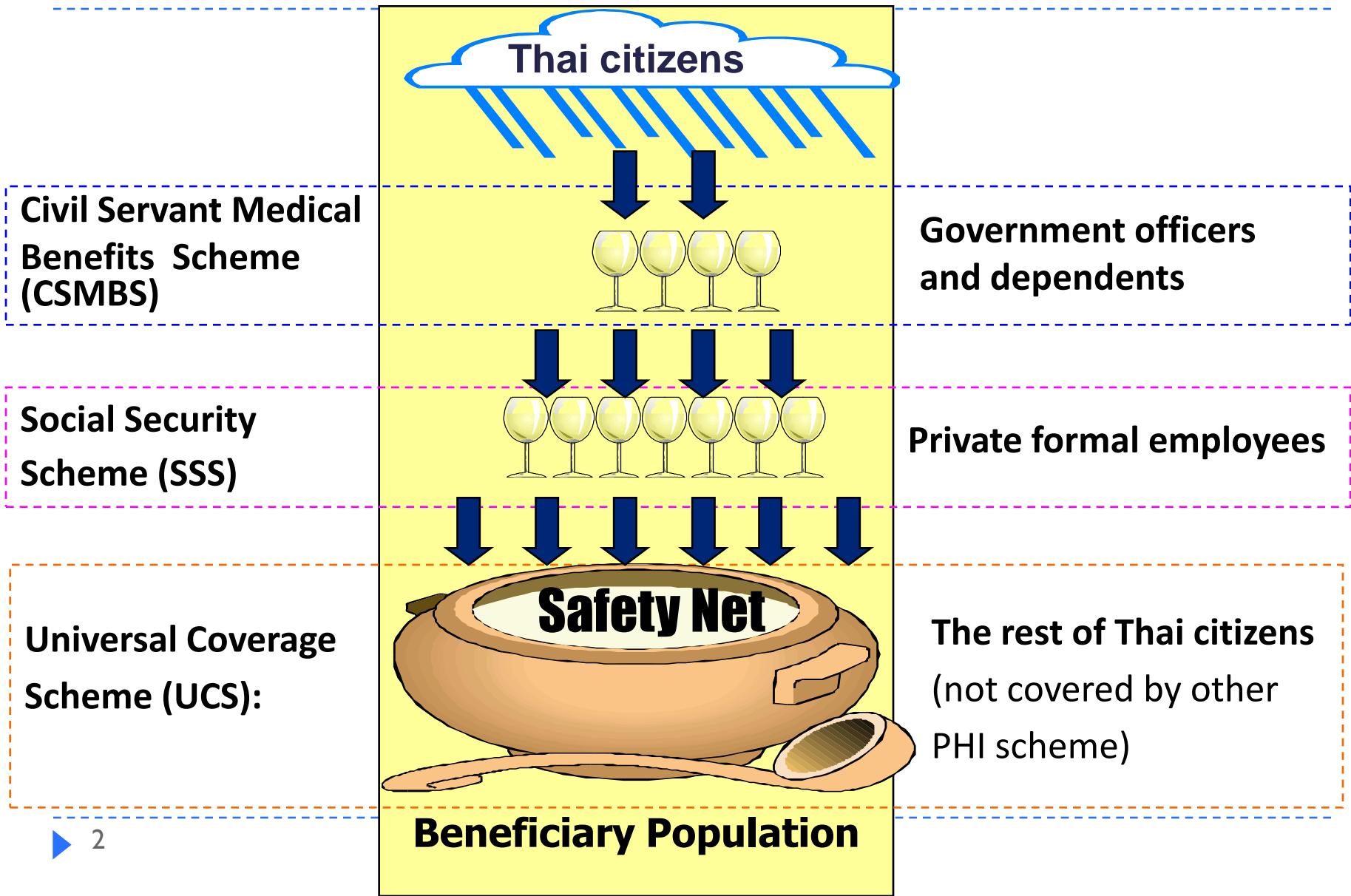

Strengthening social safety-net mechanisms to reduce the risk, especially UHC, the experience of Thailand



