

INVITATION TO A ROUNDTABLE DISCUSSION

“HOW TO HOLD PARTNERS ACCOUNTABLE IN UHC” WISDOM FROM INDIA AND THAILAND

Friday 3rd February 2012, 13.00-14.30,
Meeting Room A, 1st Floor, United Nations Conference Centre.

Co-organised by

The National Health Security Office and the National Health Commission Office, Thailand

Synopsis

To drive a tough policy, there are four factors that need to be in the right time at the right place. Those four factors are 1) politicians who understand the significance of the policy, 2) related knowledge to support the policy, 3) civil society who calls for the policy, and 4) a window of the opportunity for the policy that is opened right in time. Although driving the policy is a hard process, implementing the policy after adoption is much harder. One of the smart strategies is to build ownership and accountability of the policy's partners during making the policy as well as when implementing it.

Thailand has applied those factors to achieve universal health coverage (UHC). Prior to achieving UHC in 2001, a demand for UHC was raised in society. When the new election was organized in 2001, a window of the opportunity for UHC was opened. At that time, academia with strong knowledge and evidence on UHC had already worked closely with politicians, who comprehended the benefits of the health care reform. In addition, civil society also called for these benefits and agreed to drive the movement of UHC into legislation and action.

To hold partners accountable in UHC, the implementation of UHC need to be well designed to motivate and facilitate the participation of the partners. In this case, the partners can be categorized into three parties namely people, health service providers and local governments. There are several channels that people can take part such as setting up patient groups or giving complaints or suggestions to the call center, etc.

Health service providers can involve as a member of subcommittees such as the benefit package subcommittee or finance committee. The involvement of the health service providers as indicated create a mutual understating between policy makers and the providers on the limitation and expectation of each side. Moreover, their involvement helps the providers adapt to the regulations with true understanding. In case of local governments, the matching fund system between funding agency like National Health Security Office (NHSO) and local governments at the sub-district level can build a sense of ownership of UHC to local governments and stimulates health promotion at the community level.

Along with the movement of UHC, Thailand has introduced the constructive and systematic process of people participation named “health assembly”. Health assembly is not only the process of making policy or seeking policy recommendations, but also the process of empowering and building accountability of the people – the government sector, civil society and academia – who involve in such the process.

Thailand has employed UHC for 10 years, while India has planned to achieve UHC by 2022. Despite the different experience of UHC between India and Thailand, it is believed that the viewpoint and reflection from both sides can fulfill each other. Furthermore the roundtable discussion will raise the profile of the importance of moving towards universal health coverage.

Objectives

This roundtable discussion aims to:

- Share experiences of Thailand that has reached universal health coverage and of India that is in the process of reaching universal health coverage
- Raise the profile of the importance of moving towards universal coverage
- Contribute to the roadmap of India towards universal health coverage by 2022

Structure of the roundtable discussion

- A 90 – minute roundtable discussion will start the overview of UHC in Thailand and be followed by the roadmap to UHC of India. The presentation from Thailand and India will take 10 minutes each presentation. After that, the floor will be opened for discussion.
- A roundtable discussion will be run in English language with the provision of simultaneous interpretation
- Participants are around 30 persons from the constituencies of National Health Assembly and invited international participants.

Moderator

- **Dr. Pongpisut Jongudomsuk, Director of Health System Research Institute**

Panelists

- **Dr. Winai Sawasdivorn, Secretary General of NHSO, Thailand**
 - **Ms. Jashodhara Dasgupta, Coordinator, SAHAYOG, India**
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