ASSA Recognition Award

CATEGORY	:	Governance Recognition Award
ORGANISATION	:	National Health Security Office (NHSO), Thailand.
CONTACT PERSON	:	Wilailuk Wisasa, Manager, National Health Security Office
NAME OF PROJECT	:	Governance of NHSO Fund Management
OBJECTIVE AND NATURE OF PROJECT	:	The launch of the Universal Health-care Coverage Scheme (UCS) in 2001 benefitted from the convergence of three factors: political commitment, civil society engagement and technical expertise. The UCS is a tax-financed scheme that provides free health care at the point of service. The benefit package is comprehensive and includes general medical care and rehabilitation services, high cost medical treatment, and emergency care. The UCS covers the people previously served by a collection of piecemeal schemes and the people who were without health protection particularly in the informal sector, the latter being equal to 30 per cent of the population The scheme managed by the National Health Security Office (NHSO) has increased access to health services and reduced the incidence of catastrophic health expenditures. While it is not dedicated to the poor, its universal nature has pro-poor impacts.
WHY IT SHOULD BE RECOGNISED	:	The UCS was designed to extend coverage and provide financial risk protection to citizens; it was not intended to explicitly improve hospital governance capacity. However, its provision of a purchaser–provider split defines a clear accountability framework between the National Health Security Office (NHSO), the hospitals, and the UCS members As a result, hospital governance has become more responsive to UCS members' needs compared to the previous integrated model, in which budget allocation was neither linked to the numbers of population served nor to patient satisfaction. The UCS was also designed to create a governance structure that allows for better participation (of civil society, patient groups, health-care professionals and so forth) and a transparent decision-making process.
SUMMARY OF THE PROJECT	:	• Participatory process of decision making: National Health Security board, committee and subcommittee, it is clarity of roles and responsibilities from National Health Security Act, 2002. Stakeholder participation under the UCS was found to be structurally and procedurally sound. Decision-making tends to be consensus-oriented and follows the rule of law. This applies to the central governing bodies and to the regional and provincial governing bodies (PHSO and subcommittees). Including NGO representatives in the governing bodies also facilitates transparency, since NGO representatives sometimes voice through the mass media

their concerns about inappropriate policy decisions, such as the attempt to over-represent private providers in new appointments to the NHSB in 2011

- Mechanisms ensure good governance of insurance fund management, Open Budget process and Public availability of information
  1) NHSO has implemented 'Systems, Applications and Products in Data Processing : SAP' for operation, monitoring and report the accounting system. It can provide a reliable basis for tracking the budget, payment, arrears, liability and assets effectively.
  2) Summary report on budget : A clear and simple summary report on budget monitoring would be presented to the NHSO' secretary general and approved through financial committee before submitting to NHS' board.
  3) Yearly Publication: The yearly publication of fiscal information had to be a legal obligation of NHSO.
  4) E-budgeting : NHSO has also come up with the monitoring the payment by development another system called ' E-budgeting'. 'E-budgeting ' will consolidate all the transactions of the payment requests from all branch offices and develops the statements for the fund managers in order to monitor the budget correctly and timely.
- Mechanism to ensure responsiveness and accountability of insurance fund to protect beneficiaries, listen to the patient voice, , various mechanisms was implement : a "1330" hoteline, a consumer Protection System, a patient complaint service, a no-fault compensation fund , stepwise quality improvement and tougher hospital accreditation requirements.
- Mechanism to ensure healthcare providers are satisfied with the services and financing, regular poll monitoring (both patients and providers) by implement the Satisfaction Survey every year by academic institute since 2004.
- The governance assessment revealed a number of other concerns. The length of time it takes to release reports and documents, and the fact that they are not particularly reader friendly, have been impediments to accountability and well-informed participation. Hospital accounting systems were found to be insufficient and not able to disclose accurate and timely information and data. Lack of accurate and timely empirical data (routine data and research) about financial performance and health-care performance (outpatient care, disease prevention and health promotion) significantly compromised policy formulation, monitoring and evaluation.

  A related concern is the balance between the need to protect the privacy of individual patients and the need for access to clinical data in the claimed datasets in order to assess performance and hold providers accountable. In the 15 years of the UCS most of the effort was focused on protecting patient privacy and so, for example, researchers and evaluators had no access to anonymized patient records and datasets.

In conclusion, the UCS design called for significantly different financial, governance, organizational and management arrangements that included new institutions, new relationships and new ways of working. The most

		noteworthy innovation was the creation of the National Health Security Office (NHSO) to act as purchaser on behalf of UCS beneficiaries. The architects of the scheme believed that involving a wider range of agencies and stakeholders in decision-making processes would improve efficiency, transparency, responsiveness and accountability. The policy intention was to use financing reforms to strengthen the whole health system by shifting its focus towards primary health care. Research evidence was critical in building support for the UCS policies and in countering fierce resistance to change from some stakeholder groups. Policy recommendations for Thailand.