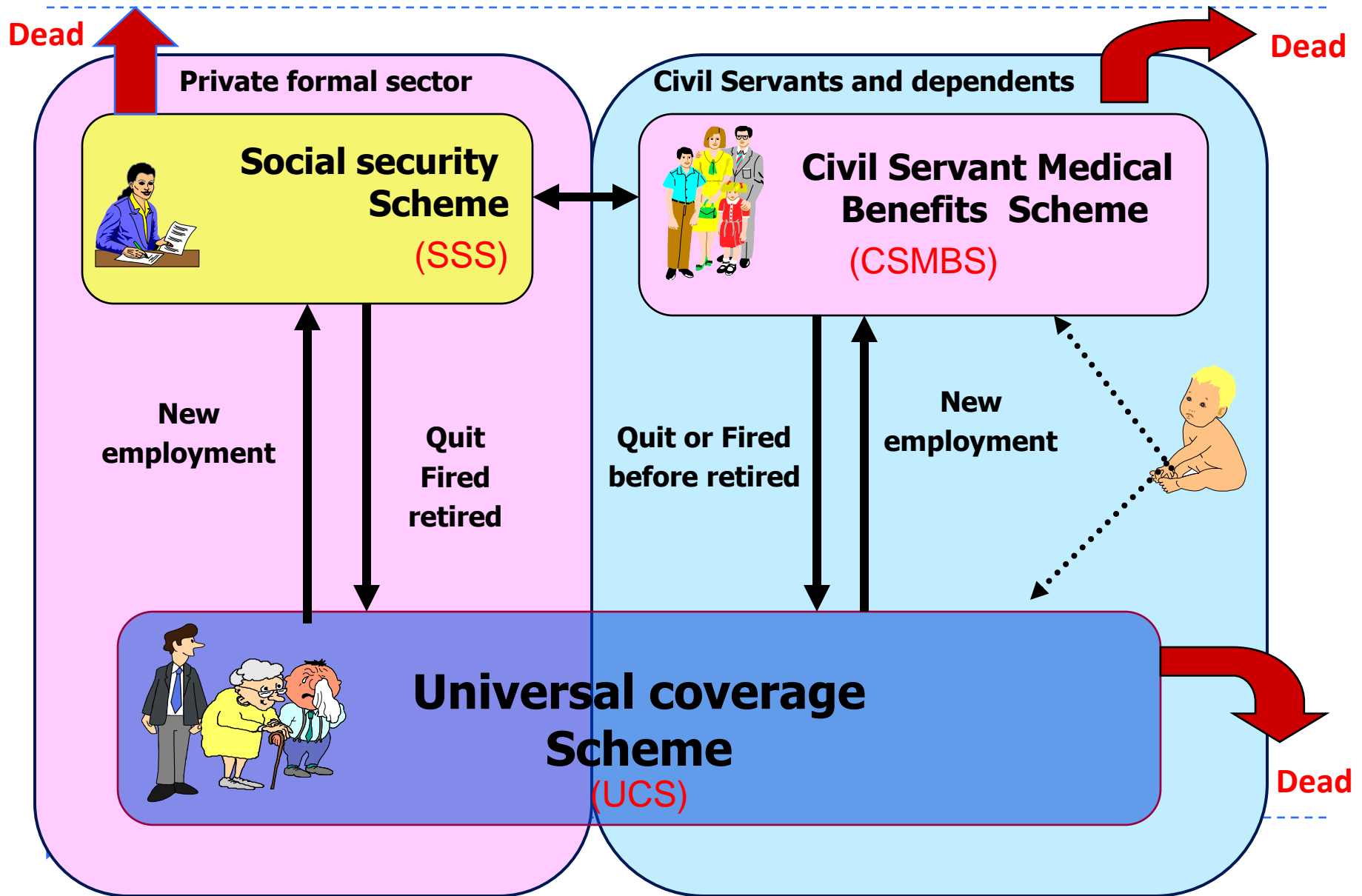
Netnapis Suchonwanich
Deputy Secretary-General
National Health Security Office (NHSO), Thailand

