National Hospital Insurance Fund (NHIF) Health Financing Reforms Experts' Panel (HEFREP) Visit to Thailand on Universal Health Coverage (UHC) and Health Technology Assessment (HTA) June 5th – 7th, 2019

Abbreviations

BMGF	Bill and Melinda Gates Foundation
CHAI	Clinton Health Access initiative
CSMBS	Civil Servant Medical Benefit Scheme
HBAP	Health Benefits Advisory Panel
HEFREP	Health Financing Reforms Experts' Panel
HITAP	Health Intervention and Technology Assessment Program
HTA	Health technology assessment
iDSI	international Decision Support Initiative
IHPP	International Health Policy Program
KEMSA	Kenya Medical Supplies Authority
MoH	Ministry of Health
MoPH	Ministry of Public Health
MoU	Memorandum of Understanding
NHIF	National Health Insurance Fund
NHSO	National Health Security Office
PHC	Primary health care
RF	Rockefeller Foundation
SQCB	Standard and Quality Control Board
TRF	Thailand Research Fund
UCS	Universal Coverage Scheme
UHC	Universal Health Coverage

Contents

Executive Summary

Kenya's President has committed to achieve Universal Health Coverage (UHC) by 2022. The National Hospital Insurance Fund (NHIF) that provides medical insurance coverage to its members and their declared dependents will be transformed to become the manager of UHC. To this end, the Cabinet Secretary for Health constituted Health Financing Reforms Expert Panel who is tasked with proposing recommendations on how the NHIF can be reformed.

Through an established relationship between the Kenyan and Thai Ministries of Health, a Memorandum of Understanding (MoU) on health care was signed in February 2019. As part this collaboration, the NHIF expert panel was invited for a study visit to Thailand. The visit was led by the National Health Security Office (NHSO) which, the manager of the Universal Coverage Scheme in Thailand, has important lessons and experiences to share. Through the study visit the Panel to understand how Universal Health Coverage, health systems and Health Technology Assessment (HTA) in Thailand were developed; this includes health workforce, health delivery systems development, Universal Health Coverage management, HTA system and the link to NHSO in particular UCS management. The visit concluded with a discussion between the Kenyan delegation and Thai experts on the lessons learned and recommendations.

Introduction

Kenya's President, His Excellency Uhuru Kenyatta has committed to achieve Universal Health Coverage (UHC) by 2022. Kenya's UHC journey began in December 2018 with aims to 1) provide access to essential healthcare and public health interventions to Kenyans across all of its 47 counties, 2) lower financial barriers to health by increasing the health budget progressively from 6.7% to 15% of the annual budget by 2021 and beyond, and 3) improve the overall quality of health services and the number of health facilities.

Over the years, there have been meetings between senior dignitaries from the Kenyan and Thai governments. Building on these engagements, the Kenyan Ministry of Health and Thai Ministry of Public Health signed a Memorandum of Understanding (MoU) on healthcare on February 1st, 2019. The MoU aims to foster collaboration between the two countries with the overarching objective of mutual learning to achieve Universal Health Coverage (UHC). One of the activities identified by the two parties and falling under the MoU section "Universal Coverage of Health Insurance and Health Care Financing" was a study visit by the National Hospital Insurance Fund (NHIF) Health Financing Reforms Experts' Panel to Thailand. The NHIF is Kenya's main health insurance provider. Through this study visit to Thailand, the Panel seeks to learn from Thailand's experience to achieve UHC and apply the lessons to inform the set-up of the NHIF as the manager of Kenya's UHC program.

On the Thai side, this visit was led by the National Health Security Organisation (NHSO) which manages the Universal Coverage Scheme (UCS) in Thailand. In addition to visiting the NHSO, the Panel had a specific request to learn about the use of Health Technology Assessment (HTA) in the Thai health system and the role of the Health Intervention and Technology Assessment Program (HITAP), a semi-autonomous research unit in the Ministry of Public Health, Thailand. HITAP is a core partner of the International Decision Support Initiative (iDSI). This study visit was supported by NHSO, the iDSI grant to HITAP and the Clinton Health Access Initiative (CHAI).

This report provides an overview of the visit and summarises key discussions. Supporting information is provided in the Appendix.

Overview of study visit

The overall objectives of this study visit were to understand how the implementation of UHC and health technology assessment (HTA) in Thailand to inform the NHIF Experts Panel. The Panel also sought to discuss the Panel's policy recommendations/reforms and the report. The delegation was led by the Chief Administrative Secretary (CAS), Ministry of Health and the NHIF Expert Panel. To achieve the objectives of the study visit, the agenda was structured to include presentations, question and answer time after each presentation, discussions, and site visits. A summary of each day is provided below, with the agenda and list of participants available in Appendices 1 and 2, respectively:

Day 1, hosted at NHSO

The day began with introductions and an overview of Kenya and Thailand's health care system, followed by presentations on the NHIF and policy reforms, Thailand's UC scheme, NHSO as the manager of the UC scheme and its functions on financial management, reimbursement, information technology systems, quality assurance, and audit systems. The delegation had the opportunity to meet the Thai Minster for Health and other high-level officers, then observed the NHSO board meeting and had a walking tour of the call center and claims center.

Day 2, health facility site visits and meeting with UHC Champion, Dr. Suwit Wibulpolprasert

The delegation visited Sai Noi District Hospital, a level 3. The focus of the visit was on Primary Health Care services, management of the human resource, finances, patient registration, and claims. Later, the delegation visited a sub-district health promoting hospital in Sai Noi Tambon to learn about health promotion activities and community engagements. The delegation then visited a household where long-term homecare was being provided for an elderly man. Lastly, the delegation met with Dr. Suwit Wibulpolprasert, a general practitioner, a public health specialist, an administrator and a health policy advisor, to learn about Thailand's experiences on UHC and had an opportunity to seek advice on specific issues that Kenya, NHIF in particular, is grappling with.

Day 3, hosted at HITAP and IHPP

In the morning, the delegation visited HITAP to learn about HTA, its historical development and journey towards institutionalization, the organizational infrastructure, and how HTA is being used in the health system to evaluate drugs and interventions and inform decision making. Additionally, the delegation was presented with case studies that showcase the impact of using HTA studies for decision making. Later in the afternoon, the delegation met with senior Thai experts to reflect on learnings from the visit and to discuss the Panel's policy recommendations. The Kenyan delegation presented its policy recommendations. Thereafter, Thai experts provided feedback and perspectives on the draft policy recommendations.

