcomes

- IT Digital Master Plan 2017-2021 with six strategies, including Big Data, was established.
- Hardware and software for setting up Big Data architecture were established.
- Some data services have already started.
  - A pilot data service for diabetes mellitus and hypertension (DM-HT) health data for health providers and researchers
  - Publicly available "Open data" provided in an aggregate form
  - A virtual lab which facilitates remote access to data (in preparation)
- Data privacy law will be enforced in 2020.

Main Activities

Big Data Training
(Bangkok, Thailand)

SEP 2017

PMAC Side Meeting
"How Can Health Data and Technological Innovations Contribute to the Next-generation UHC for Ensuring Global Human Security?" (Bangkok, Thailand)

JAN 2018

Data Platform Meeting
(Bangkok, Thailand)

NOV 2018

MAY 2017

Lecture & Field Visit Big Data Utilization Preparation Meeting (Chiang Mai & Bangkok, Thailand)

DEC 2017

UHC Forum Side Event "The Future of Health Systems: the Role of Data Health in the Era of the Next-generation UHC" (Tokyo, Japan)

MAR 2018

Study Visit (KCCP): Policy Planning for People's Centered Health Information System (Tokyo, Japan)

Human Resource for Health: Health Professional Education

Background

Strengthening the health workforce is a common critical challenge around the world. The 66th World Health Assembly in 2013, in an ad hoc exercise led by Thailand, adopted a resolution WHA66.23 on transforming health professional education (HPE) in support of UHC, which aims to increase not only quantity but also quality and relevance of health professionals. Subsequently, Thailand established an Annual National Health Professional Education Reform Forum (ANHPERF) in 2014. One of the key strategies in HPE is inter-professional education (IPE), which refers to collaborative learning involved with educators and students from two or more health professions to develop interprofessional team behaviors and competence for providing patient-centered care.*
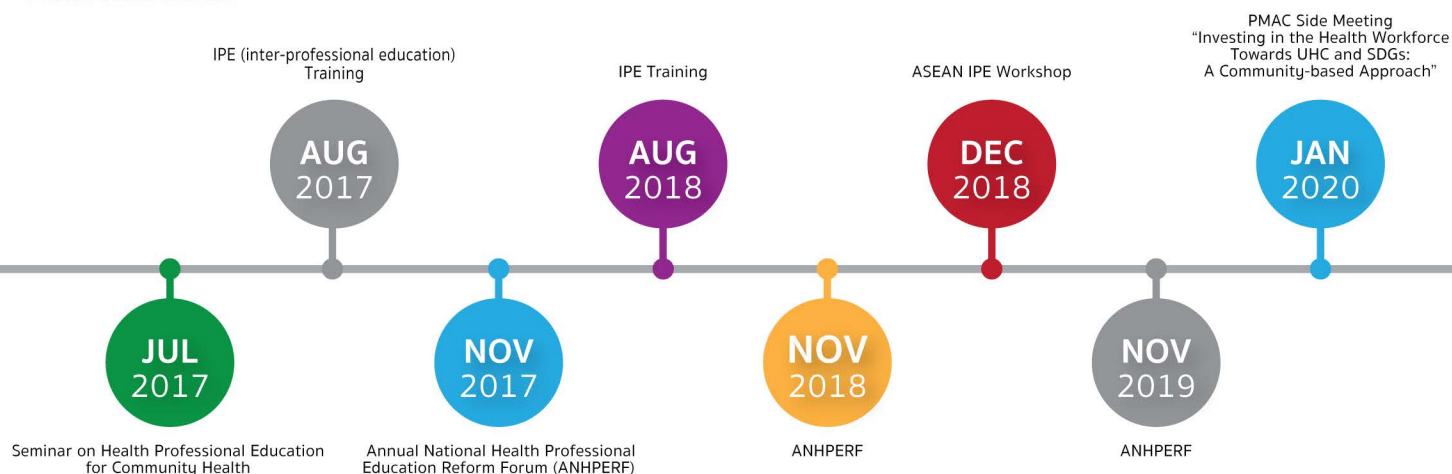
Objectives

• To further promote IPE in Thailand utilizing Japan's know-how
• To share the experience and knowledge with ASEAN countries

Remarkable Outcomes

• IPE toolkits obtained from Gunma University were utilized in a workshop for training IPE champions/leaders.
• The toolkits were also incorporated into a revised IPE guideline for all the professions named "Interprofessional Education", which is available in Thai and English.
• Thailand takes a leading role in IPE in the ASEAN region. The experience and knowledge were shared with other ASEAN countries through a workshop in Japan, ANHPERFs, and ASEAN IPE workshops with financial backing from JICA.
• The Project invited two medical students from Myanmar and Vietnam who attended an IPE research forum in Brunei to actively participate at ANHPERF in 2019. This became an initiative to engage the young generation to get involved for further momentum.