Main public health insurance schemes in Thailand

>> Inclusive policy and social safety-net



Dynamic of public health insurance status in Thailand



Thai Universal Coverage Scheme

(UCS, 30 baht scheme)

▶ **UC Scheme**

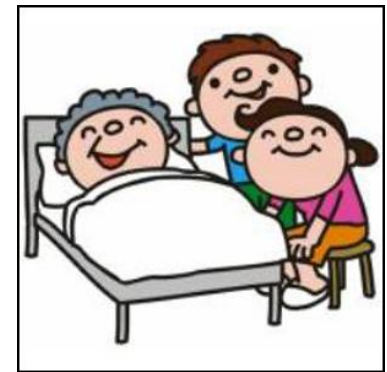
- ▶ Managed by National Health Security Office (NHSO)
- ▶ Under the supervision and control of the National Health Security Board, chaired by Minister of Public Health

▶ **Goals**

- ▶ Ensure the members can **access to effective health care services when needed**
- ▶ Provides effective **protection impoverishment or catastrophic illness expenditure of beneficiaries' household**

Current situation

- ▶ **Three main schemes are different fundamental and managed by various organizations**
 - ▶ Condition to access to health services and provider payment methods are different
 - ▶ Inequitable access to health care is still occurred
- ▶ **Normally, beneficiaries of each scheme do their responsibilities and take their right as required by law and regulation of their scheme.**



In emergency situations; disaster, flood, storm, etc.



“What PHI do for sufferer/victim’s health?”



▶ PHI : public health insurance

Home visit and Outreach services

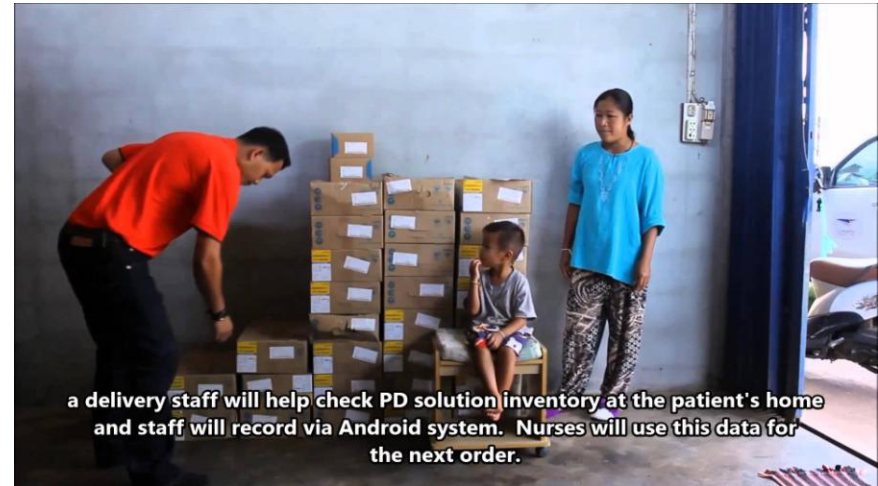


Communication & Volunteers

Call Center 1330 ให้บริการในภาวะวิกฤตวิกฤต



Delivery medical supply and medicine to victim's shelter



Moving to orphan drug management in 2012

Antidote/Antivenom program




The orphan drugs' problems

- 1. Access of orphan drugs exists**
- 2. Lack of interest from pharmaceutical industry to supply those orphan drugs due to low profit and uncertainty of need**
- 3. No national orphan drug stock and distribution systems to facilitate prompt access at any health care level**