More information on the Thai health system and HTA development in the country based on presentations and discussions during the visit is provided in Appendices 3 and 4, respectively.

Summary of visit

Presentations and discussions

Overview of Kenya's health system

Kenya has a devolved system of governance which consists of a national or central government and 47 county governments. Health is a sector that is fully devolved, whereby the national Ministry of Health is primarily responsible for policy and regulation and the county governments are responsible for service delivery. The county governors and county governments manage the health agenda for their respective counties. In Kenya, the health system has 6 levels of care: level 1 community care, level 2 dispensaries, level 3 health centers, level 4 district referral hospital, level 5 provincial referral hospital, and level 6 national referral hospital (2 main hospitals).

Implementation of Universal Health Coverage (UHC)

Implementation of UHC will be done through a phased approach: pilot phase and UHC scale-up phase.

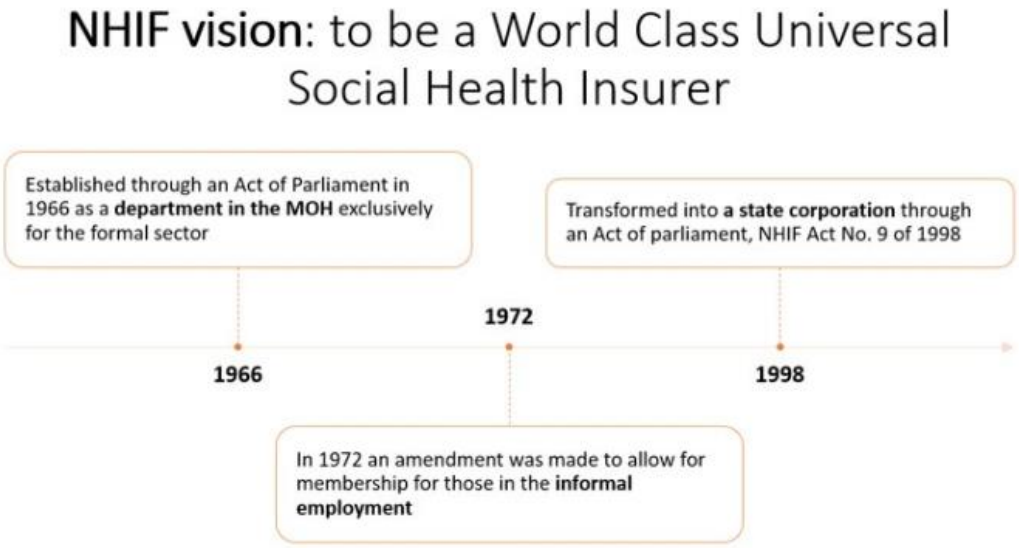
Pilot Phase

The pilot phase is from December 2018 and December 2019 in four counties: Isiolo, Kisumu, Machakos, and Nyeri. The four counties receive funding allocations and in-kind supplies/commodities through Kenya's Medical Supplies Authority (KEMSA). The government provides direct support in areas such as Human Resource, management and leadership, and public health programs. Additionally, to address financial burdens to accessing health care the Government removed user fee from levels 1 to 4 in the pilot counties. Meanwhile, health systems strengthening activities are taking place in the other 43 counties in preparation of UHC rollout. During this pilot phase, the hope is to gain valuable lessons that will inform the role out of UHC in the country.

UHC Scale-up Phase

Between December 2019 to December 2021, UHC will be scaled up to the remaining 43 counties. The overall focus is on Primary Health Care, through improved access to services will add benefits such as fewer hospitalization, less utilization of specialist and emergency centers and less chance of being subjected to inappropriate health interventions. The Ministry of Health has instituted several workstreams geared towards elaborating necessary instruments and/or reforms that should realize this objective. One key reform identified was to transform the NHIF into a strategic purchaser.

Health Financing Reforms Panel



Above image was extracted from a presentation by Dr. Edwine Barasa, Director of the KEMRI-Wellcome Trust Research Programme (KWTRP)

The core mandate of the NHIF is to provide medical insurance coverage to all its members and their declared dependents (spouse and children). Currently, the parliament Act of 1988 governs the Fund. The NHIF covers formal sector individuals, informal sector individuals with the ability to pay monthly contributions, the poor and the vulnerable, and target groups such as women and school-going children.

The NHIF has been identified as the manager of the UHC program. However, in order for the NHIF to be the manager of the insurance scheme, the organization will need to undergo reforms. Currently, only 20% of Kenya's population is covered by NHIF insurance, therefore in-order to increase coverage by 80% NHIF will need to increase capacity and resources. To this end, in 2019, the Cabinet Secretary for Health appointed a Panel to make recommendations that will enable the NHIF to transform into an effective manager of the UHC program and serve as a strategic purchaser. The Panel is made up of 14 experts from various institutions such as MoH, KEMRI-Wellcome Trust Research Programme (KWTRP), Parliament, and NHIF. The Panel has a 90-day period to execute its mandate. The Panel has three focus areas: 1) legal, regulatory, and governance reforms, 2) business process reorganization, and 3) strategic purchasing and financial sustainability.

The Panel's objectives are:

- To realign, reorganize, and reposition NHIF as the central medium through which progress towards UHC will be attained.
- To transform the NHIF into a strategic purchaser of health services, in the context of UHC.
- To review the current provider payment mechanisms.
- To review the progress made in implementation of recommendations of previous reviews.
- To develop a clear action plan for implementation of the reforms in the short, medium, and long-term.
- To develop a framework to guide periodic review of progress made towards implementation of reforms.