Main Activities

Timeline:

- **JUL 2017** — Seminar on Health Professional Education for Community Health
- **AUG 2017** — IPE (inter-professional education) Training
- **NOV 2017** — Annual National Health Professional Education Reform Forum (ANHPERF)
- **AUG 2018** — IPE Training
- **NOV 2018** — ANHPERF
- **DEC 2018** — ASEAN IPE Workshop
- **NOV 2019** — ANHPERF
- **JAN 2020** — PMAC Side Meeting "Investing in the Health Workforce Towards UHC and SDGs: A Community-based Approach"

IPE Training Course 2018

*Buring SM, Bhushan A, Broeseker A, et al. Interprofessional education: definitions, student competencies, and guidelines for implementation. Am J Pharm Educ. 2009; 73(4):59.

UHC for Children and Mother (U4C)

Background

Maternal and Child Health (MCH) has been one of the most prioritized issues in Thai public health. Successful improvements to MCH have been seen in many indicators such as low child mortality rate, low maternal mortality ratio, high government health expenditure, and low dependency on external financial resources. For further promotion of MCH, it is vital to take a "Diagonal approach", which integrates a vertical approach, for example, maternal and child health handbook, vaccination, early childhood education and care (ECEC), which is about 'WHAT' is to be provided, and a horizontal approach, for example, UHC, health system strengthening, service delivery, financial protection, and community empowerment, which is about 'HOW' they are provided. Notably, UHC in Thailand has contributed to a fairly equitable distribution of MCH services.* This can be a successful role model among other ASEAN countries to achieve the third goal of SDGs: "Ensure healthy lives and promote well-being for all at all ages."
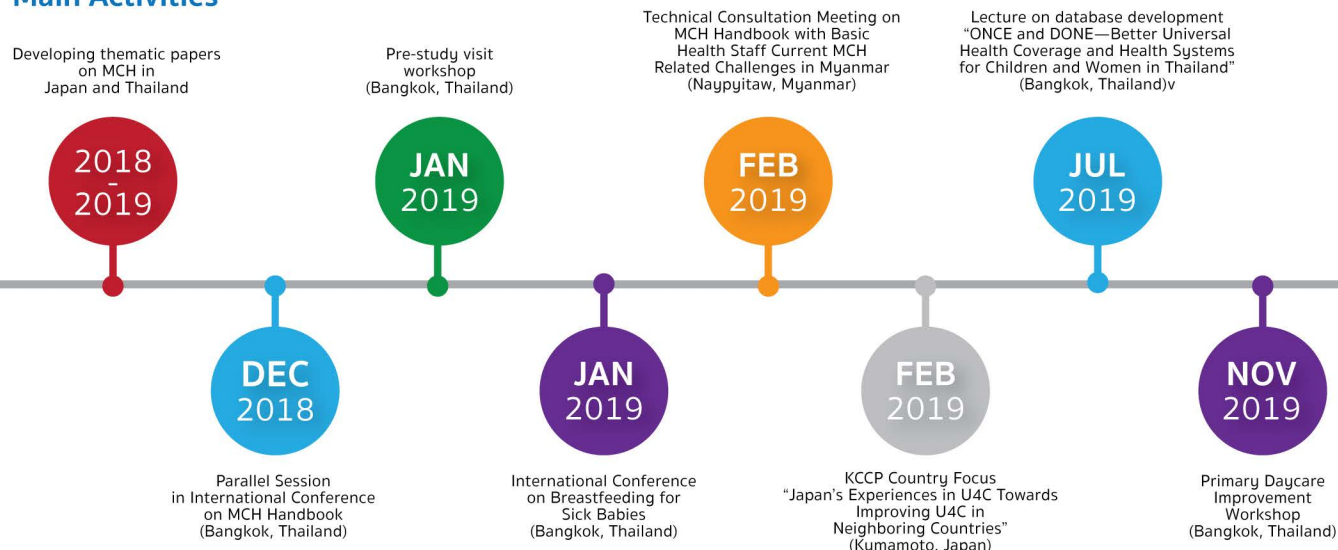
Objectives

• To create "Thailand-Japan success model for MCH via achievement of UHC" which compiles a series of health policies for MCH
• To disseminate it in the ASEAN region to promote MCH and facilitate the attainment of SDGs

Remarkable Outcomes

• The project encouraged U4C as an important movement in Thailand, not in a disease-oriented way, but in a systematic approach. The project gathered various stakeholders to work together in close collaboration.
• Notable MCH topics of Thailand and Japan were collected and issued as "thematic papers." Lessons learned from Thailand and Japan on MCH has been shared and disseminated to other countries.

