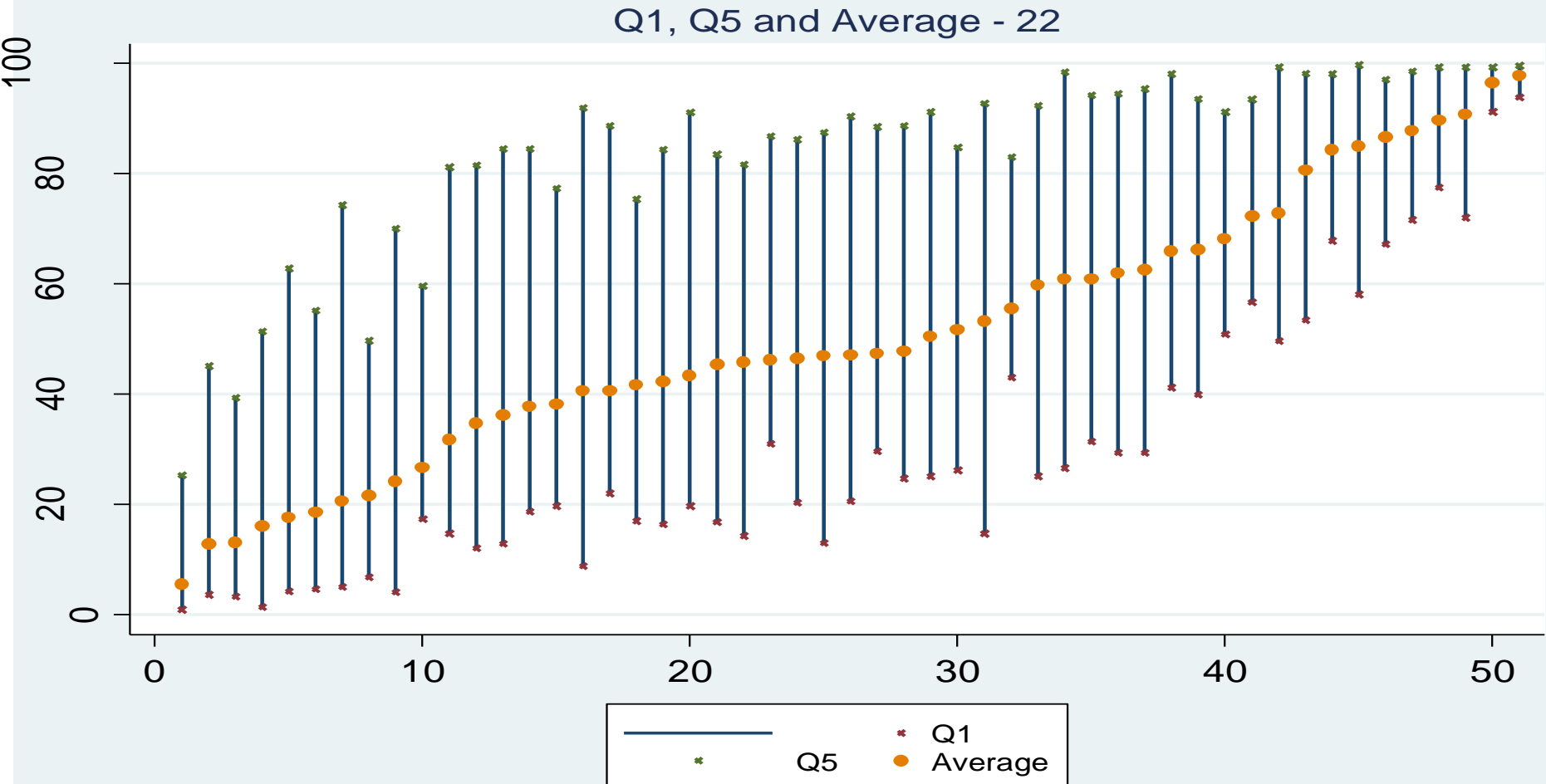


Improving service delivery: key platform for successful UHC

Viroj Tangcharoensathien
IHPP-Thailand

CAP UHC workshop
25 November 2013
Narai Hotel, Bangkok

Key messages 1: The higher coverage of skill birth attendance, the smaller rich-poor gap



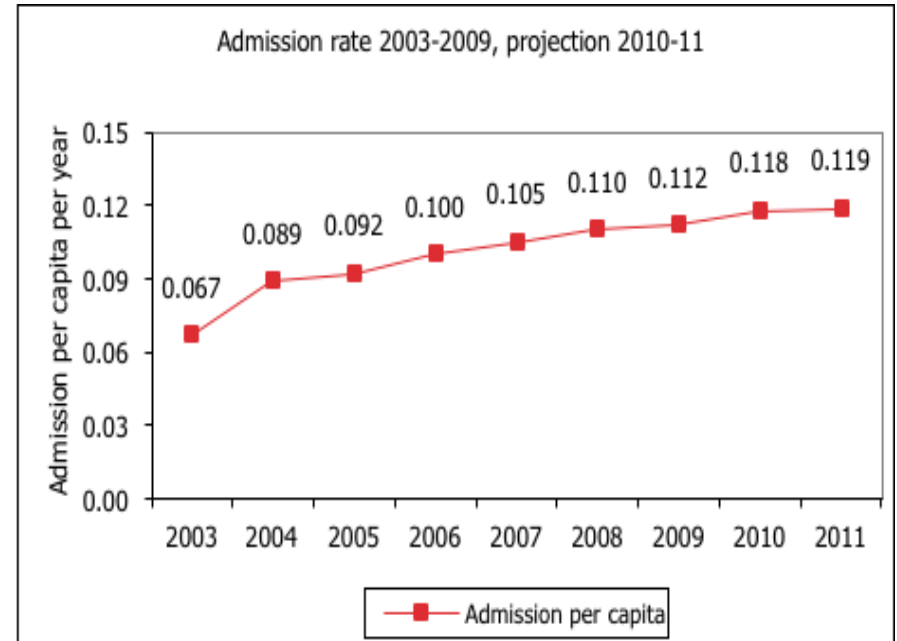
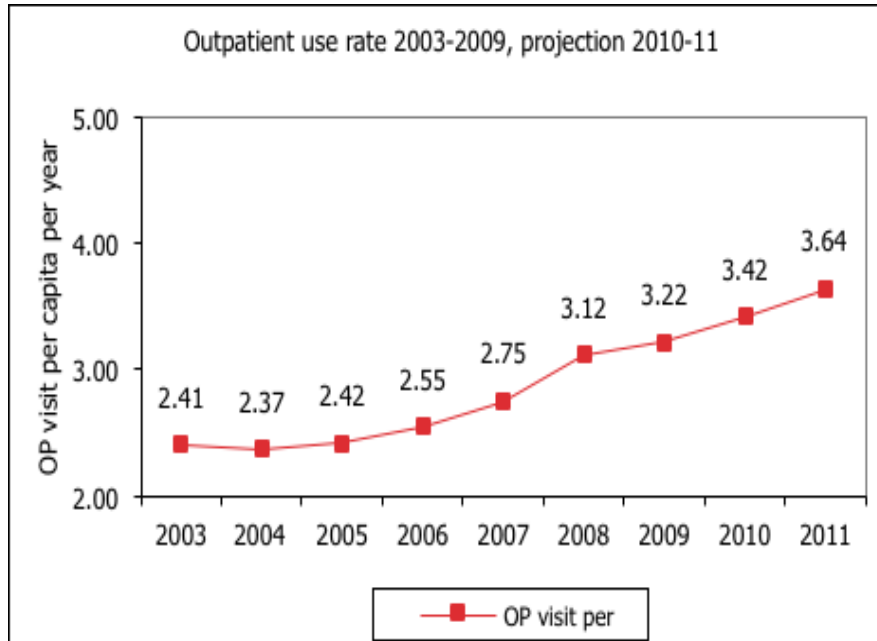
Source: Latest available DHS for each country (excl. CIS countries)

Key messages 2: health systems matters

- Main outcome of Thai UCS:
 - Improved equity in health financing;
 - Equitable utilization and pro-poor benefit incidence;
 - Reduced catastrophic health spending and protected health impoverishment;
- Contributing factors:
 - Progressive tax-based financing healthcare;
 - Extensive geographical coverage of health services;
 - Comprehensive benefit package, free at point of services;
 - Effective strategic purchasing;
 - Embraced by evidence-based policy formulation;