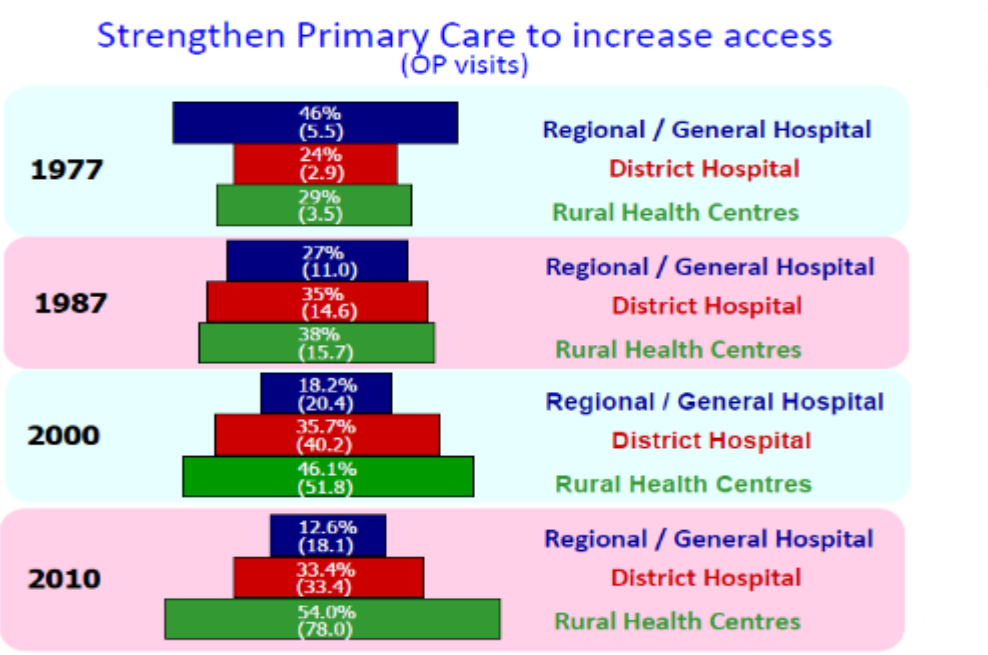
Having embarked on a journey to achieving UHC, Kenya has taken the opportunity to learn from other countries that have successfully established UHC. Thailand is one country that has been recognized for its success in achieving UHC. Further, through previous engagements, Kenya identified similarities with Thailand during the launch of the Thai UHC in 2002. Examples of these similarities include its economic standing, population size, having large informal sectors, large rural populations, and having similar political commitments. Therefore, there are key lessons that Thailand can share with Kenya as they begin their journey to UHC.

Thailand's Health care system

Thailand has a centralized health care system where health provisions for 77 provinces with 878 districts. There are 5 levels of care, from primary care to tertiary care, health centers, district hospitals, provincial hospitals, regional hospitals, and specialized hospitals. Universal Health Coverage (UHC) was achieved in 2002. Building a solid foundation for UHC came in two parallel strands of development: 1) Infrastructure development to ensure availability of services through equitable access to health facilities and adequate number and equitable distribution of workforces; and 2) Expanding financial risk protection through increasing the population covered (formal sector, informal sector, and the poor and vulnerable) and expansion of the benefit package.

The main provider of the UHC program is the Universal Coverage Scheme (UCS) which covers 75% of the population. The UCS covers primary health services as the first point of care. Strengthening primary health care (PHC) to increase access to care shows that service utilization in lower levels grew. Thailand saw a reversal in use of outpatient services whereby fewer patients were going to larger urban facilities and more were going to the

rural or local primary units. Currently, primary care is only 6% of the health budget which proved to be the easiest and cheapest way to expand coverage.



Some of the key topics on which the delegation asked questions on were: governance of NHSO, social accountability, management of the scheme in terms of efficiency and financial sustainability, financing (contribution mechanisms, pooling arrangements), identification and contracting of health facilities, provider payment arrangements, targeting and coverage of the poor, development of the health benefits package, claims management and quality assurance, among others.

Site visits

National Health Security Office (NHSO)

NHSO Consumer Protection System and Call center

The delegation had an opportunity to visit the call center and learn about the system used to take calls and address patients comments or questions. The call center receives calls 24/7 from the NHSO hotline number 1330. The hotline services that are provided include: checking eligibility for the scheme, providing advice on how to access medical care, receiving complaints, and organizing transportation for referrals. The call center is linked with other agencies such as the Consumer Protection Board, to ensure all Thai citizens have access to care.

More information on the call center is available at the following link: https://www.nhso.go.th/eng/files/userfiles/file/2018/001/Final_Blue_Hotline%201330%20.pdf

Health facilities

Sainoi District Hospital

The delegation visited the Sainoi District Hospital to learn more about Primary Health Care services, management of human resources, finances, patient registration, and benefit claims. Sainoi district hospital is a level 4 community hospital with a bed capacity of 60 that serves a population of 73,383. The number and breakdown of public health personnel who work at the hospital are as follows: 10 Physicians, 6 Dentists, 6 Pharmacist, 54 Nurses, 4 Medical Technicians, and 5 Physical Therapists. The health services provided to UC S beneficiaries is comprehensive and includes: 1) general treatments, 2) emergency medical services, 3) delivery services, 4) dental services, 5) physical therapy, and 6) Thai and Chinese traditional medicines. Other services provided include HIV/AIDS treatment, prosthesis replacement, operations, various screenings (NCDs, pap smears, substance abuse, coronary artery disease etc.) family planning, vaccine immunizations, antenatal and postnatal care and others. The average number of outpatients services provided per day in 2018 was 532 and the top 5 causes of illness for these patients was hypertension, diabetes mellitus, upper respiratory tract diseases, muscle strains, and hyperlipidemia. The total number of inpatient services provided in 2018 was 4,699 with a bed occupancy rate of 76.04%. The hospital runs community-based programs for dengue control, eye and oral examinations in schools, home health care for the elderly and terminally ill, and family medicine team outreach.

Khlong Kwang Sub-district Health Promoting Hospital (health center)

The delegation visited the KhlongKwang subdistrict hospital, a level 3 facility, that covers 9 villages in the district of Sainoi and serves a population of 4,033 people (815 households). The health promotion and prevention activities involve inter-sectoral collaboration with the local government, schools, religious sites, and others. The hospital is directly linked to the Sainoi district hospital for technical and financial support, receives drugs, and medical and non-medical supplies. The funding for the hospital comes directly from the NHSO fund for health promotion and prevention activities at a 40 baht per head with compulsory matched funds from the local government,

At the hospital the services that are provided include basic medicines, blood pressure measurement, screening for malaria and diabetes, and others. The service provision and activities outside the health center includes behavior change for NCD prevention (e.g. exercise, healthy eating) and home visits for patients with chronic diseases or bedridden patients. Majority of these activities are led by village health volunteers who receive monthly stipends for transport of 1000 Thai Baht. Each village health volunteer is assigned 10 households that he/she visits once a month. Some of the community-based activities are done in collaboration with the MoPH Community Health Promotion Fund Partnership. Activities include chronic disease screenings, health education, behavior modification, rehabilitation, cervical cancer and breast cancer screening by self-examination, oral cavity examinations, Thai Traditional Medicine, and dengue hemorrhagic fever control.