Main Activities

Developing thematic papers on MCH in Japan and Thailand

2018 – 2019

Pre-study visit workshop (Bangkok, Thailand)

JAN 2019

Technical Consultation Meeting on MCH Handbook with Basic Health Staff Current MCH Related Challenges in Myanmar (Naypyitaw, Myanmar)

FEB 2019

Lecture on database development "ONCE and DONE—Better Universal Health Coverage and Health Systems for Children and Women in Thailand" (Bangkok, Thailand)v

JUL 2019

DEC 2018

Parallel Session in International Conference on MCH Handbook (Bangkok, Thailand)

JAN 2019

International Conference on Breastfeeding for Sick Babies (Bangkok, Thailand)

FEB 2019

KCCP Country Focus "Japan's Experiences in U4C Towards Improving U4C in Neighboring Countries" (Kumamoto, Japan)

NOV 2019

Primary Daycare Improvement Workshop (Bangkok, Thailand)

*Limwattananon S, Tangcharoensathien V, Prakongsai P. Equity in maternal and child health in Thailand. Bull World Health Organ. 2010;88(6):420-427.

Knowledge Sharing / Tranfer: Customer Service

Background

The NHSO has established a 24/7 central call center at its headquarters to receive all inquiries related to medical facilities and services for all Thai citizens, regardless of the type of their medical insurance. Whereas a medical facility enables people to obtain medical services subject to the type of their medical insurance and their health condition, the call center can inform people about the health facility they can consult. If a patient needs to access an inpatient service in a hospital under the UCS, the call center can coordinate with other hospitals to facilitate the patient's admission. The call center also receives comments and complaints from the general public about the medical services they experienced and forwards the complaints to a relevant section.

The functions of the call center are essential to protect the beneficiary's rights, to monitor the quality of service, to reduce conflicts between beneficiaries and providers, and to ensure access to quality health services as defined by the National Health Security Act. The NHSO aims to improve the quality of response activities, including the phone operator's communication skills, problem-finding skills, and service improvement action at the health facility level.

Objectives

- To learn consumer protection policy in health service
- To observe and learn complaint management skills and system in public and private sector;
  - System for accepting and processing complaints
  - Management and training of phone operators
  - Participation of civil sector in use of health insurance

Main Activity

Study tour "For Better Customer Satisfaction Management" at Kobe, Osaka, and Kyoto, Japan (16-22 February 2020)

Remarkable Outcomes

A summarized report (in Thai and English) was produced including several ideas of actions. Although some actions still need more discussion with other stakeholders, the items listed below are already in the process of being implemented.
- Medical safety support centers at local level (2021-).
  - Set up a support center (not a call center), providing face-to-face consultations at 260 model sites (20 municipalities × 13 regions)
  - Based on the recognition of i) the importance of decentralization; easy and effective way to connect to people, and ii) need for capacity building at the local government level
- Training of new operators in addition to the current on-the-job training.
  - On deep listening, consumer right protection, and other areas.
- Work environment improvement project named "Happy Work Place."
  - Starts from intervention to prevent office syndrome

Background

Under the National Health Security Act of Thailand (2002), the Standard and Quality Control Board was established. The board members consist of various kinds of stakeholders to encourage stakeholder's participation in health policy. The board has the power and duties to control the quality and standard of service units and networks of service units, to ensure the quality and standard of a wide range of healthcare services nationwide. Thailand currently promotes decentralization. Local governments have been working to provide better healthcare services by collecting resident opinions. An important challenge is to improve and standardize the quality of healthcare services nationwide and reduce regional differences through the activities of the board. Thus, strengthening the role and capacity of the board is highly required.

Objectives

• To learn about multi-sector coordination and collaboration for community health systems and services in Japan
• To collect the outcomes from this study visit in order to improve access to health care and health-care services in Thailand's national health security system, especially in parts that are run by the Quality Control Board and the Standard and Quality Control subcommittee

Main Activity

Study Visit "Multisectoral Coordination and Collaboration for Community Health's Project" at Saku, Nagano, Japan (1-7 December 2019)

Remarkable Outcomes

A policy proposal regarding the following six areas to the Quality Control Board was submitted and approved by the committee in January 2020. All of the proposed items are in in the process of being implemented in 2020.
<Policy proposal: to improve healthcare access and healthcare services in Thailand>
  • Primary care system   • Long-term care for the elderly
  • Health promotion and prevention   • Information management system
  • Public health decentralization

Background

The Executive Development Center for Global Leadership and the National Graduate Institute for Policy Studies (GRIPS), in conjunction with the JICA, established the Strategic Policy Research and Innovation Program (SPRI Program). The SPRI Program seeks to engage public officials from ASEAN countries in policy research. It provides them with opportunities to collaborate with Japanese experts on pertinent issues in their countries. Having achieved UHC in 2002, Thailand is striving to strengthen its UHC policy in the face of an underperforming economy, differences in payment mechanisms among the major schemes, rapid population aging, and inconsistent service quality. Given the global UHC movement, building the capacity of a public health official in policy research via the SPRI program was crucial.