Antidotes provided in 2012

no	drugs	strength	indications
1. ---	Dimercaprol (BAL) amp	50 mg/ml	Heavy metal poisoning(arsenic, gold, mercury, lead, copper)
2.	Sodium nitrite amp	3% w/v	Cyanide poisoning
3.	Sodium thiosulfate amp	25% w/v	Cyanide poisoning
4.	Methylene blue vial	1% w/v	Methemoglobinaemia
5.	Glucagon kit	1mg/ml	Beta-blocker poisoning and Calcium channel blocker
6.	Succimer cap	100 mg/cap	Lead poisoning in children
7.	Botulinum antitoxin bottle	<i>Cl botulinum</i> antitoxin Type A 750 I.U Type B 500 I.U. Type E 50 I.U. Per mL	For Botulinum toxin treatment
8.	Diphtheria antitoxin amp		For Diphtheria toxin treatment
9.	Digoxin Specific antibody fragment amp	40mg/vial	Digoxin toxicity ,Cardiac glycoside
10. 	Calcium Disoduim edetate amp	200 mg/ml, 5 ml in oil	Heavy metal poisoning (lead , zinc, cadmium)

Collaboration among other

**Procured by
GPO**

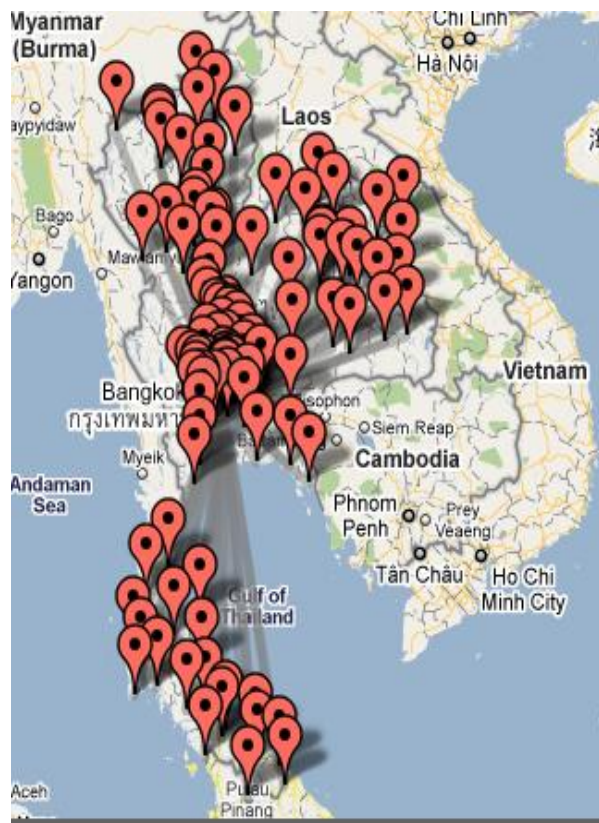


**Manufactured by
Red cross**

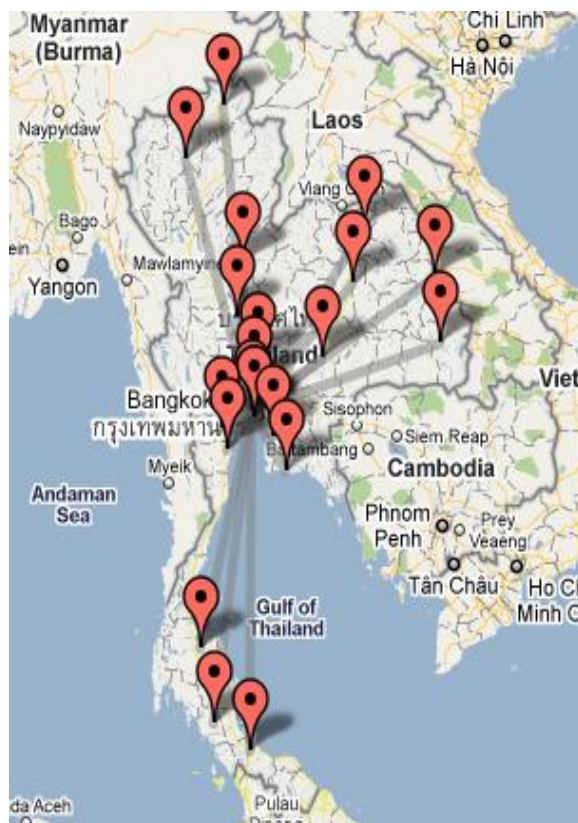


Antidotes distribution management

(by urgency and price criteria)



