

**Fairness in Access to Health Services by the Disabled**

The Third National Health Assembly,

Having considered the report on Fairness in Access to Health Services by the Disabled<sup>1</sup>,

*Aware* that lifestyle in the Thai social context has shifted toward modernity, causing illness patterns to change accordingly as reflected by the ongoing rise in statistics concerning accidents; cancer and other chronic illnesses that result in a significant burden of disease for the Thai people; including drug abuse, over-nutrition, lack of exercise, the approaching of the ageing society and injuries resulting from unrest situations in various areas; have all increased the possibility for Thai people to become disabled and dependent,

*Aware* that care for the disabled in the human rights context is a universally and nationally accepted concept; while Thai social attitudes regard disability as a burden, lacking the awareness that disabled persons have equal potential, rights and dignity,

*Informed* that the number of disabled persons in Thai society is on the rise and that most of them reside in provincial areas,

*Concerned* that the law regarding the human rights of disabled persons has not received advocacy for comprehensive and concrete practice,

*Concerned* that discrepancies in access to health services exist between people with different disabilities, between disabled persons living in city and rural areas, between disabled persons of different economic standings and between disabled persons entitled to different health insurance benefits, Hereby issues the following resolutions:

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<sup>1</sup> NHA 3/Main 3

1. The National Health Fiscal System Development Committee shall be aware of the discrepancies in disabled persons' benefits and health service fee payment mechanisms. These discrepancies relate to different health security systems and prevent disabled persons from accessing needed health services. The National Health Fiscal System Development Committee is requested to prepare a proposal for the Cabinet to task the National Health Security Office in conjunction with the Social Security Office, the Comptroller General's Department, the Ministry of Finance and the Ministry of Public Health to devise a fiscal system of equitable health care for the disabled with corresponding concepts and management practices. The initial proposal is to:

1.1 Jointly develop a list for disability equipment and non-pharmaceutical medical supplies to be used as a standard which is reviewed and improved at least yearly so that it covers necessary and suitable disability equipment for the disabled.

1.2 Issue or review existing rules and regulations to support public and private agencies, potential disability agencies and local administration organizations to participate in providing health services for the disabled.

1.3 Develop local level funds for the disabled, i.e., provincial, district and sub-district funds, especially focusing on participation from sub-district health funds.

2. The National Committee for Empowerment of Persons with Disability shall task the Provincial Subcommittee for Empowerment of Persons with Disability and the Bangkok Subcommittee for Empowerment of Persons with Disability with:

2.1 Integrating the disabled persons health empowerment issue into the provincial empowerment of persons with disability plan, focusing on efficient participatory processes from all sectors and comprising the following significant principles:

2.1.1 Reduction of inequity in access to health services for disabled persons; and addressing discrepancies existing between different disability types, areas of residence, economic status and health insurance benefits with measures such as travel allowances, improvements in facilities and

physical environment to allow all disabled persons access and to allow them to make use of these facilities, making available care services/assistants for disabled persons, volunteers to take them to health service facilities, sign language interpreters and access to health news, including providing fast lanes for disabled persons, etc.

2.1.2 Address the issues of specific health needs related to disability types by providing sufficient services in health promotion, especially annual physical examinations, both in relation to the disability and for general health assessment, disease prevention, treatment, rehabilitation; including necessary and suitable disability equipment as well as referral services for further treatment and rehabilitation as required on a case by case basis.

2.1.3 Link the disabled persons databases of main agencies with the Provincial Social Development and Human Security Office serving as focal point.

2.2 Allocate budget for systematic investment and implementation of health empowerment actions for disabled persons according to the provincial empowerment of persons with disability plan.

2.3 Support academic mechanisms and disability organization networks to monitor local agencies' legal compliance and compliance with government policies regarding disabled persons' rights, especially in providing facilities for the disabled.

3. The Institute of Health Promotion for People with Disability and the Health Systems Research Institute is requested to create more research potential to make available knowledge in developing the quality of life for disabled persons.

4. The Ministry of Public Health is requested to prepare a development plan for a disabled persons' medical rehabilitation system to empower service agencies in all sectors and accelerate the training of personnel as well as provide suitable distribution of manpower.

5. Relevant ministries: the Ministry of Social Development and Human Security, the Ministry of Public Health, the Ministry of Interior, the Ministry of Education and the Ministry of Labour, are requested to set ministry level indicators relating to the development of life quality for disabled persons and to continuously monitor the situation of life quality for disabled persons for at least 5 years.

6. The National Health Commission is requested to appoint a committee on disabled persons' health to coordinate between agencies, partner organizations and networks in organizing health assemblies on issues specific to disabled persons' health; advocate for and systematically and continuously translate the resolutions from the National Health Assembly regarding disabled persons to practice by various agencies; as well as support the creation and management of relevant knowledge.

7. The Secretary-General of the National Health Commission is requested to present a progress report on this matter to the 5<sup>th</sup>, 7<sup>th</sup> and 9<sup>th</sup> National Health Assemblies.

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