Empirical evidences

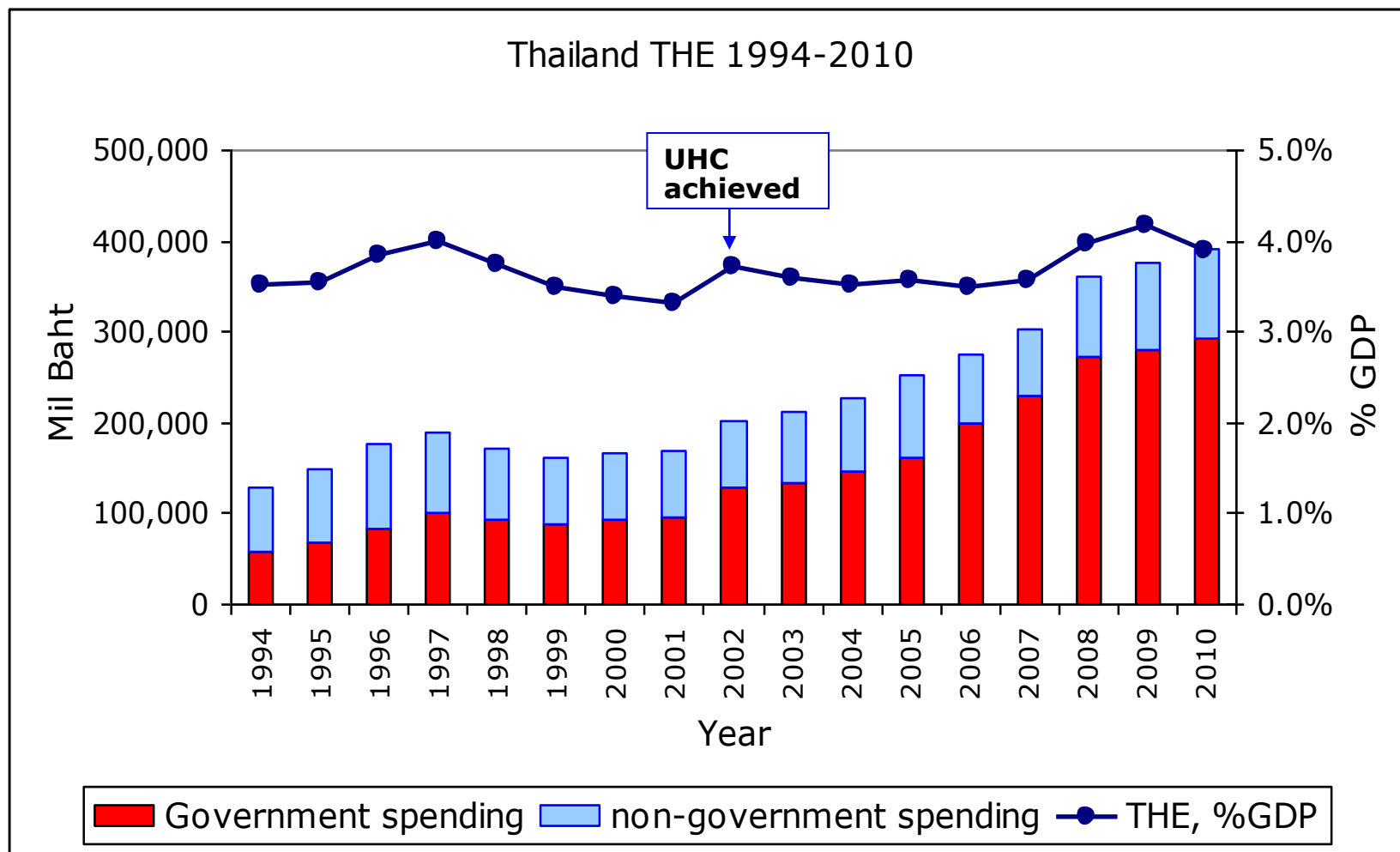
Increased utilization, low unmet needs



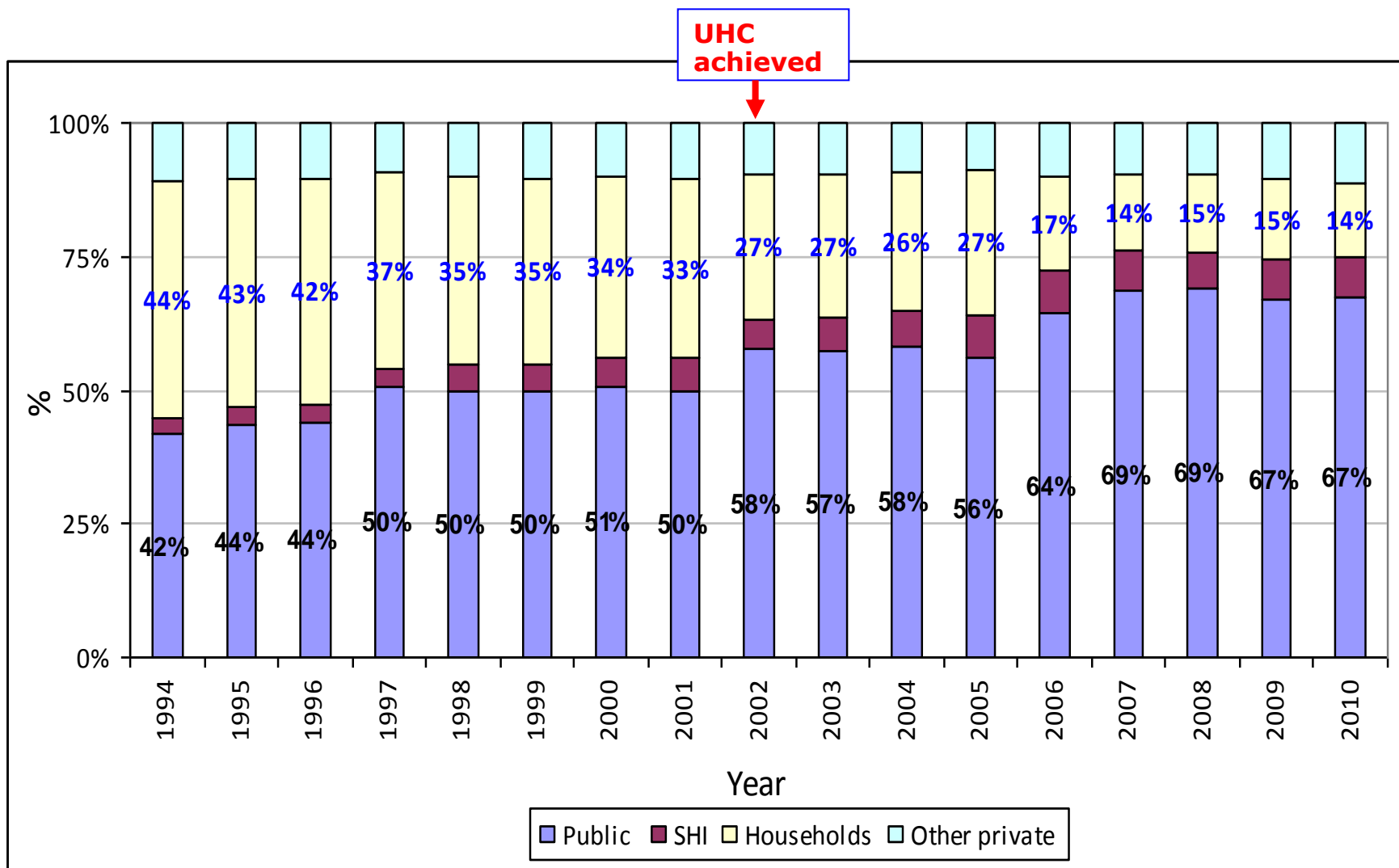
Prevalence of unmet need	OP	IP
National average	1.44%	0.4%
CSMBS	0.8%	0.26%
SSS	0.98%	0.2%
UCS	1.61%	0.45%