Patient Home Visit

Lastly, the delegation followed a community health volunteer to a home visit for a chronically ill patient who was bed-ridden. At the patient's home, the delegates were able to see the equipment that was supplied to the household by the local hospital such as a bed, oxygen tanks, tubes, gloves, and other materials. In addition to receiving equipment, the patient's family was trained by nurses on how to provide some level of care for their family member.

Wrap-up discussion and next steps

To wrap up the visit, the delegation had a meeting with various Thai partners and senior experts. The discussion began with a brief reflection by the Kenyan delegation on the past few days. Then the Kenyan team provided a refresher of the Health Financing Reforms Panel, its mandate, and the key challenges they are facing. Additionally, a presentation was given on the draft policy recommendations which provided an opportunity for senior Thai experts to provide comments and insights on the policy recommendations. The policy recommendations cover the reforms: 1. Re-engineering the business processes of the NHIF to ensure that it is fit-for-purpose; 2. The financial sustainability of NHIF and; 3. The purchasing reforms required for NHIF to purchase in a more strategic manner. Later, the Thai partners shared key lessons learned from their experiences of Thailand's journey towards achieving UHC. Lastly, to conclude the visit the Kenyan and Thai colleagues discussed next steps and agreed to continue working together on the final report on policy recommendations.

Lessons learned

The three-day study visit in Thailand involved engaging with various stakeholders of the Thai health care system, from UHC champions and Thai experts and technical officers involved in evidence generation, to nurses and community health volunteers. Through the discussions, presentations, and site visits, there were several lessons learned:

Political commitment, champions, and ownership of the people: The political environment during the launch of UCS was peaceful and allowed the government to use the fiscal spaces to cover social sectors such as health. The power of stakeholders in the system was essential to advocating for UHC. Qualified health professionals and experts in health economics and research called "champions" promoted and appealed to the government. Additionally, influential civil society organizations and public support provided an added pressure. Collectively, the three powers, the political, social, and intellectual powers make-up the "triangle that moves the mountain", which has been essential for achieving an acceptable consensus on UCS policies and processes.

Strengthening primary health care: Before the launch of UHC, the government invested heavily in strengthening primary healthcare. It improved the infrastructure of health facilities, increased number of health care providers, and increased medical supplies which led to an increase in service utilization at the lower levels of care, and more patients visited rural health facilities than the urban ones. Primary health care accounts for 6% of the budget and is the easiest way to expand coverage. As the gatekeeper of care or the first point of care, if a patient wishes to bypass the primary unit of care then they are required to pay for the services. This is another way of encouraging patients to access care at primary health care facilities.

Commitment of health workers: The commitment from health workers is another strength of the health system. For example, the community health volunteers are essential to delivering PHC. They provided health knowledge and spread important messages to people living in hard to reach areas. Despite receiving a very minimal stipend they work hard to take care of their community. Overall, investing in health care providers is a key aspect of health systems strengthening. Thailand also implemented mandatory rural work for 2 – 3 years and provided incentives to doctors who chose to work for more than the required period. Through strengthening the health care system, the community also came to trust the health care providers.

Involvement of stakeholder groups: Various stakeholder groups are involved in different aspects of the health system; from developing public health programs to implementation and in conducting HTA research. Additionally, for health promotion activities, Thailand has taken a multisectoral approach and collaborates with other sectors for example, the Ministry of

Public Health worked with the education sector to train and implement eye testing in schools. Through involvement of various groups there is increased transparency and ownership of health care.

Quality assurance and accreditation: Thailand's health care system includes a few different methods of ensuring that patients receive quality care. One method is through *Complaint mechanism and patient feedback systems.* The NHSO manages a call center that patients can call the hotline number 1330 to share the complaints, get information, seek advice, or inquire about transportation and available beds.. In Thailand, the Healthcare Accreditation Institute and the Institute of Hospital Quality improvement and Accreditation aims to improve the standards, safety, and quality of health facilities and care provided. The institution conducts accreditations through a learning or educational process and not in an audit style.

More information is available at the following links:
https://www.nhso.go.th/eng/files/userfiles/file/2018/001/Final_Blue_Hotline%201330%20.pdf
https://www.ha.or.th/EN/AboutUs/History.

Appendices

Appendix 1: Agenda

Agenda

National Hospital Insurance Fund (NHIF) Health Financing Reforms Experts' Panel (HEFREP)
Visit to Thailand on
"Universal Health Coverage (UHC) and Health Technology Assessment (HTA) sharing experience"

Introduction:
On February 1st, 2019, the Kenyan Ministry of Health and Thai Ministry of Public Health signed a Memorandum of Understanding (MoU) on healthcare. The MoU aims to foster collaboration between the two countries with the overarching objective of mutual learning to achieve Universal Health Coverage (UHC). One of the activities identified by the two parties and falling under the MoU section "Universal Coverage of Health Insurance and Health Care Financing" was a study visit by the National Hospital Insurance Fund Taskforce (NHIF) to Thailand. The NHIF Reforms Panel is responsible for making recommendations that will enable the NHIF to transform into an effective manager of the UHC program in Kenya. The Panel has three focus areas: 1) legal, regulatory, and governance reforms, 2) business process reorganization, and 3) strategic purchasing and financial sustainability. Through this study visit to Thailand, the panel seeks to learn from Thailand's experience and apply the lessons in informing the set-up of the NHIF as the manager of the UHC program.
This visit is led by the National Health Security Office (NHSO) which manages the Universal Coverage Scheme (UCS) in Thailand. In addition to visiting the NHSO, the taskforce had a specific request to learn about the use of Health Technology Assessment (HTA) in the Thai health system and the role of the Health Intervention and Technology Assessment Program (HITAP), a semi-autonomous research unit in the Ministry of Public Health, Thailand. HITAP a core partner of the International Decision Support Initiative (iDSI). This study visit is supported by NHSO, the iDSI grant to HITAP and the Clinton Health Access Initiative (CHAI).
Dates: 5th to 7th June 2019
Venues:
NHSO office, Meeting Room 202 , 2nd floor, The Government Complex, Building B 120 Moo 3 Chaengwattana Road, Lak Si District, Bangkok 10210

Map of National Health Security Office

HITAP office, Meeting Room 1, 6 Floor, Building 6, Thanon Tiwanon - Pathum Thani, Mueang District, Nonthaburi, 11000

District Hospital :Sai Noi Hospital, Sai Noi District, Nonthaburi Province.