Cyanide antidotes

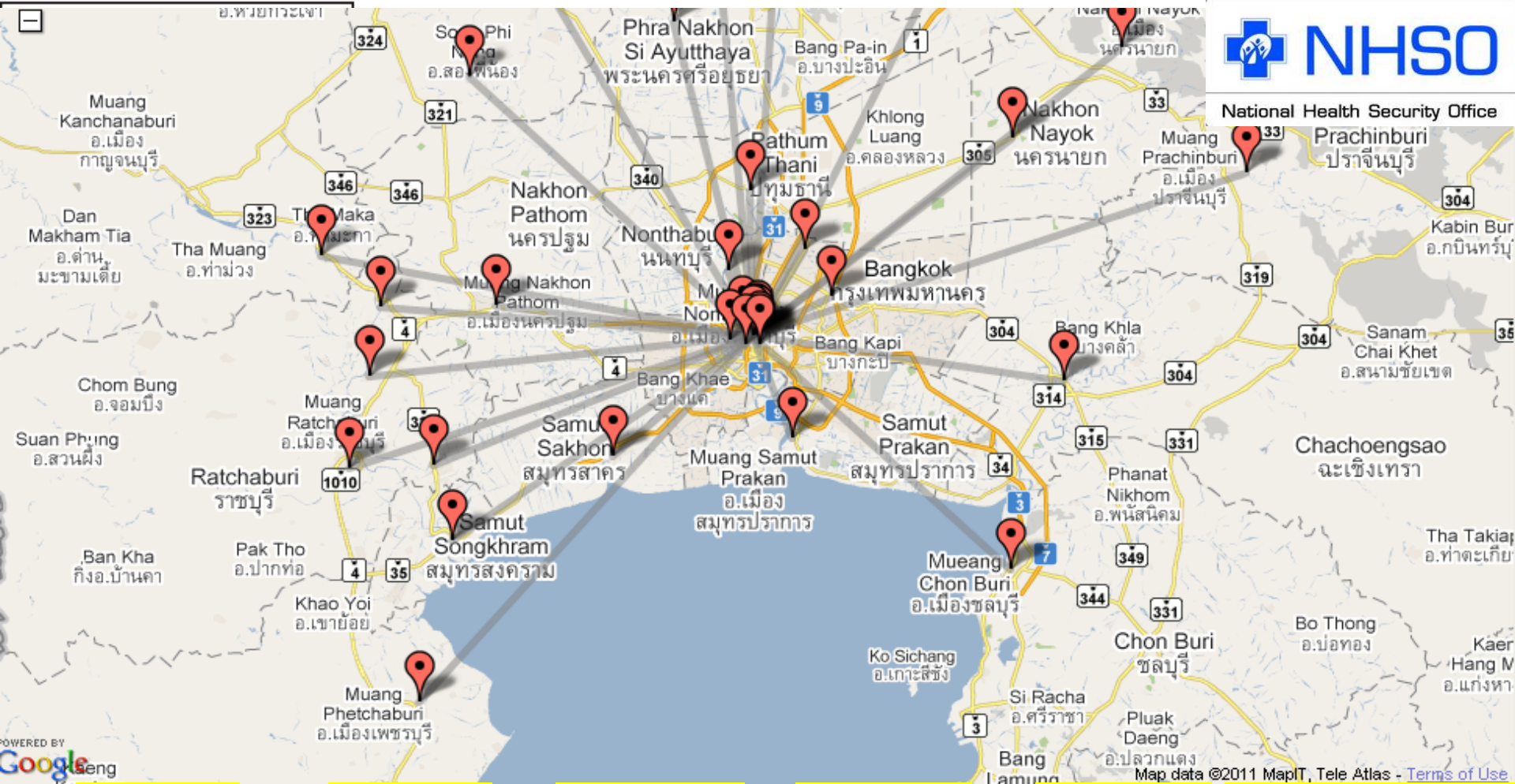








Dimercaprol



Botulinum antitoxin



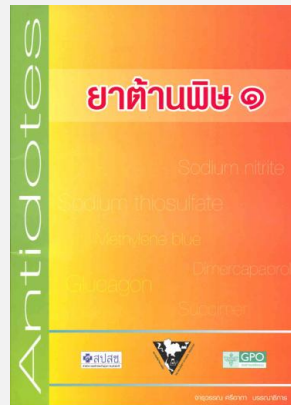


hospital	address	Tel. number	Distance	Antidote	Amount	Request
ศูนย์พิษวิทยา รามาธิบดี	กทม.	โทร 022011083 ,0801234567	0.00	Sodium nitrite	10 amp.	<input type="button" value="เบิกยา"/>
รพ.พระมงกุฎเกล้า	ถ.ราชวิถี พญาไท กทม. 10400		0.74	Sodium nitrite	10 amp.	<input type="button" value="เบิกยา"/>
รพ.ราชวิถี	2 ถนนพญาไท ราชเทวี กทม. 10400	โทร  087 494 0189 	1.05	Sodium nitrite	10 amp.	<input type="button" value="เบิกยา"/>
รพ.เด็ก	4208 ถ.ราชวิถี เขตราชเทวี กทม. 10400	โทร  086 793 5765 	1.16	Sodium nitrite	10 amp.	<input type="button" value="เบิกยา"/>
รพ.ตำรวจ	4921 ถ.พระราม 1 เขตปทุมวัน กทม. 10330	โทร  081 614 4445 	1.80	Sodium nitrite	10 amp.	<input type="button" value="เบิกยา"/>

Nationwide access to antidotes

The Poison Center :