Source: BMC Public Health 2012; 12: 923

Total health expenditure, NHA1994-2010

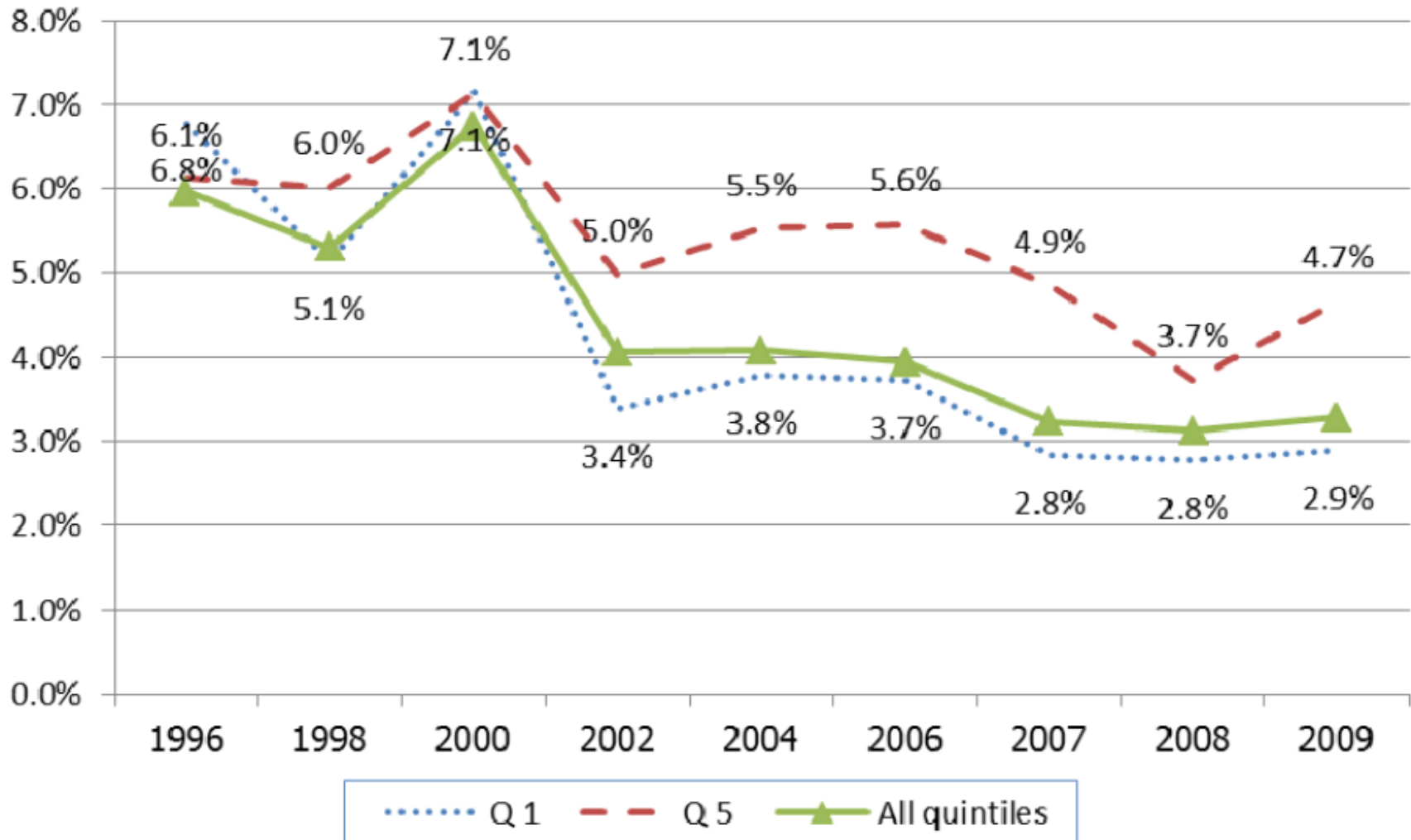


Source of finance 1994-2010



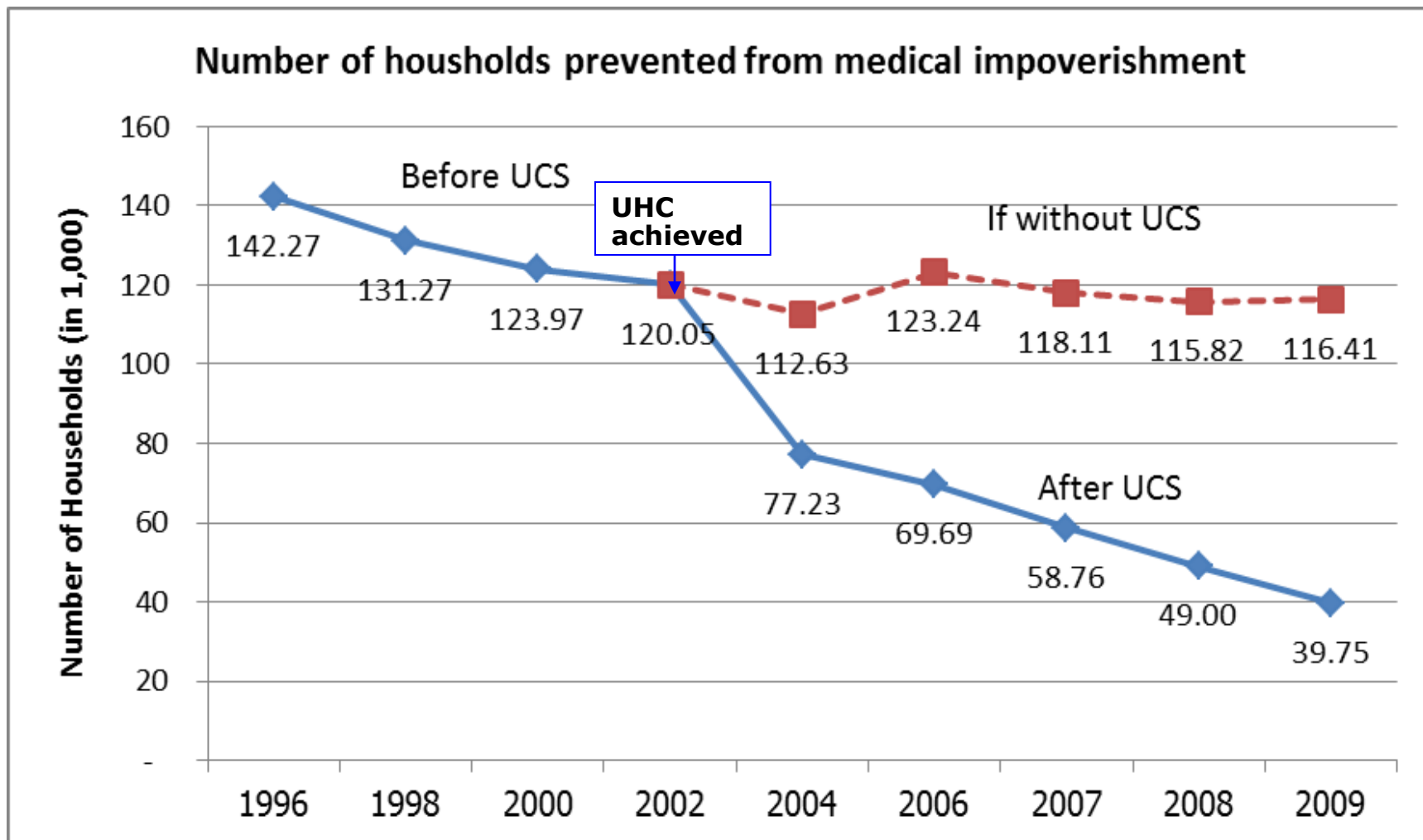
Incidence of catastrophic health spending

OOP > 10% total consumption exp.

