*Unofficial Translation*



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# Equal Access to Necessary Public Health Services[1]

## 1. Present State of the Problem

### 1.1 Inequality in Access to Basic Necessary Public Health Services

Although Thailand has been implementing the Universal Health Coverage policy since 2002, the national household health and welfare survey conducted in 2007 showed that approximately 3.5% of the population or 2.2 million people lacked health security. This group comprised: (1) Thai nationals who have not been registered in the health security plan and (2) stateless persons who have no nationality and who have been living in Thailand for a long time without any form of health security. In practice, when faced with issues of access to necessary healthcare services, these groups of people will seek medical treatment, health promotion and disease prevention services through social work systems and, in certain areas, through special health insurance schemes at government hospitals. However, their lack of health security, if allowed to carry on in the future, will compel health service providers in the area to extract costs from the budget allocated to them for use on Thai nationals, possibly adversely impacting the quality of service delivered to the people.

In addition, alien workers are not accessible to necessary public health services, in Thailand. Because these people lack opportunity in gaining access to basic healthcare services, they face certain health problems and illnesses such as drug resistant malaria or tuberculosis, emerging diseases and re-emerging diseases like meningitis or polio, etc., which, if left unchecked, may spread and cause illness to others, adversely affecting the health of the country's population. Therefore, to support Thailand's "Health Security" concept, the state should provide care for risk groups.

An important obstacle to stateless people accessing healthcare services is a health financing management system that is non-conducive to service delivery. The National Health Security Office (NHSO) is unable to subsidize per head costs for stateless persons since the term "all persons" in Article 5 of the National Health Security Act, B.E. 2545, is reckoned to refer only to "persons of Thai nationality". Consequently, stateless persons are excluded from the Universal Health Coverage scheme.

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[1] Necessary public health services mean health promotion, disease prevention and control, necessary primary medical treatment and emergency medical services.

### 1.2 Issues of Unbalanced Distribution of Public Health Services

Unequal access to public health service is partly the result of unbalanced distribution patterns of hospitals and clinics, personnel and service quality, which may differ between areas; for example, in 2005, the doctor and dentist ratios to population in Bangkok were 8 and 16 times more that the same ratios in the northeastern region. The medical personnel distribution problem creates disparity in access to quality public health service.

Thailand has been developing its primary healthcare services for more than 30 years with health stations dispersed in *tambons* across the country and community hospitals in every district. From a Ministry of Public Health Survey in 2006, it was found that 70% of health stations were understaffed, with only 1 public health officer caring for 1,250 people. Many health stations were providing care for more than 5,000 people and about 17% were providing care for 10,000 to 20,000 people. From this situation, it can be said that there is an average of only 2.9 staff at each health station, causing primary healthcare service to fall short of coverage and quality.

### 1.3 Discrepancy between 3 Government Health Insurance Funds

The discrepancy between service quality delivered to the people by the 3 health insurance systems , namely: the civil servant healthcare, the social security and universal health coverage is resultant from:

***1) Difference in available benefits and differences in per head budget subsidized by the state:*** At present, access to essential drugs and treatment for certain illnesses, as well as **the way the state compensates hospitals or clinics for treatment of patients under these three systems** are different. A per head lump sum is paid under the social security and universal health coverage systems while expenses for civil servant healthcare are paid according to actual cost. In 2008, it is estimated that the state provides a subsidy of about 8,414 Baht per head for civil servant healthcare[2], 513 Baht per head for workers in the social security scheme (1,539 Baht per person including employer and worker contribution)[3] and 2,100 Baht per head for the general public under the universal health coverage scheme.

***2) The health financing in these schemes draws funds from different sources:*** Civil servant healthcare and universal health coverage use funds from the government expenditure budget while social security healthcare subsidies come from the social security fund, which comprises equal contributions from the state, the employer and the worker himself.

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[2] Calculated by Wiroj Tangchroensatien, M.D. International Health Policy Planning (IHPP) from estimated civil servant healthcare expense for the entire year of 2008 of 58,390,000,000 baht for the healthcare of approximately 6.9 million civil servants and their families (in October, 2066 there were 1,792,789 claimants comprising civil servants, employees and retired civil servants and family members included 5,147,184 parents, spouses and children. – Source: The Comptroller General's Department, Ministry of Finance

[3] In 2008, the Social Security Office pays a lump sum of 1,306 per head per year to hospitals and clinics and another 233 Baht per head per year for high risk diseases, totaling 1,539 Baht per head per year. This money is drawn from equal contributions from the state, employers and workers. The social security population target group is in working age, who are generally healthy and face lower illness risk than children and the elderly.