Objectives:

The overall objectives are to understand how Universal Health Coverage , health systems and health technology assessment (HTA) in Thailand are developed; this includes health workforce, health delivery systems development, Universal Health Coverage management, HTA system and the link to NHSO in particular Universal Coverage Scheme (UCS) management; in order to draw lessons for NHIF Experts Panel.

1. To share tacit knowledge and experience in policy formulation and policy implementation of the Thai universal health coverage (UHC) and its outcomes.
2. To understand the Institutional/organizational and governance arrangements for Thai universal health coverage (UHC) system
3. To share Thai experiences on the process and history of the introduction and development of the provider payment mechanisms, conusumer protection system, Quality Assurance System etc. with the NHIF Experts Panel group.
4. Visit health care units to gain understanding UHC, Provider Payment, Primary Care Service System in Thailand
5. To understand HTA and the system in Thailand. Specifically:
    - The mandate, functions, and processes for health technology assessment
    - Institutional/organizational and governance arrangements for an HTA system and the link to NHSO
    - The use of HTA for both pharmaceutical and non-pharmaceutical benefit package
6. To discuss the taskforce policy recommendations/reforms and the report

Page Break

Outcomes:

- Gained detailed operational knowledge of Thailand's approach to at least one of the key learning areas; and have discussed how that approach may need to be similar or different in the Kenya.
- Increased understanding of Health Technology Assessment (HTA) system in Thailand
- Deliberation on the lessons learned from the Thai experience with HTA to the Kenyan context
- Review of the policy recommendations for NHIF reform and receive feedback from Thai experts
- Share their learning from the study visits with colleagues in the Kenya.

Focal point from Thailand

First and last name	Nickname	Responsibility	Email
NHSO: National Health Security Office			
1. Dr. Jadej Thammatacharee Deputy Secretary General, NHSOo	Jadej	Program Advisor	jadej.t@nhso.go.th
2. Ms. Wilailuk Wisasa Manager , NHSO	Pao	NHSO coordinator	wilailuk.w@nhso.go.th

3. Ms. Papitchaya Wattanakrai Officer, NHSO	Fon	NHSO supporter	papitchaya.w@nhso.go.th
IHPP: International Health Policy Program			
4. Dr. Walaiporn Patcharanarumol IHPP Director	Tuang	Program Advisor , IHPP technical support on health financing, UHC and etc	walaiporn@ihpp.thaigov.net
5. Ms. Parinda Seneerattanaprayul	Kae	IHPP coordinator	parinda@ihpp.thaigov.net
6. Ms. Waraporn Poungkantha	Ta	IHPP coordinator	waraporn@ihpp.thaigov.net
HITAP: Health Intervention and Technology Assessment Program			
7. Dr. Yot Teerawattananon	Yot	Program Advisor	yot.t@hitap.net
8. Dr. Wanrudee Isaranuwatchi	Ming	HITAP technical support	wanrudee.i@hitap.net
9. Ms.Saudamini Dabak		HITAP coordinator	saudamini.d@hitap.net
10. Ms. Avnee Patel		HITAP coordinator	avnee.p@hitap.net

Study visit Kenya delegation

Government officials from Kenya Ministry of Health, members of the NHIF Reforms Expert panel, NHIF Board, and Members from Parliament.

Name	Organisation
1. James Wambugu	Chair HEFREP
2. Edwine Barasa	HEFREP
3. Jacqueline Otwori	HEFREP
4. Sheila Gatu	HEFREP
5. Jane Chuma	HEFREP
6. Joyce Wanderi	HEFREP
7. Gilda Odera	HEFREP
8. Philip Mwololo	HEFREP
9. Kenneth Amwayi	HEFREP
10. Cynthia Charchi	HEFREP-JS (TBC)
11. Gerishom Gimaiyo	HEFREP-PA

12. Hon. Anne Waiguru	Governor
13. Hon. Lokorio Petronilla	Senate
14. Jacqueline Mogeni	CEO COG
15. Dr Pacifica Onyancha	MoH
16. Dr Rashid Aman	MoH CAS
17. Jacqueline Leslie Wasonga	NHIF
18. Nicodemus Ochieng Odongo	NHIF
19. Daniel Wambua Mulinge	NHIF

Schedule:

Time	Session	Description	Speaker(s)
Wednesday, 5 June 2019 at National Health Security Office (NHSO)			
09.00 – 10.00	**Session 1 Introductions**	• Welcome by the Deputy Secretary General of NHSO • Introduction and objectives of the study visit /Group Photo • Overview of Kenya 's health system, universal health coverage and challenge s (30 minutes)	Dr. Jadej Thammatacharee Deputy Secretary General, NHSO NHSO
10.00 – 11.00	**Session 2 Health system development and Governance of the UC Scheme: translating legislation into practice** •	• Overview of Thai health delivery system, • Referral system: reorientation health delivery systems for supporting UHC • Overview and comparison of three schemes in Thailand and their governance • Governance structure, roles and functions of National Health Security Office (NHSO) in managing UC Scheme for 50 million populations	Ms Waraporn Suwanwela Director, Bureau of Strategic and Policy Development, NHSO