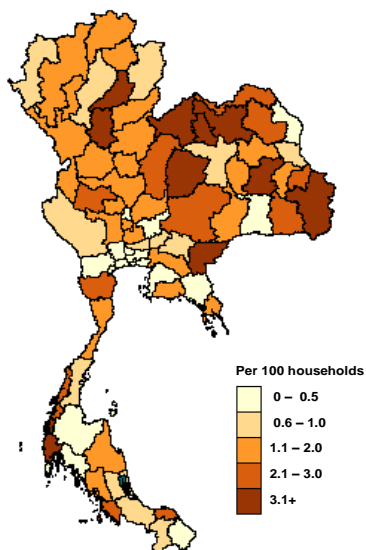


Source: Analysis of Socio-economic Survey (SES)

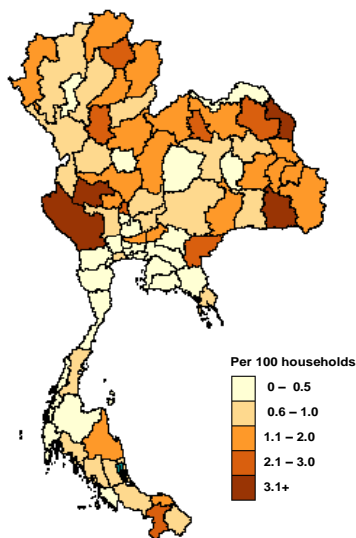
Protection against health impoverishment



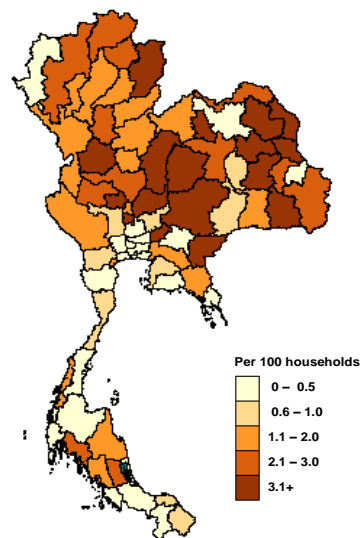
Sub-national health impoverishment 1996 to 2008



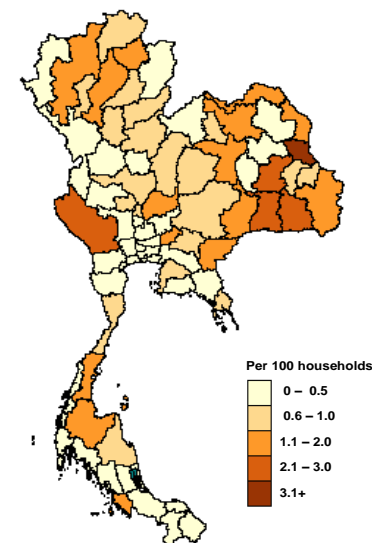
1996



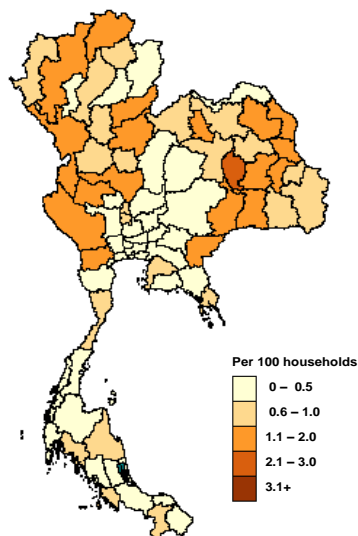
1998



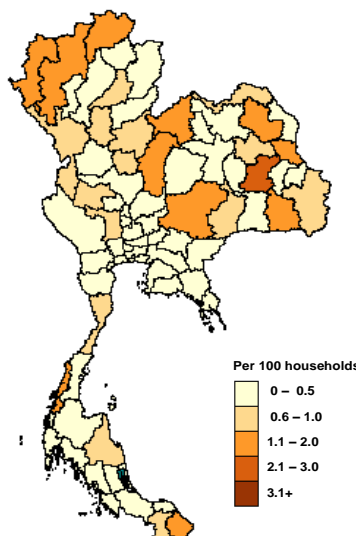
2000



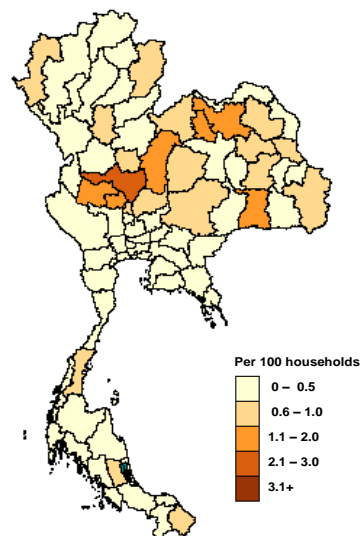
2002



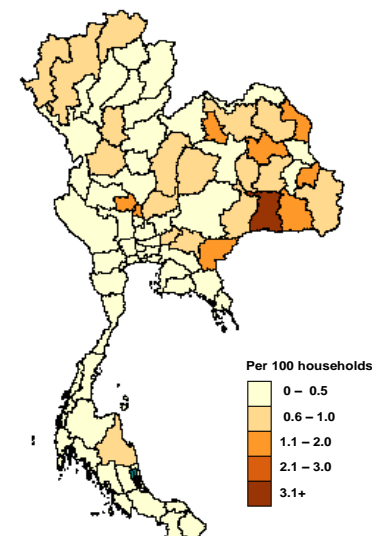
2004



2006



2007



2008

Contributions to UHC: health delivery systems

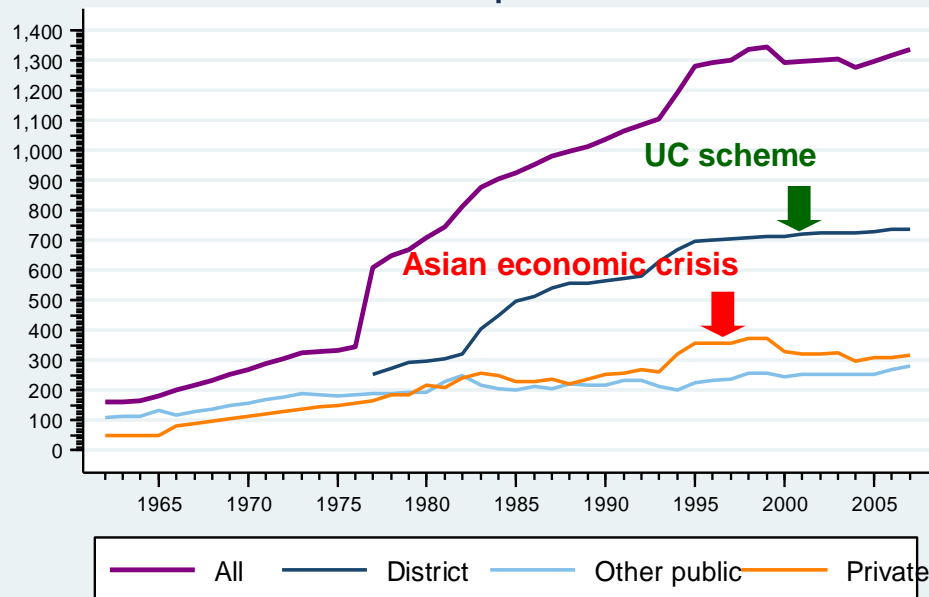
Health workforce statistics southeast Asia

Threshold 2.28 doctors, nurses, midwives per 1000 population

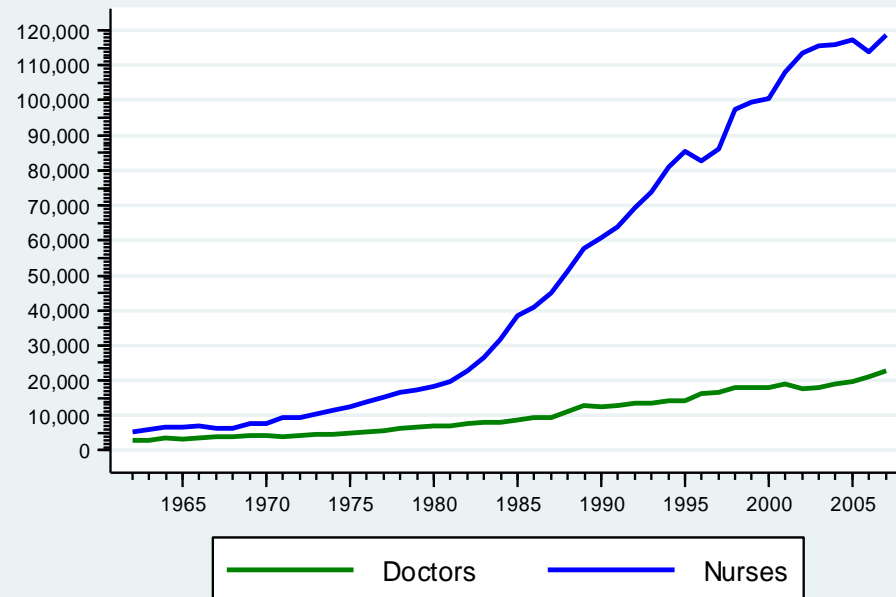
	Population (millions)	Number		Density per 1000 population		
		Doctor	Nurse and midwife	Doctor	Nurse and midwife	Combined
Brunei	0.4	400	2120	1.1	6.1	7.2
Singapore	4.4	6380	18710	1.5	4.4	5.9
Malaysia	26.6	17020	43380	0.7	1.8	2.5
Thailand	63.9	31855	140404	0.5	2.2	2.7
Philippines	88.0	90370	480910	1.2	6.1	7.3
Indonesia	231.6	56938	387458	0.2	1.7	1.9
Vietnam	87.4	43292	77233	0.5	0.8	1.4
Laos	5.9	1863	5363	0.3	0.9	1.2
Cambodia	14.4	2047	11125	0.2	0.9	1.1
Myanmar	48.8	17791	49341	0.4	1.0	1.4
ASEAN	571.4	266301	1248117	0.5	2.2	2.7
Global	6659.0	8404351	17651585	1.3	2.8	4.1