**2. Related Legislation**

2.1 The Constitution of the Kingdom of Thailand, B.E. 2550 guarantees the people's equality in access to public services, including public health services. **Chapter 3 of the Constitution: Rights and Freedom of the Thai People**, Part 9 in Article 51, ensures that *"persons have equal right in receiving suitable and standard public health services and the poor have the right to receive medical treatment from government public health service providers free of charge. Persons have the right to receive public health services from the state, which must be distributed evenly and delivered efficiently. Persons have the right to receive appropriate protection from and treatment for dangerous communicable diseases free of charge and in a timely fashion"*.

2.2 The right to appropriate and standard public health service is also assured and guaranteed by the equality principle in **Article 30**, which stipulates that *"persons shall not be unjustly discriminated upon on grounds of differences in origin, race, language, sex, age, disability, physical or health conditions, personal status, economic or social status, religious belief, education or political opinion which is non-contradictory to the prescriptions of the Constitution"*. According to Article 4, the human dignity of the individual shall be assured and protected.

2.3 **Article 80** of the Constitution stipulates that the state shall act in compliance with religious, social, public health, education and culture policies by *"(2) promoting, supporting and developing a health system which focuses on creating good health and leads to a state of sustained well-being for the people. The state shall also provide and promote standard public health services for the people in a thorough and efficient manner as well as encourage the private sector and communities to participate in health development and public health management. Personnel responsible for delivering these services and performing their duties in accordance to professional and ethical standards shall be protected by law"*.

2.4 According to Article 26, the rights of the individual is assured by the Constitution in that agencies must take into account human dignity, human rights and human lliberties when exercising their power. Article 27 prescribes that rights and liberties recognized explicitly by the Constitution shall be protected and binding on the National Assembly, the Council of Ministers, the Courts, the Constitutional organizations and all State organs in enacting, applying and interpreting laws. According to paragraph 2 of Article 28, a person whose rights and liberties, as recognized by the Constitution, are violated can invoke the provisions of this Constitution to bring a lawsuit or to defend himself in the Courts.

2.5 Paragraph 2 Article 6 of the National Health Act, B.E. 2550 stipulates that *"the health of a child, disabled person, an elderly person and a socially deprived person as well as groups of people with specific health characters shall be relevantly and appropriately promoted and protected"*.

Furthermore, Articles 9, 10, 11 and 12 of the National Health Security Act provides for the establishment of social security, civil servant healthcare and workmen compensation fund schemes. According to the Traffic Victim Protection Act, insurance

companies providing insurance according to the Act must contribute expenses for public health services to the universal health coverage fund, which will be further allotted to public health service providers.

2.6 By the Cabinet resolution of 18 January 2005 on the strategy for managing the problems of the status and rights of individuals, the Ministry of Interior was assigned to take accelerated action to provide legal status to migrants who have lived in Thailand continuously for a long time and to conduct a survey and prepare personal records and identification papers for stateless persons whose names do not appear in the citizen registry system. The Ministry will be provided with budgetary support by the government in this matter.

2.7 Apart from this, the country has signed 5 human rights treaties, which bind Thailand as a member state having to provide protection and promote the right of persons in receiving appropriate and standard public health services. These stipulations appear in:

1) Article 25 of the International Covenant on Civil and Political Rights (ICCPR),

2) Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESPR),

3) Article 5 of the Convention on the Elimination of All Forms of Racial Discrimination (CERD),

4) Article 12 (1) of the Conventional on the Elimination of All Forms of Discrimination against Women (CEDAW), and

5) Article 24 of the Convention on the Rights of the Child as well as Article 25 (1) of the Universal Declaration on Human Rights, 1948 in its international common law capacity.

**3. Past Implementations**

3.1 Agencies and committees responsible for the implementation of the three systems of health insurance have developed mechanisms in the form of working groups but have not set a clear long-term target for the operation. The working groups met only once or twice a year. There was no measure to monitor and assess their decisions or resolutions. As a result, the implementation pursuant to Sections 9, 10 and 11 of the National Health Security Act, B.E. 2545 (2002) was successful only to a certain extent because they were not quire ready to do the work and had different opinions how to go about it.

3.2 In the past years, the National Health Security Office, the Social Security Office and the Comptroller General's Office , which are the three agencies that jointly manage the three funds, met at intervals and have increased their co-operation in, such as

1) sharing information about registered members among all 3 funds in order to update insurers' information and reduce problems of overlapping claims

2) indicating that drugs on the national drug list be made available as a standard service for all three funds

3) conducting expense projections together for all three funds

4) learning together about the impact of present hospital payment mechanisms on the behavior of hospitals and introducing payment mechanisms for in-patients or fixing set prices for certain medical equipment, making the work of the different funds more harmonized. However, certain benefits, such as the use of unlisted drugs, health promotion and disease prevention services and the use of the diagnostic related group (DRG) inpatient payment system are still delivered differently in all three funds.

## 4. Action by the National Health Assembly

The National Health Assembly is invited to consider the *Draft Resolution 1/8*.