		• Capacity needs of NHSO • Relationship and accountability of: NHSO and Government, healthcare p roviders & UC scheme's members	
11. 00 – 12.00	**Session 3: Financial Management NHSO Fund allocation, reimbursement and Audit system of UC Scheme**	• Public financial management systems • Provider payment systems and changes over time • NHSO Fund allocation • Claim processing & Reimbursement System in UCS • Mechanism and process of routine medical audit system • Next step after the audit & Case study of auditing	Dr. Kriddhiya Sriprasert Senior Director, Fund Management Cluster, NHSO (TBC)
12.00 – 13.00	Lunch		
13. 00– 14.00	**Session 4 NHSO Walk tour**	• Observe Board Meeting from Teleconference • Consumer Protection System & Call Center 1330 • Claim Center	
14.00 – 15.00	**Session 5 Quality Assurance Management under Universal Coverage Scheme**	• Promote Quality Assurance System. • How to promote and management.? • Q&A	Ms. Piyanuch Prongfa Director, Healthcare Quality Management, NHSO
15.00– 16.00	**Session 6: ICT System to implement Universal Health Coverage in Thailand**		Ms. Siripan Muangsin Bureau of Information Technology Management, NHSO

Thursday, 6 June 2019 : Study visit health facilities and Q&A			
08.30	Leaving from Hotel to NHSO (TBC)		
09.00 – 11.30	**Session 7 Study visit to health facilities: District Hospital: Primary c are service**	• Overview of service provision i.e. curative, rehabilitation, prevention, and health promotion and home care • Registration and data update for UC patients at CUP • Management of the district hospital e.g. human resource & financing • the real practice of claim record; how to complete the patient discharge information, coding, compiling data and data submission to the national level, payment transfer and clinical and financial audits • District hospital walk tour	Sai Noi Hospital, Sai Noi District, Non thaburi Province.
11.00-13.00	Lunch & travelling to Health Center		
13.00-15.00	**Session 8 Health Ce nter: Sub-district Health Promoting Hospital , Public-Private Participation in Universal Health Coverage and Community Health Fund**	• Catchment area and management of health center • Inter-sectoral collaboration with local government, schools and others • Interlink with district hospitals, technical and financial support • Service provision in health center and (up and down) referral mechanism focusing chronic disease management • Service provision and activities outside the health center: behavior change for NCD prevention, role of village health volunteer • Patient home visit activities by health	A Tambon prevention Promotion Hospital in Sai Noi District., Nonthaburi Provi nce.

		centers: chronic bed ridden patients • Community Health Promotion Fund Partnership with Local Authority	
15.00	Leaving from Health Center to IHPP, MoPH		
16.00 – 17.00	**Session 9 Q&A**	• Q&A and further clarification • Wrap up of the whole study visit period in NHSO by Kenyan delegates • Discussion on lesson learned, usefulness and challenges between Kenya and Thai health systems	Resource persons from NHSO & IHPP & IHTAP & JICA Team
17.00 – 19.00	**Session 10 Wrap up & the way forward and Dinner**	**Wrap up** • Discussion on strengths and weaknesses, lesson learned, usefulness and challenges between Kenya and Thai health systems **Next steps** • Brainstorming on what and how from Thai experience Systems can be applicable for Kenya • Plan for reform or preparation blueprint for Monitoring and Evaluation • Future collaboration between Kenya and Thailand	• Dr. Suwit Wibulpolprasert Vice Chair, International Health Policy Program Foundation (IHPF). Health Intervention and Technology Assessment Foundation (HITAF) International Health Policy Program (IHPP Thailand) • Dr. Jadej Thammatacharee Deputy Secretary General , NHSO • Dr. Viroj tangcharoensathien
Friday, 7 June 2019 : Study visit at HITAP			
9:00 – 9:30	**Session 11** Welcome and Introductions	• Introductions • Opening remarks • Objectives, overview of study visit, and schedule	All HITAP – Dr. Wanrudee Isaranuwatchai / Ms. Avnee Patel / Ms. Saudamini Dabak
9:30 – 10:15	**Session 12** Introduction to HTA and historical development of HTA in Thailand,	**Presentation (45 mins)** • Introduction to HTA • Historical development of HTA in Thailand and key milestones	HITAP – TBC

	conducive factors and key milestones	in the development of HTA in Thailand • Elements of HTA infrastructure in Thailand including: guidelines, HTA databases, costing menu, HTA trainings, and value sets for quality of life. • HITAP and organizations involved, institutional arrangements, and its use to inform policy. • Case studies of using HTA in Thailand **Q&A (15 mins)**	
10:15 – 11:00	**Session 13** Benefits Package development and HTA for developing the Universal Coverage Scheme Benefits Package (UCBP)	**Presentation (30 mins)** • Benefits Package development process • HTA for benefits package development in Universal Coverage Scheme (UCS) • The organizational and institutional arrangements for HTA for developing the non-pharmaceutical (UCBP) **Q&A (15 mins)**	Mrs Narisa Mantharngkul Bureau of Strategic and Policy Development, NHSO and HITAP (TBC)
Coffee/tea break			
11:15 – 12:00	**Session 14** HTA for developing the National List of Essential Medicines (NLEM) in Thailand	**Presentation (30 mins)** • The organizational and institutional arrangements for HTA for pharmaceutical (NLEM) and non-pharmaceutical benefit package • Strategic purchasing and price negotiation **Q&A (15 mins)**	HITAP – Mrs. Netnapis Suchonwanich
Lunch			

13:00 – 15:30	**Session 15** Recap and review of policy recommendations	**Recap and Reflections (30 mins)** • Key take away points from Thai setting • Challenges and potential solutions **Discussion (120 mins)** • Review of policy recommendations and evidence used to inform them ○ Legal, regulatory, and governance reforms ○ Structural and business re-engineering reforms (including HR, ICT, and M&E) ○ Strategic purchasing and financial sustainability • Feedback from Thai colleagues • Development of report • Next steps Closing remarks	Kenyan Delegation Thai team: • Dr. Yot Teerawattananon
Group photo			
End of Meeting			

Remark: In NHSO, refreshments will be *served* in the *meeting room*

Agenda also available at: https://1drv.ms/u/s!AgWJO9PqiPQog_F6H-rnn9PPRBY4-A?e=Mqsamr

