

15 December 2021

Protection of Equitable Access to Health Services by Specific Populations in Crises

This public policy emphasizes that all sectors of the society should jointly manage to ensure that the people's rights to access quality and standard health services are well protected. Access to such services needs to be equitable, comprehensive and fair, based on human rights principles and without discrimination. Universal health coverage for all also needs to be enhanced so that no one shall face medical bankruptcies due to their illnesses while provision of essential and proper remedial measures should be available for those who are in need, especially the specific populations. All these are for the sake of health security of all the people who live in Thailand.

The Fourteenth National Health Assembly,

Having considered the report on "Protection of Equitable Access to Health Services by Specific Populations in Crises",¹ noted that the COVID-19 pandemic has continued to cause economic and social collapse as well as affected lifestyle of all sub-groups of the population. People have been more prone to health risks, especially those who are in the vulnerable stage and do not have health insurance nor basic social security, lack access to public services due to disadvantages in self-help or being stigmatized and/or discriminated by the society. These specific groups of population are as follows: (1) people who are dependent on others; (2) people who are exposed to health risks either due to working conditions or congested living conditions, or having been detained to an extent that they lose liberty, lack certain rights, have been stigmatized or discriminated by the society; (3) migrant workers and those individuals with problems on the personal status and rights who live in Thailand.

According to empirical evidence during this present crisis, these specific populations have had limited capacities to acquire essential goods and comply with policies enforced by the government, aiming to prevent and control the outbreaks. This has been due to their status of living and reduced income. Moreover, the access to remedial measures provided by the government has been limited. In terms of health, these specific populations have become more prone to risks as they are nonexistent policy-wise and not considered inclusive in the primary risk-group screening. Together with the lack of access to accurate news and information, lack of legal identities and other limitations that make them fall behind their entitlements under the national health security system, or their inability to access basic health services provided by the government despite the entitlements they have, these specific populations have been inevitably in the stage of double vulnerability and become the groups of carriers that rapidly spread the virus to the wider society. Therefore, it is now required to expedite social investments and to integrate multisectoral collaboration among public and private sectors as well as civil societies and the localities, in order to define approaches to protect the people's rights to access quality and standard health services in an equitable, comprehensive and fair manner, as well as to implement this public policy according to the

¹ NHA 14 / Main 2

suggested roadmap of this resolution.² All of these are for the sake of health security of all the people who live in Thailand. Thus, the following public policy on health in relation to this subject was formulated.

Hereby, adopts the following resolutions:

1. Ensures health security to non-Thai persons and those with problems on the personal status and rights who have no access to health security. These people shall be able to access essential health services without being discriminated even during a crisis. They shall be able to get the needed materials and services in response to disease outbreaks at no charge; for example: vaccination, medication, personal protective equipment. This is to protect the people's health based on human rights principles and for the sake of health security of all the people who live in Thailand. Certain actions shall be taken as follows:
 - 1.1 Develops laws on health security for non-Thai persons and those with problems on the personal status and rights who have no access to health security, or conduct reviews on the National Health Security Act, B.E. 2545 (A.D. 2002), Section 5, as well as other related laws and measures.
 - 1.2 Develops a national health action plan for non-Thai persons and those with problems on the personal status and rights who have no access to health security. The plan should establish mechanisms and central agencies that are responsible for the planning, budgeting, developing database systems, as well as ensuring working integration among related entities.
2. Develops health service systems that enable access to health services by specific populations through their participation. This is to minimize health risks, suppress disease spread and enable uninterrupted services through the engagement of specific populations in conformity with their cultural ways. The capability of organizations and networks of specific populations in managing health problems within their own groups during crises is to be developed. Examples include the followings: development of proactive service systems and home care that cover all dimensions of health; preparedness of primary care units to deliver services which are relevant to specific populations should be enhanced; database systems based on relevant technology for vulnerable groups in each community should be made available; health facilities in prisons should be upgraded; congestion/crowdedness among inmates in prisons should be reduced, etc.
3. Develops systems, mechanisms and models of the community-led health services aiming to provide health promotion, disease prevention, support and care, proper management of the physical areas and environment, and referral of cases as a recognized part which can participate in the logistics management and financial support of the national health service system. For example, provision of home care by family members and/or the community, etc. Developmental process aiming to build the community's capability as well as relevant adjustments of the existing systems so that community-led operations could be fully supported are strongly needed.
4. Enhances equitable access to quality, standardized, safe and friendly health services. Certain actions shall be taken as follows:
 - 4.1 Advocates for an Act on the Elimination of Discrimination against Individuals. This is to reduce stigmatization and discrimination against individuals in accordance with

² NHA 14 / Main 2 / Annex 1

Section 4 and Section 27 of the Constitution of the Kingdom of Thailand, B.E. 2560 (A.D. 2017). This expected Act should be practical and able to induce rigorous implementation.

- 4.2 Develops transparent and auditable systems and mechanisms for the submission and monitoring of complaints on health service inaccessibility or unequitable access as experienced by specific populations.
 - 4.3 Communicates through adequate communication channels, using diverse types of media such as publications, visual and/or audio media, in languages that are appropriate to specific populations. This is to ensure their access to the accurate, complete, timely, and credible information. Specific agencies shall be identified with the responsibility to provide news and information in a form that is easily comprehensible in order to support their decision-making on choices of health services as well as to protect the rights of all populations in an equitable, thorough and fair manner.
5. Requests members of the National Health Assembly and all sectors to collaboratively drive this healthy public policy to their fullest potential, based on the approaches, directions, process and related agencies specified in the roadmap of resolution.
 6. Requests the Secretary-General of the National Health Commission to report the progress of the resolution on Protection of Equitable Access to Health Services by Specific Populations in Crises to the 16th National Health Assembly.