Pre-UC expansion of health infrastructures and human resources

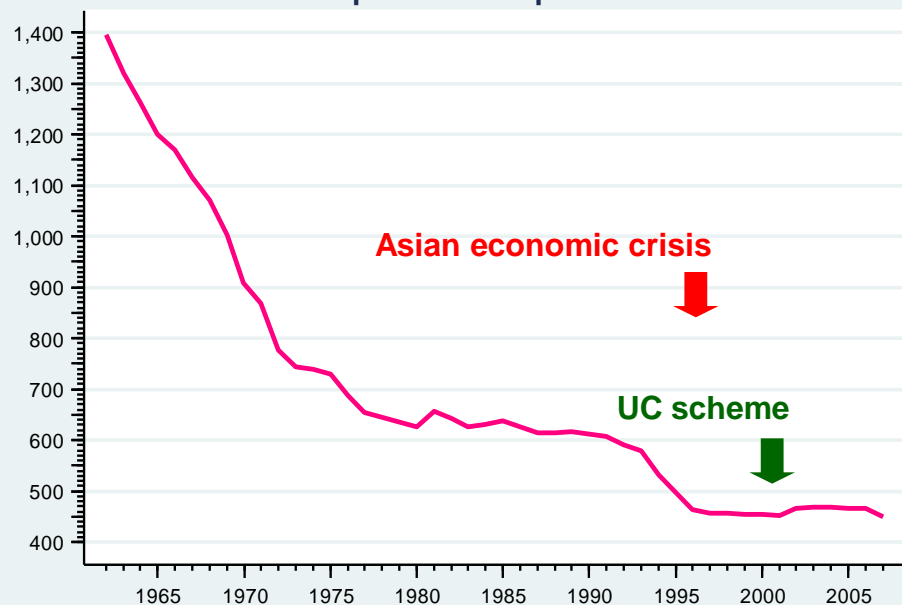
Hospitals



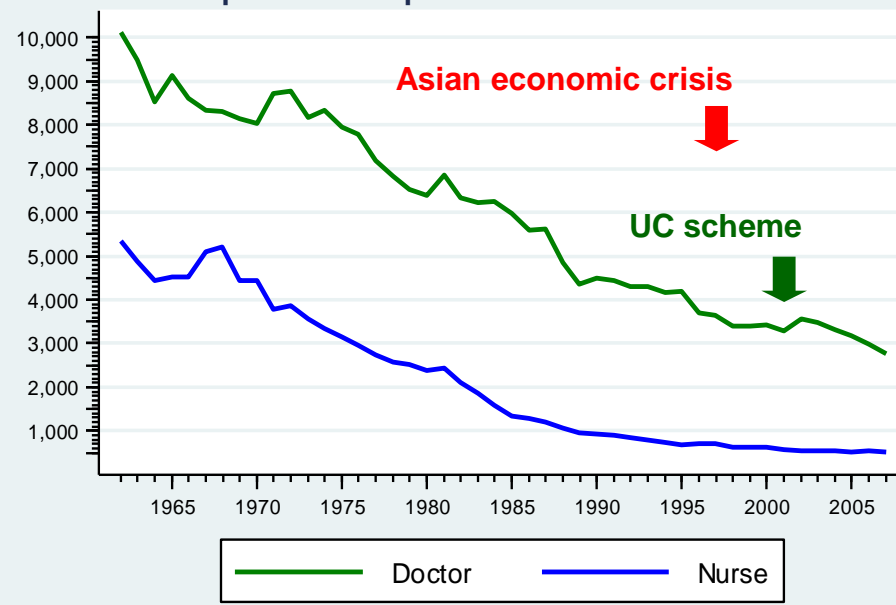
Doctors and nurses



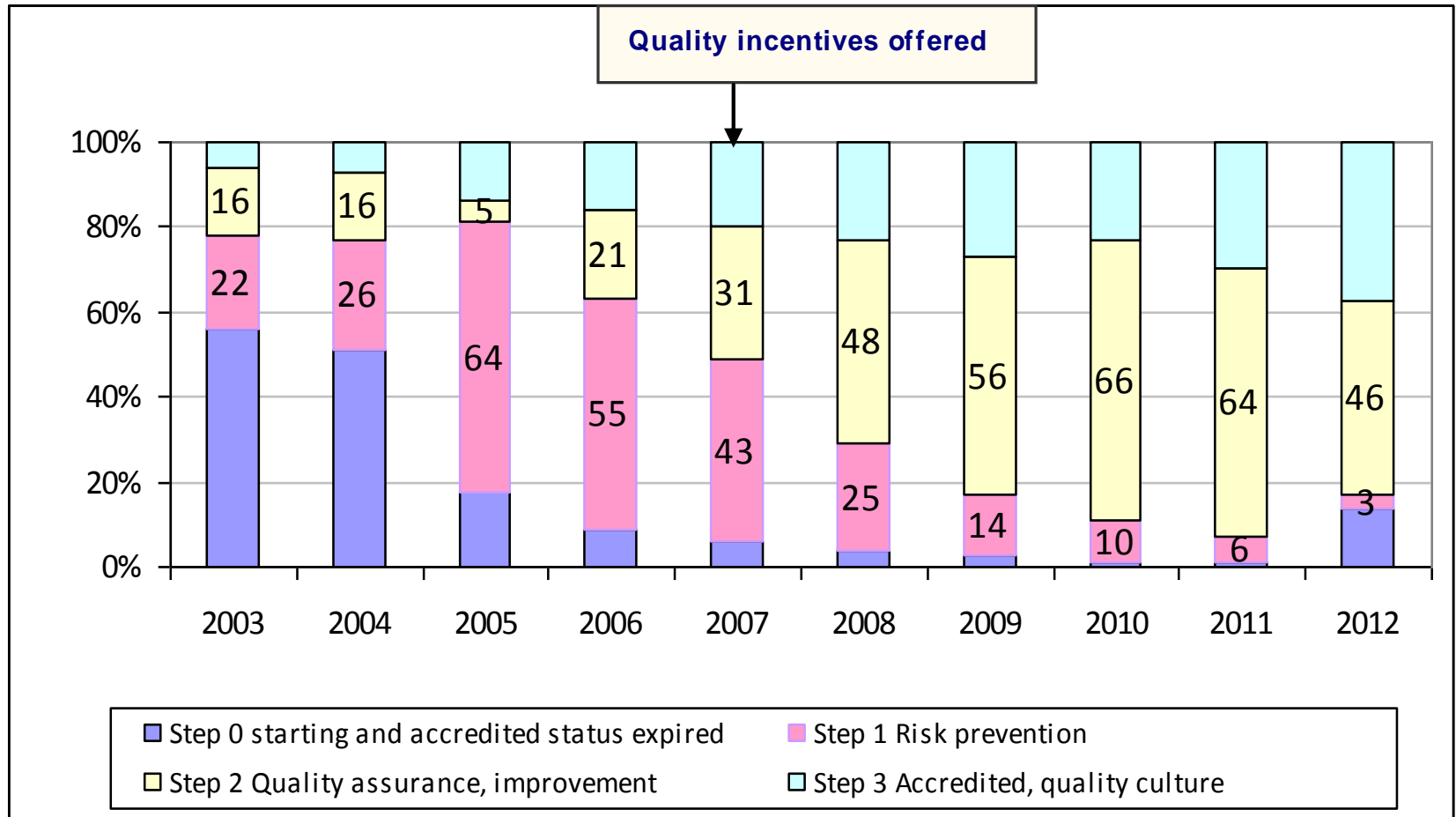
Population per bed



Population per doctor and nurse

