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

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National Health Security Office (NHSO), Thailand
Main public health insurance schemes in Thailand

**Inclusive policy and social safety-net**

**Civil Servant Medical Benefits Scheme (CSMBS):**
- Government officers and dependents

**Social Security Scheme (SSS):**
- Private formal employees

**Universal Coverage Scheme (UCS):**
- The rest of Thai citizens (not covered by other PHI scheme)

Thai citizens

Beneficiary Population

Safety Net
Dynamic of public health insurance status in Thailand

- Social security Scheme (SSS)
- Civil Servant Medical Benefits Scheme (CSMBS)
- Universal coverage Scheme (UCS)

Dead

Private formal sector
- New employment
- Quit Fired retired

Civil Servants and dependents
- Quit or Fired before retired
- New employment

Dead

New employment
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
Delivery medical supply and medicine to victim’s shelter.

A delivery staff will help check PD solution inventory at the patient’s home and staff will record via Android system. Nurses will use this data for the next order.
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
<table>
<thead>
<tr>
<th>no</th>
<th>drugs</th>
<th>strength</th>
<th>indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dimercaprol (BAL) amp</td>
<td>50 mg/ml</td>
<td>Heavy metal poisoning (arsenic, gold, mercury, lead, copper)</td>
</tr>
<tr>
<td>2</td>
<td>Sodium nitrite amp</td>
<td>3% w/v</td>
<td>Cyanide poisoning</td>
</tr>
<tr>
<td>3</td>
<td>Sodium thiosulfate amp</td>
<td>25% w/v</td>
<td>Cyanide poisoning</td>
</tr>
<tr>
<td>4</td>
<td>Methylene blue vial</td>
<td>1% w/v</td>
<td>Methemoglobinemia</td>
</tr>
<tr>
<td>5</td>
<td>Glucagon kit</td>
<td>1mg/ml</td>
<td>Beta-blocker poisoning and Calcium channel blocker</td>
</tr>
<tr>
<td>6</td>
<td>Succimer cap</td>
<td>100 mg/cap</td>
<td>Lead poisoning in children</td>
</tr>
<tr>
<td>7</td>
<td>Botulinum antitoxin bottle</td>
<td>Cl botulinum antitoxin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type A 750 I.U</td>
<td></td>
<td>For Botulinum toxin treatment</td>
</tr>
<tr>
<td></td>
<td>Type B 500 I.U</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type E 50 I.U. Per mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Diphtheria antitoxin amp</td>
<td></td>
<td>For Diphtheria toxin treatment</td>
</tr>
<tr>
<td>9</td>
<td>Digoxin Specific antibody fragment amp</td>
<td>40mg/vial</td>
<td>Digoxin toxicity, Cardiac glycoside</td>
</tr>
<tr>
<td>10</td>
<td>Calcium Disoduim edetate amp</td>
<td>200 mg/ml, 5 ml in oil</td>
<td>Heavy metal poisoning (lead, zinc, cadmium)</td>
</tr>
</tbody>
</table>
Antidotes distribution management
(by urgency and price criteria)

Cyanide antidotes
- Dimercaprol
- Botulinum antitoxin
<table>
<thead>
<tr>
<th>hospital</th>
<th>address</th>
<th>Tel. number</th>
<th>Distance</th>
<th>Antidote</th>
<th>Amount</th>
<th>Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>สุนิทพิทักษ์ยา รามธัญ</td>
<td>กทม.</td>
<td>022011083, 0801234567</td>
<td>0.00</td>
<td>Sodium nitrite</td>
<td>10 amp.</td>
<td></td>
</tr>
<tr>
<td>โรงพยาบาลพระมงกุฎเกล้า</td>
<td>ก.ราชวิถี พญาไท กทม. 10400</td>
<td></td>
<td>0.74</td>
<td>Sodium nitrite</td>
<td>10 amp.</td>
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<td>โรงพยาบาลพระมงกุฎเกล้า</td>
<td>2 ถนนพระอาทิตย์ ราชเทวี กทม. 10400</td>
<td>087 494 0189</td>
<td>1.05</td>
<td>Sodium nitrite</td>
<td>10 amp.</td>
<td></td>
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<tr>
<td>โรงพยาบาลเจริญ</td>
<td>4208 ก.ราชวิถี เซ็นทรัลเวิร์ส กทม. 10400</td>
<td>086 793 5765</td>
<td>1.16</td>
<td>Sodium nitrite</td>
<td>10 amp.</td>
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<td>โรงพยาบาลตันติวรางกูร</td>
<td>4921 ก.พระราม 1 เขตป้อมปราบ กทม. 10330</td>
<td>081 614 4445</td>
<td>1.80</td>
<td>Sodium nitrite</td>
<td>10 amp.</td>
<td></td>
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</table>
Nationwide access to antidotes

The Poison Center:
- Ramathibodi Hospital
- Siriraj Hospital

Consultation support for
- Diagnosis
- Antidotes/Quantity
- Treatment
The antidote program impact

If received Antidote in Time

100% Recovered

None  Minor  Moderate Major  Death  N/A

1      12     46     41     25     123

None  Minor  Moderate Major  Death  N/A

1      1      1      0      25     123
success story
In amphur umphang
Tak province
success story
In amphur umphang
Tak province
Distribution of Snakes population

[Map showing the distribution of snakes in Thailand, with regions marked in different colors and snake images accompanying each region.]
Antivenom efficiency monitoring

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Final severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>47</td>
</tr>
<tr>
<td>Minor</td>
<td>2</td>
</tr>
<tr>
<td>Moderate</td>
<td>2</td>
</tr>
<tr>
<td>Major</td>
<td>0</td>
</tr>
<tr>
<td>Death</td>
<td>0</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Outcome</th>
<th>Final severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>53</td>
</tr>
<tr>
<td>Minor</td>
<td>0</td>
</tr>
<tr>
<td>Moderate</td>
<td>0</td>
</tr>
<tr>
<td>Major</td>
<td>0</td>
</tr>
<tr>
<td>Death</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of patients</th>
<th>Pt.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survivals</td>
<td>53</td>
<td>96%</td>
</tr>
<tr>
<td>Discharge with non-final severity</td>
<td>53</td>
<td>100%</td>
</tr>
</tbody>
</table>
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

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