Appendix 2: Kenyan Delegation

Name	Designation
Dr. Rashid Aman	Chief Administrative Secretary, Ministry of Health
James Wambugu	Chair, HEFREP
Hon. Petronila Were	Member, Senate Health Committee
Hon. Dr. James Nyikal	Member, National Assembly Health Committee
Hon. Gladwell Cheruiyot	Member, National Assembly Health Committee
Philip Mwololo	Member, HEFREP
Sheila Gatu	Member, HEFREP
Edwine Barasa	Member, HEFREP
Jacqueline Mogeni	CEO, Council of Governors; Member of HEFREP
Gerishom Gimaiyo	Policy Analyst, HEFREP
Cynthia Charchi	Joint Secretary, HEFREP
Nicodemus Odongo	Member, HEFREP; CEO NHIF
Dr. Jacqueline Kitulu	Board Member, NHIF
Daniel Mulinge	NHIF

Appendix 3: Thailand's Universal Health Coverage (UHC) Insurance Schemes

The Thai UHC board has a participatory structure with members from various stakeholder groups such as, professional councils, NGO's, private hospital associations, experts from the fields, and local governments, which is then chaired by the Minister of Public Health. Currently, there are 3 insurance schemes that makeup the UHC program: Civil Servant Medical Benefit Scheme (CSMBS), the Social Health Insurance Scheme, and the UC scheme that covers 75% of the population. The CSMBS is managed by the Comptroller General Department in the Ministry of Finance (MOF). The Social Health Insurance is managed by the Social Security Office in the Ministry of Labor (MOL). The UC scheme covers majority of the population, is governed by two boards; 1) the National Health Security Board (NHSB) and 2) the Standard and Quality Control Board (SQCB).

NHSO
National Health Security Office

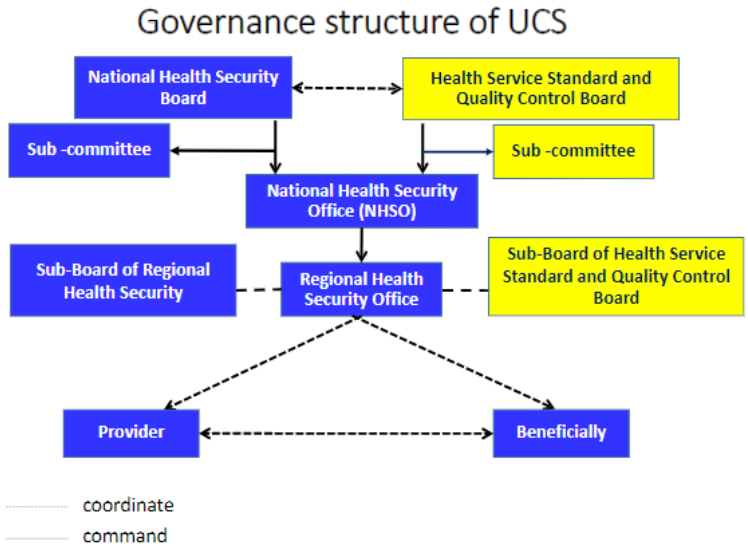
Thailand UHC: 99.9% of 67 million population : 3 main schemes

Characteristics	Civil Servant Medical Benefit Scheme (CSMBS)	Social Health Insurance (SHI)	Universal Coverage Scheme (UCS)
Legislation	Royal Decree 1980	Social Security Act 1990	National Health Security Act 2002
People covered	Civil servants and dependents (7% of pop)	Private employees (18% of pop)	The rest of Thai citizens (75% of pop)
Source of Finance	Tax funded	Tripartite contribution	Tax funded
Payment method	FFS for OP DRGs for IP	Capitation for OP and IP DRGs for IP AdjRW>2	Capitation for OP & PP DRGs with global budget for IP
Governing bodies	Medical committee	• Social Security Board • Medical committee	• National Health Security Board • Standard and Quality Control Board
Responsible agency	Comptroller General's Department (CGD), MOF	Social Security Office (SSO), MOL	National Health Security Office (NHSO)

UCS and NHSO

NHSO is an independent public organization that is regulated by the law of the National Health Security Act, 2002 and is under the supervision of the Minister of Public Health. NHSO is the manager of the UCS and has 13 regional offices across Thailand with more than 800 staff. The two boards that govern the USC:

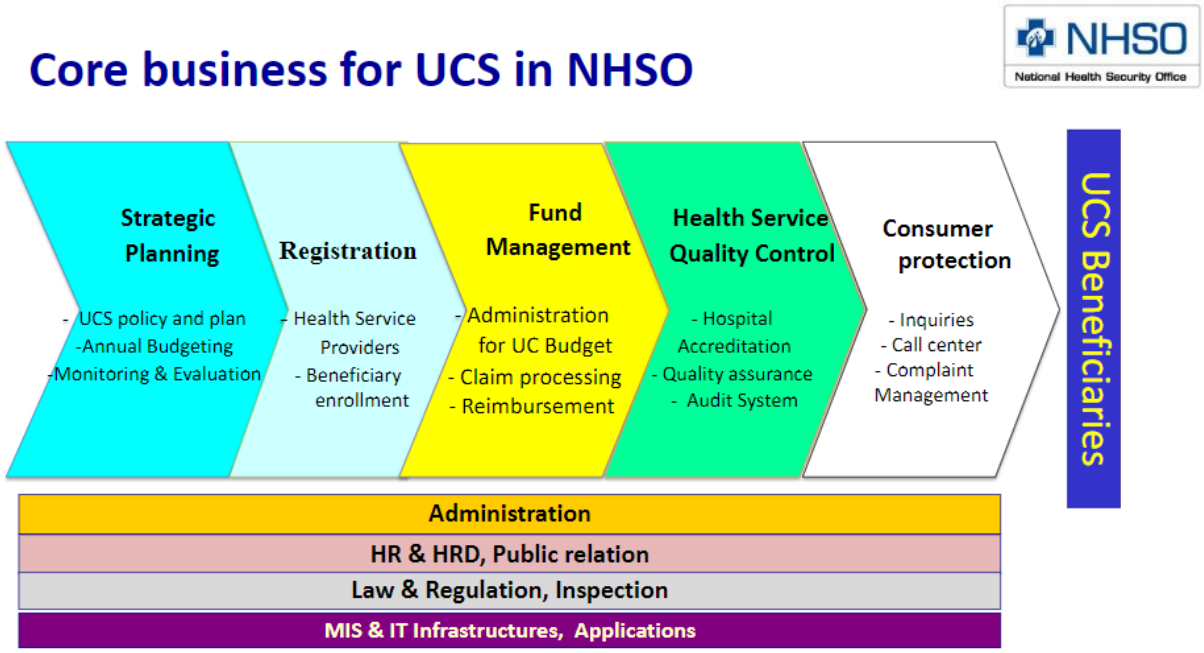
1) NHSB, chaired by the Minister of Health and has 29 representatives, and is responsible for making decisions on UCS policies, guidance and rules, and health benefit package and, reimbursement mechanisms, and;
2) SQCB chaired by an elected member, has 34 delegates and is responsible for setting and producing standards and guidelines to ensure standards for health facilities and the quality of services are met.