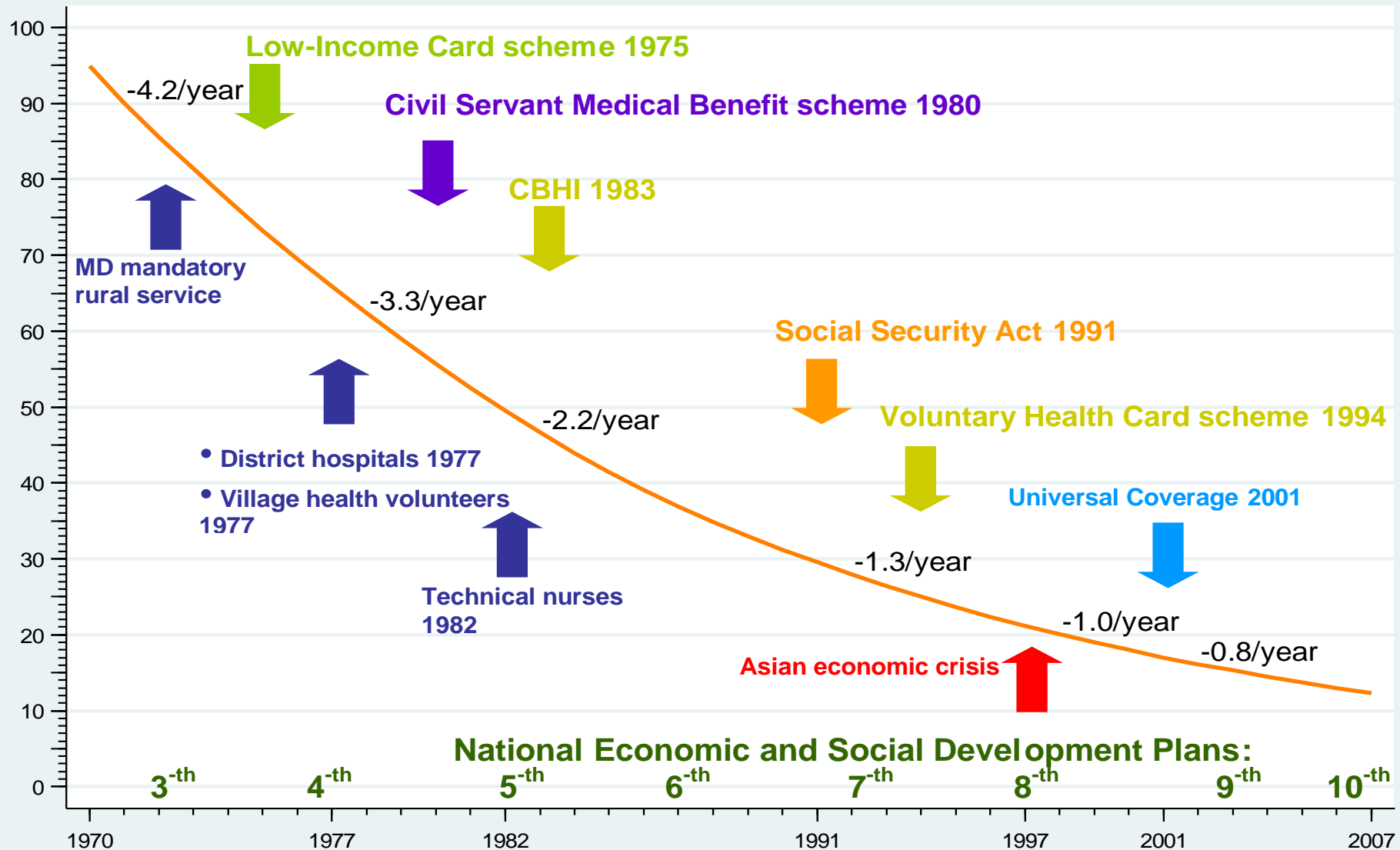


Hospital accreditation status 2003-2012 quality incentives offered by NHSO in 2007



U5MR versus HSD 1970-2010

Under-five mortality per 1,000 live births

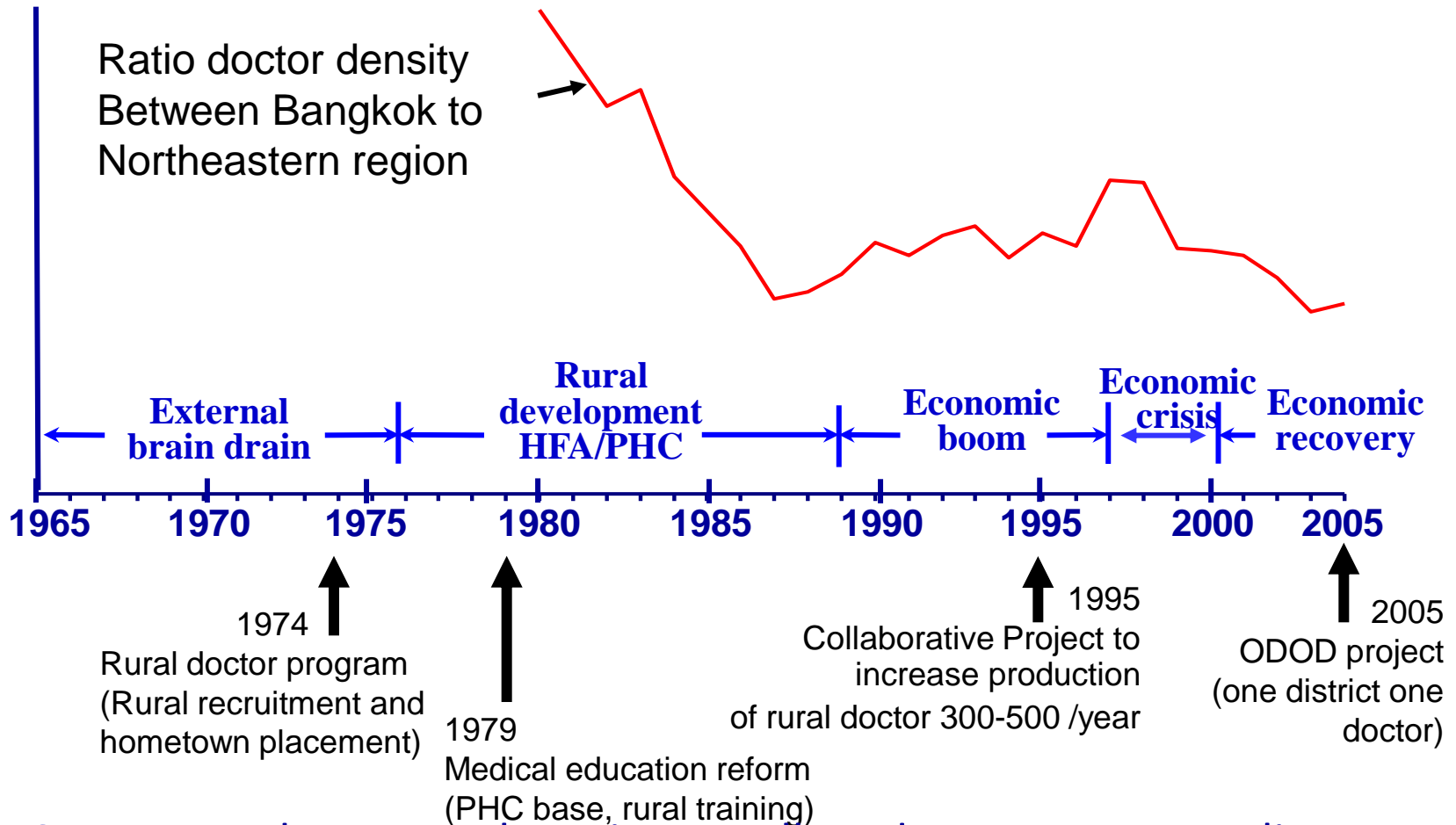


Source: Analysis of IHME

Education strategies:

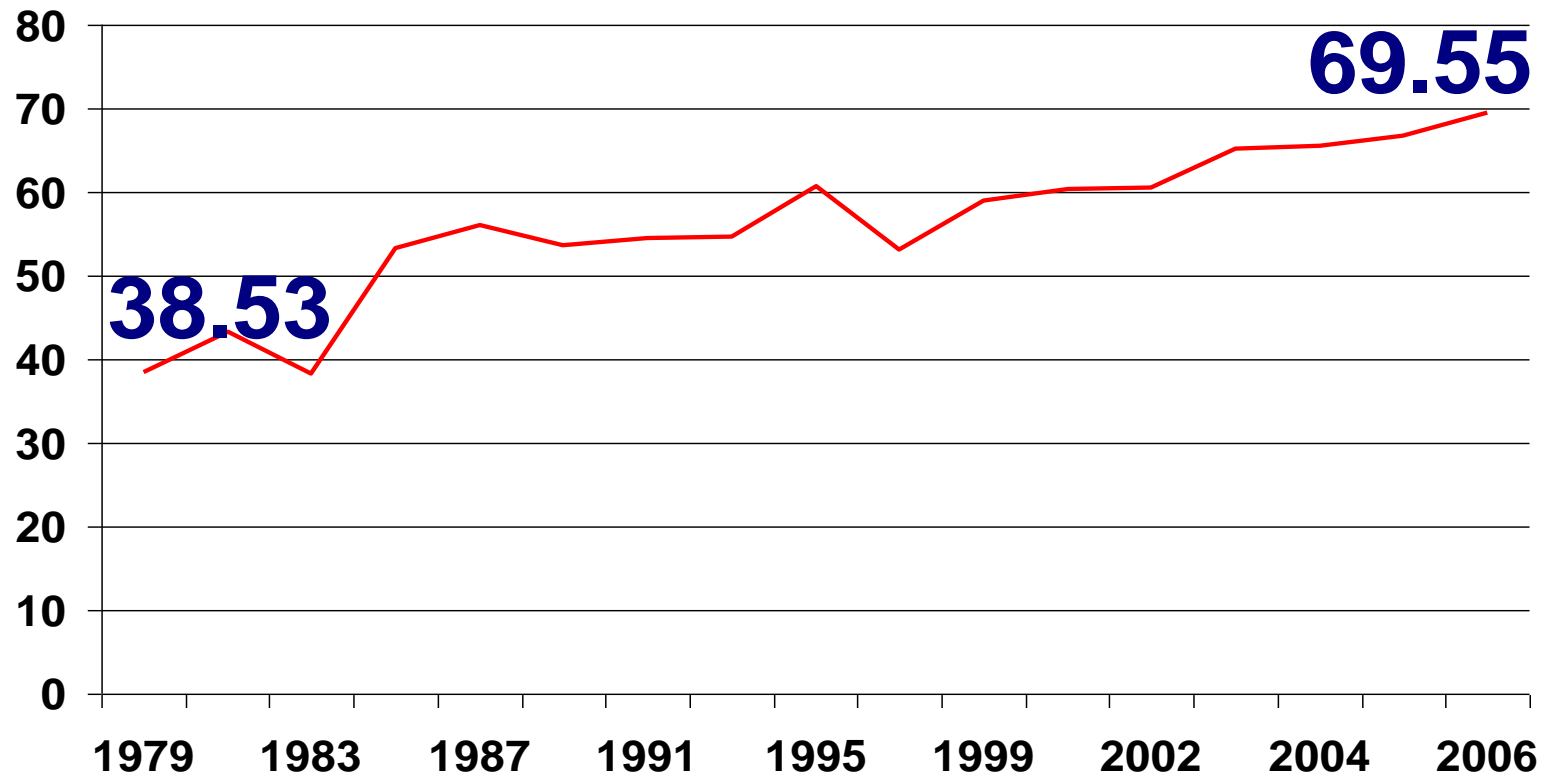
increase production and rural recruitment

Source: Noree & Pagaiya, 2011



3 year mandatory rural services to all graduates, non-compliance are liable to pay a fine of US\$ 10,000 to 50,000 (for ODOD)

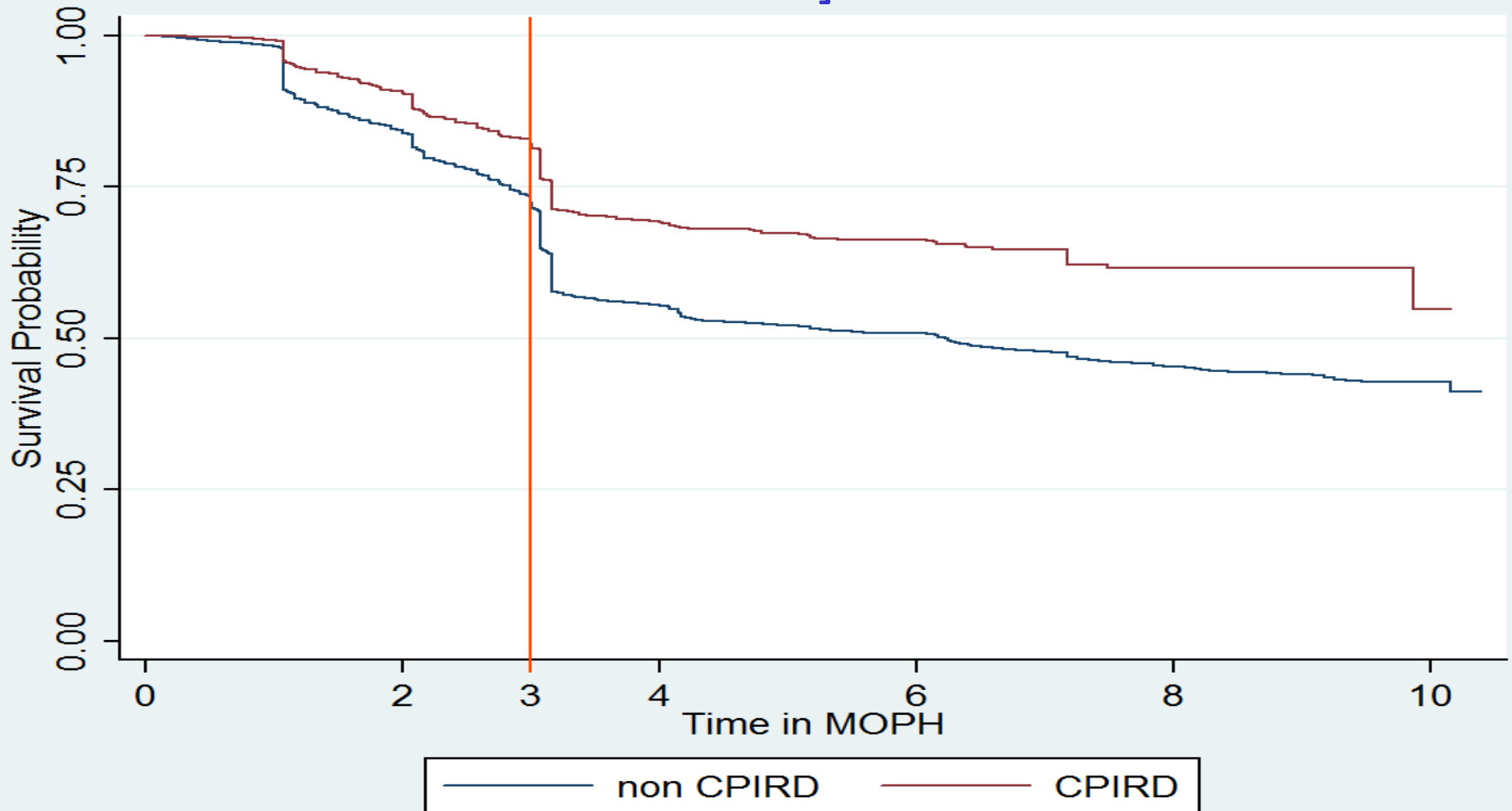
Education strategies: increase % doctors working outside Bangkok