- Ramathibodi Hospital
- Siriraj Hospital



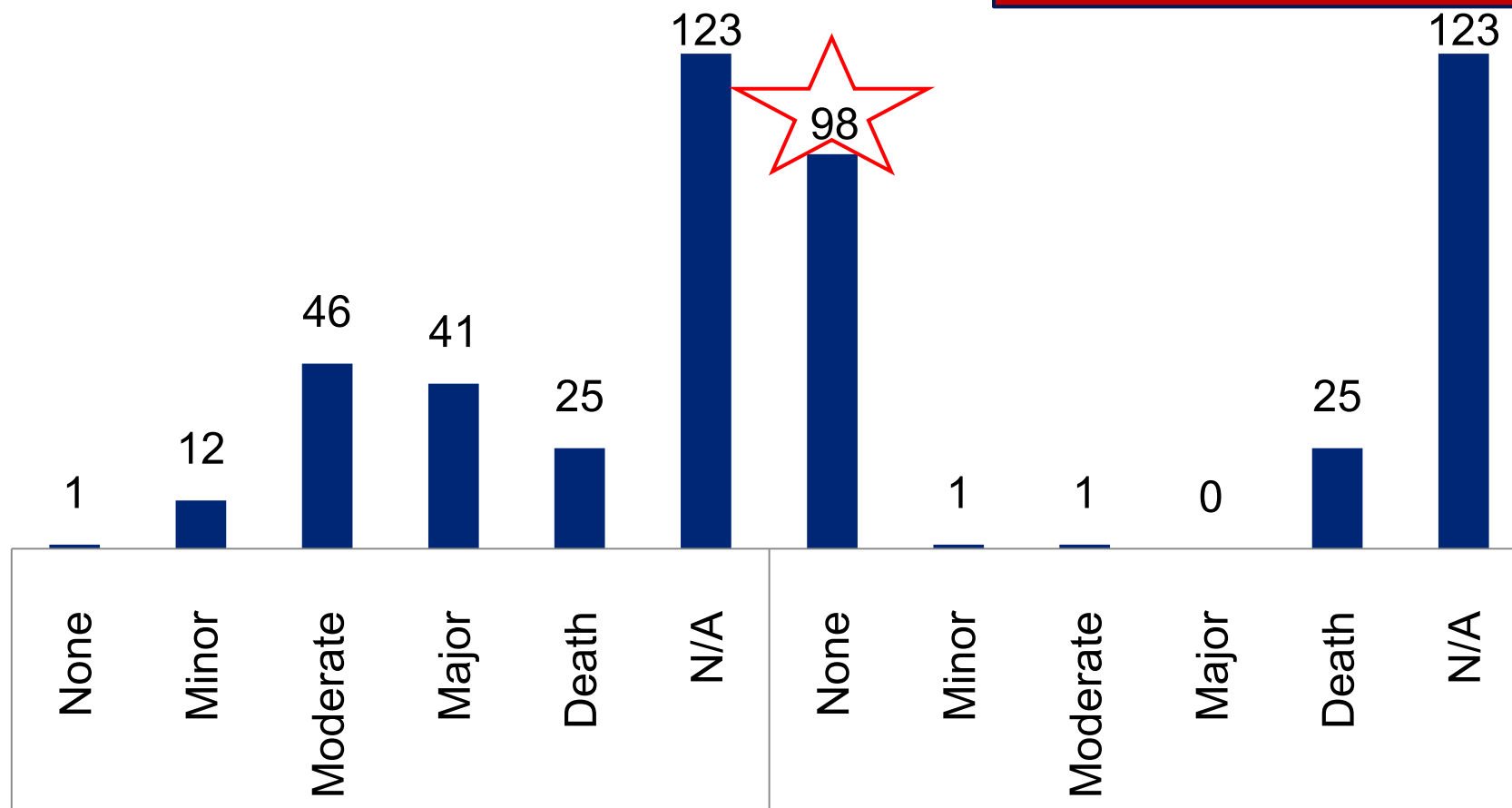
Consultation support for

- Diagnosis
- Antidotes/Quantity
- Treatment



The antidote program impact

100% Recovered
If received Antidote in Time





NHSO

National Health Security Office



success story
In amphur umphang
Tak province



NHSO

National Health Security Office



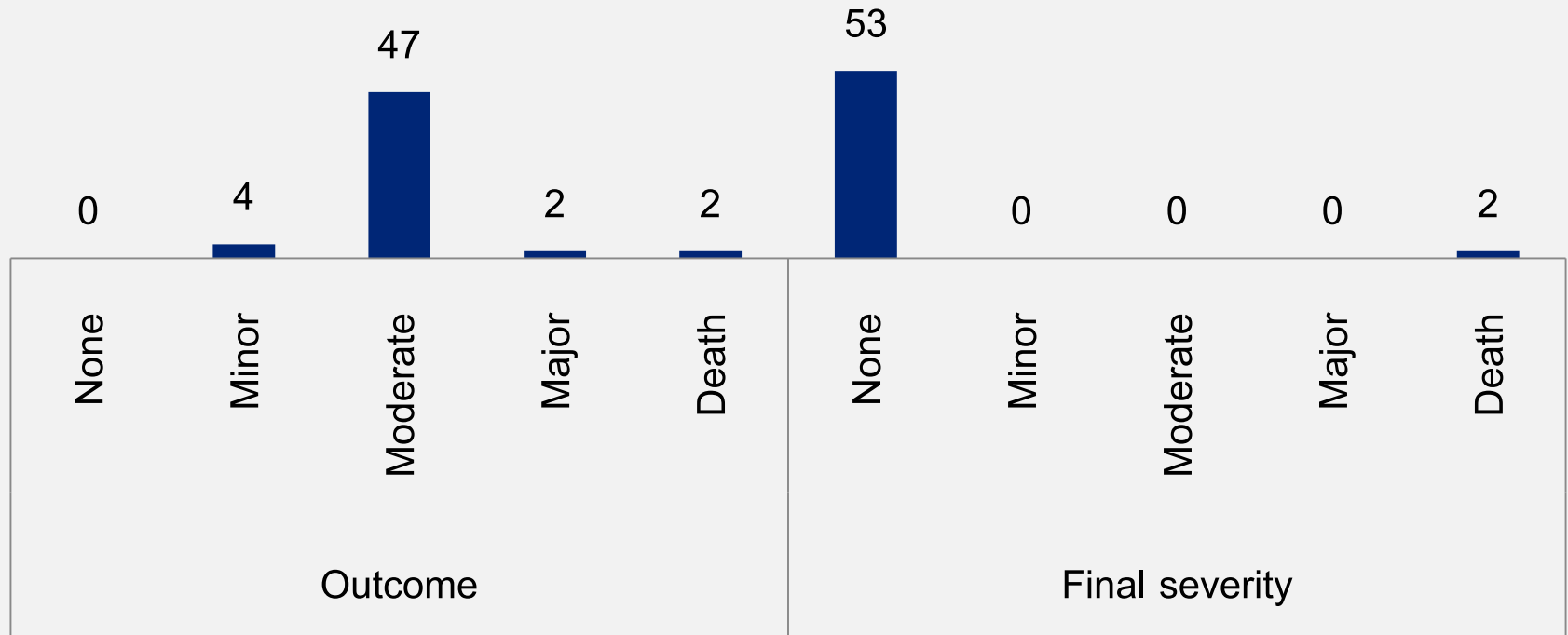
success story
In amphur umphang
Tak province



Distribution of Snakes population



Antivenom efficiency monitoring



	Pt.	%
No. of patients	55	100%
Survivals	53	96%
Discharge with non-final severity	53	100%

What PHI do to ensure access to health care needed of sufferer/victims?

▶ Mechanism

▶ Collaboration with other relevant organizations; e.g.

- ▶ Collaborate with Thai Post Offices to deliver dialysis solution to ESRD patient's home
- ▶ Create the network to dispense and refill medicine to victim shelter/home
- ▶ Collaborate with poisoning center ,red cross association , gov. pharmaceutical organization to set up the comprehensive model.

▶ Harmonization among three schemes; e.g.

- ▶ The 3 schemes harmonization under the concept “Medical emergency care for everybody everywhere”, implemented since April 1, 2012

What PHI do.....? (dont')

▶ Measure / Services

▶ Eliminate all barriers to access to healthcare needed

▶ **No geographic barrier**

- ☐ The victims can access to care at any health institutions, nearest / most convenient, for life saving

▶ **No identity barrier**

- ☐ No question >> who you are? What's your scheme?
- ☐ No authentication proved

▶ **No financial barrier and burden**

- ☐ Health insurance agency act as clearing house would pay for their health care expenditure, on agreement with providers

▶ Outreach services / Home visit

▶ Volunteer camp

Key success factors & Challenges

▶ Key success factors

- ▶ Providers and Purchasers relationship
- ▶ Collaboration among 3 schemes continuously

▶ Challenges

- ▶ Long-term disaster preparedness plans for Public Health Insurance Organization
- ▶ Preparedness for disaster management of other parts of health system

**Thank you for
your attention**



www.nhso.go.th

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