Objectives

• To identify the main challenges to strengthening the UHC
• To identify possible options for the identified challenges
• To develop a policy brief of policy recommendations

Main Activity

An NHSO official participated in the SPRI Program at GRIPS (two-week visits; five visits; 2017-2019)

Remarkable Outcomes

• A paper entitled "Universal Health Coverage and Primary Care, Thailand" was published in the Bulletin of the World Health Organization to demonstrate a crucial linkage between a robust primary care and UHC strengthening.*
• The paper was distributed to the fellow's networks of Thai and international colleagues.

Universal health coverage and primary care, Thailand

Kanitsorn Sumriddetchkajorn,[a] Kenji Shimazaki,[b] Taichi Ono,[b] Tesshu Kusaba,[c] Kotaro Sato[c] & Naoyuki Kobayashi[d]

Abstract Thailand's policy on universal health coverage (UHC) has made good progress since its inception in 2002. Every Thai citizen is now entitled to essential preventive, curative and palliative health services at all life stages. Like its counterparts elsewhere, however, the policy faces challenges. A predominantly tax-financed system in a nation with a high proportion of people living in poverty will always strive to contain rising costs. Disparities exist among the different health insurance schemes that provide coverage for Thai citizens. National health expenditure is heavily borne by the government, primarily to reduce financial barriers to access for the poor. The population is ageing and the disease profiles of the population are changing alongside the modernization of Thai people's lifestyles. Thailand is now aiming to enhance and sustain its UHC policy. We examine the merits of different policy options and aim to identify the most promising and feasible way to enhance and sustain UHC. We argue that developing the existing primary care system in Thailand has the greatest potential to provide more self-sustaining, efficient, equitable and effective UHC. Primary care needs to move from its traditional role of providing basic disease-based care, to being the first point of contact in an integrated, coordinated, community-oriented and person-focused care system, for which the national health budget should be prioritized.

Abstracts in عربي, 中文, Français, Русский and Español at the end of each article.

* Sumriddetchkajorn, K., Shimazaki, K., Ono, T., Kusaba, T., Sato, K., & Kobayashi, N. (2019). Universal health coverage and primary care, Thailand. Bulletin of the World Health Organization, 97(6), 415.

Conclusion

The GLO+UHC Project has covered wide areas of implementing UHC in Thailand, Japan, and participating countries, for example, Health Care Finance, Health Workforce, Health Information, UHC for Children, knowledge sharing/transfer /management, etc. Among the three project outputs, Output 1 (Capacity development for improving the implementation of UHC in Thailand), and Output 3 (Sharing of lessons learned and good practices of UHC implementation at the global level) were performing well with tangible outcomes based on the cooperation of Japan and Thailand. Some of the outcomes were successfully linked with policy implementation and better management of UHC in Thailand. The Project provided many occasions to highlight the importance of UHC on a global stage.

Regarding Output 2 (Capacity development for UHC implementation in other countries), the Project built a network with other countries through each activity. The network served as a basis for further collaboration. We hope that the next phase of GLO+UHC will focus more on Output 2 by utilizing the existing framework of international collaboration.

Through continuous knowledge and experience sharing between Thailand and Japan, both countries can expect co-creation for further UHC implementation. Both Japanese and Thai governments will maintain their policies to support the capacity development of other countries for the implementation of UHC with the partnership of the two countries.

Resource Centers

• UCS Resource Center at the National Health Security Office:
  🌐 eng.nhso.go.th/view/1/Home/EN-US
• UHC and Global Health Resource Center at the International Health Policy Program:
  🌐 www.ihppthaigov.net

The Partnership Project for Global Health and Universal Health Coverage (GLO+UHC)
✉ National Health Security Office, The Government Complex, Building B
120 Moo 3, Chaengwattana Rd., Lak Si District, Bangkok 10210 Thailand
🌐 www.jica.go.jp/project/english/thailand/021/index.html
f www.facebook.com/jica.glo.uhc.thailand

GLO + UHC

June 2020