Source: Noree & Pagaiya 2011

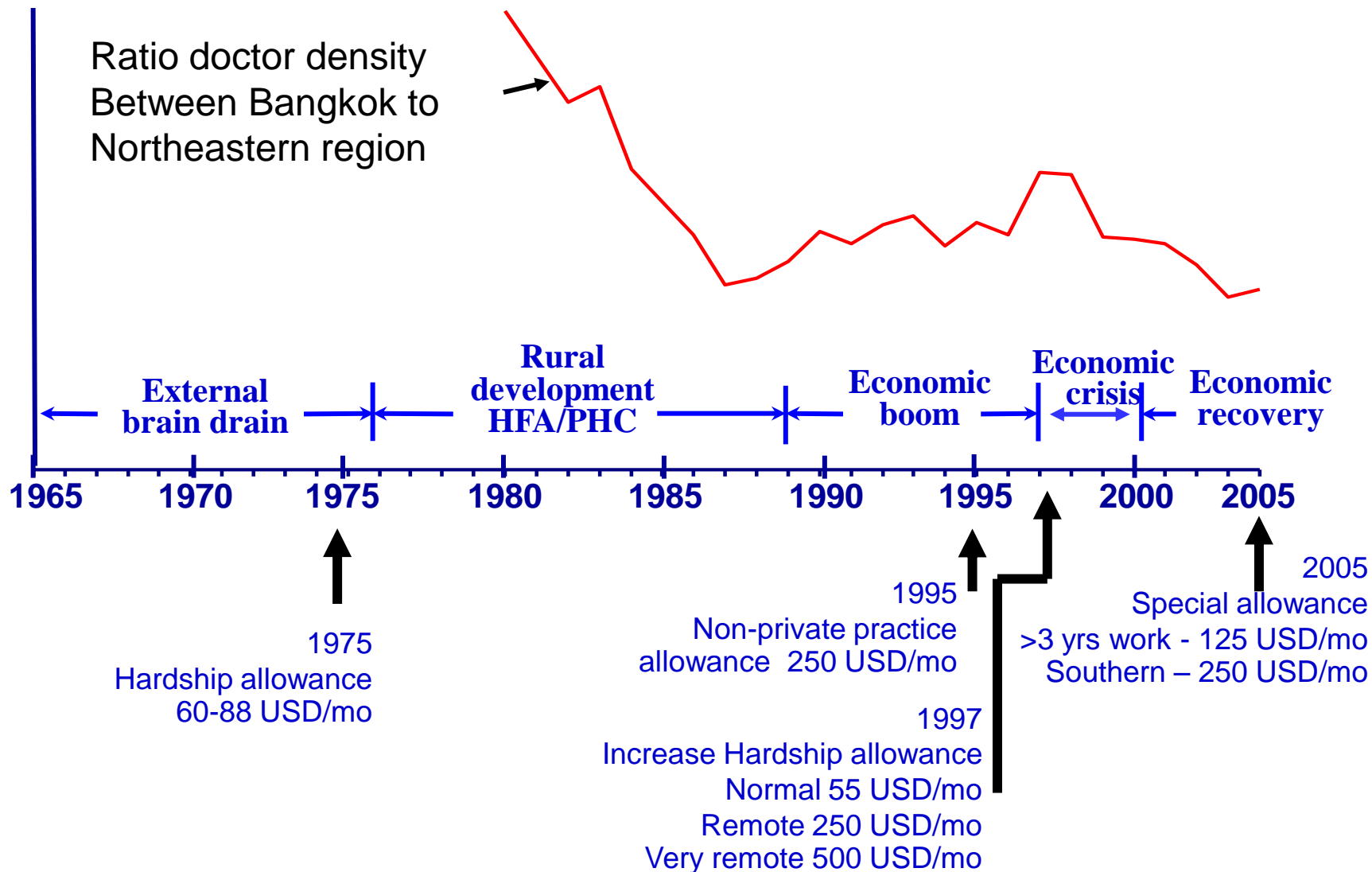
Retention in MOPH services

Better among CPIRD than normal track [national entrance exam]

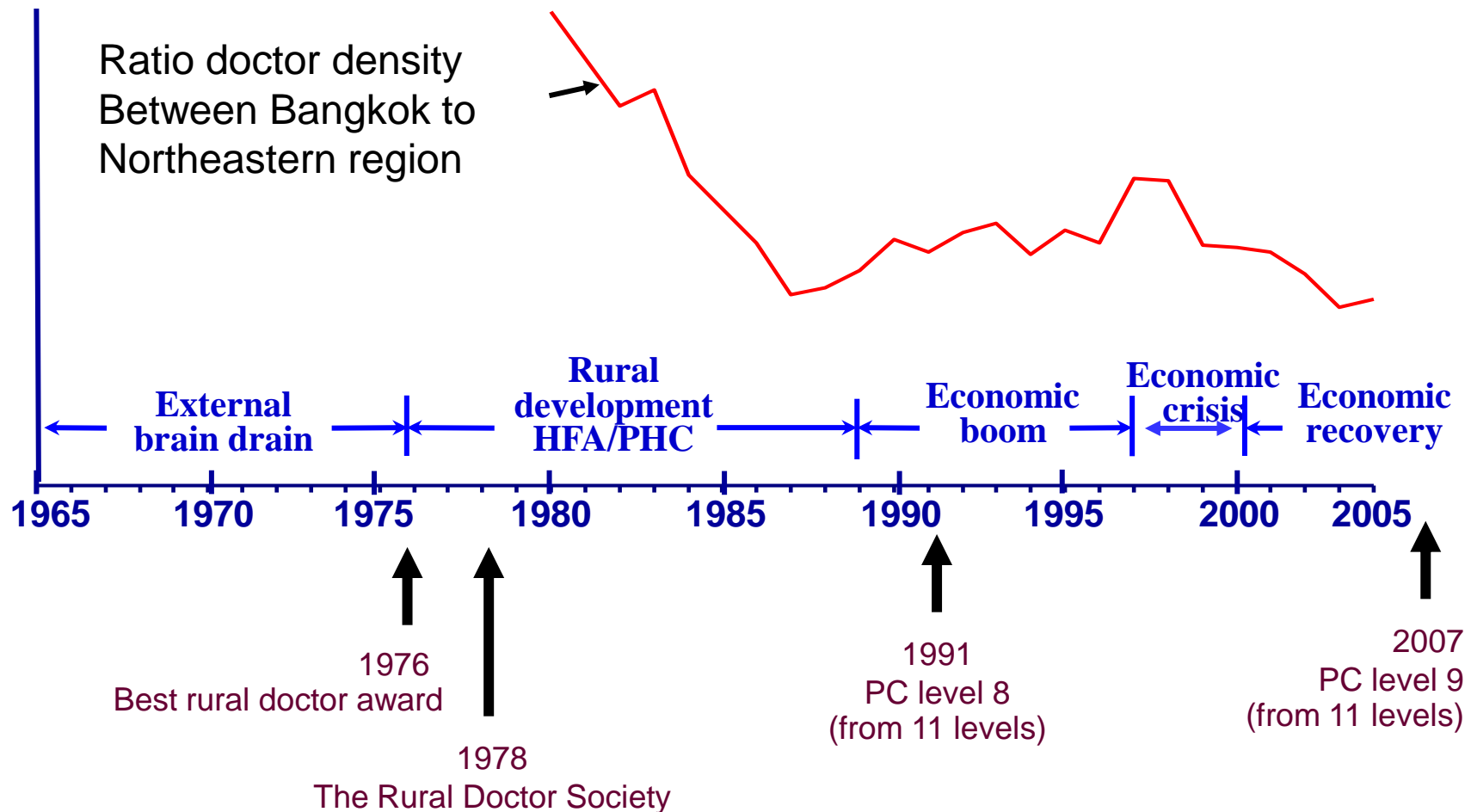


**10 years observation of graduates between 2001 and 2007
[5,578 normal trak and 1,088 CPIRD graduates]**

Financial incentives



non-financial incentives: career advancement and others



Conclusion

Effective implementations: enabling factors

- Systems design focus on equity and efficiency
- Supply side capacity to deliver services
 - Extensive geographical coverage of functioning PHC and district health systems
 - Long-standing policy on government bonding of new graduates (doctors, nurses, pharmacists and dentists) for rural services since 1972
 - Quality improvement:
 - Locally initiated,
 - Hospital Accreditation capacity fully institutionalized

Effective implementations: enabling factors

- Strong institutional capacities
 - Information systems
 - Burden of Disease, National Health Accounts, National Drug Account, National AIDS Spending Account, national household datasets for routine equity monitoring
 - Health technology assessment capacities
 - HITAP contributions and institutional links
 - Key platforms for evidence informed decisions
 - National Essential Drug List sub-committee
 - Benefit package sub-committee
 - Health systems research
 - Self-reliance, national resources supporting HSR
 - Capacities: evidence generation + policy uptakes

Thank you for your attention