The goals of the NHSO are to 1) ensure that members can access effective health care services when needed and 2) provide effective protection against impoverishment or catastrophic illness expenditures to households. The mandate and responsibilities of the NHSO are:
(*https://www.nhso.go.th/eng/FrontEnd/page-contentdetail.aspx?CatID=MTAxMw==*)

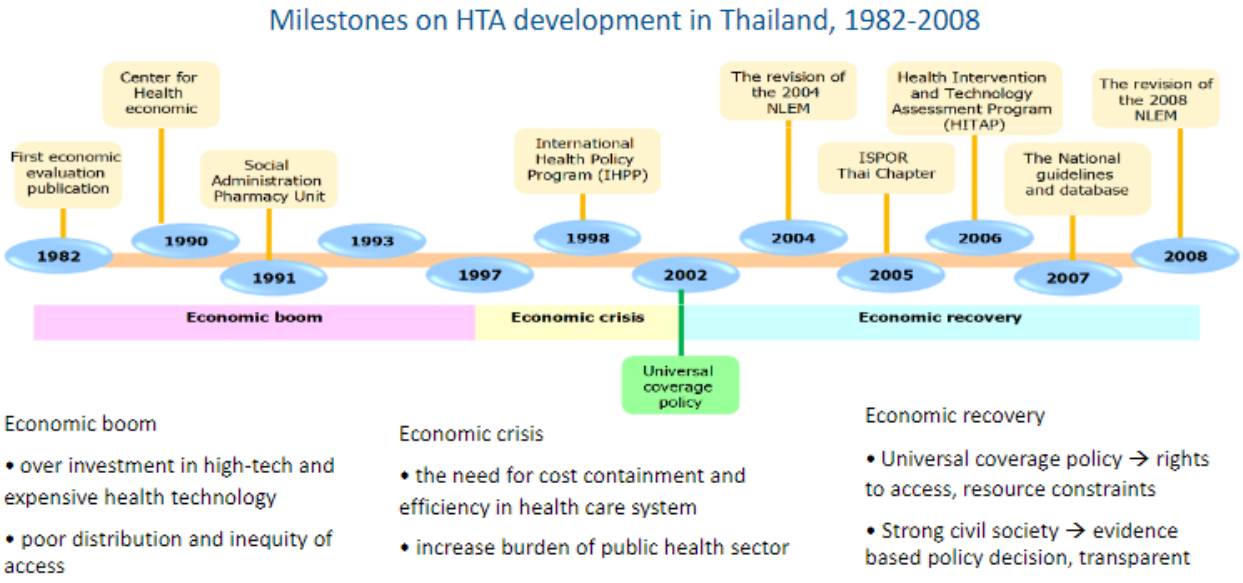
1. Responsible for administrative work of the National Health Security Committee, and the National Committee for Quality Accreditation.
2. Compile and analyze data on health services.
3. Organize systems for registration of beneficiaries service provider and their networks
4. Administer the fund according to the regulations.
5. Pay service expenses to health providers and their network under regulation determined by the National Health Security Committee.
6. Carry out claiming process for medical services provided by the service providing units.
7. Make service registration for people and aloe them to change their registration as required.
8. Monitor and control service quality to be at standard level and make convenience to people when complaining.
9. Process authority, ownership and assets.
10. Organize rights and legal procedures concerning with its assets.
11. Able to collect fees and services fees.
12. Authorize other organizations to carry out activities under the responsibility of the office.
13. Dan an annual report of the National Health Security committee and the National Committee for quality Accreditation

There are 5 core business areas for the management of the UCS at the NHSO as seen in the diagram below:



Appendix 4: Health Technology Assessment (HTA) in Thailand

Prior to 2005 the number of HTA studies were not enough, were of poor quality, and missed the target. However, in 2006/7 the HITAP, a research unit within the MoPH was established and a year after the 1st national HTA guidelines were published. In 2009, HTA was used to inform a comprehensive health package. The governance structures that support the use of HTA include several stakeholder groups such as the NHSO Board, the Health Benefit Package subcommittee, and the Health Economic Working Group (NHSO staff as the secretariat), HTA agencies such as HITAP and the International Health Policy Program (IHPP), and health professionals such as the National Drug Committee, the National List of Essential Medicines (NLEM) subcommittee, and the Health Economic Working Group (HITAP as the secretariat). However, for HTA to take root there were Champions who were the backbone for gaining support and ensuring continuity of the work. Over the years, the Ministry trusted experts and champions to lead and direct the work of HTA to inform UHC. And most importantly is that these champions worked together toward one goal, achieving UHC and with public interest.



Process of benefit package development in UCS

Thai UCS started with a simple health benefit package that was designed in an ad hoc manner. However, after the launch of UHC the National Health Security Board (NHSB) appointed a sub-committee for benefit package and service system development. The mandate of the subcommittee is to develop proposals for the benefit packages health services system including a selection mechanism for drug and medical device that are

necessary or inaccessible to the population. The sub-committee is comprised of members from different stakeholder groups such as, health insurance experts, NGO's, policy makers, and others. The UCS benefit package provides comprehensive care that includes health promotion and prevention, treatment and curative including medicine, rehabilitation, and transportation. The benefit package uses a negative list that consists of unnecessary services such as infertility and cosmetic surgery and services that are covered by specific budgets (e.g. for drug addiction and injuries from vehicle accidents). The process of developing the UCS package is depicted below from topic nomination to the appraisals and decision making:

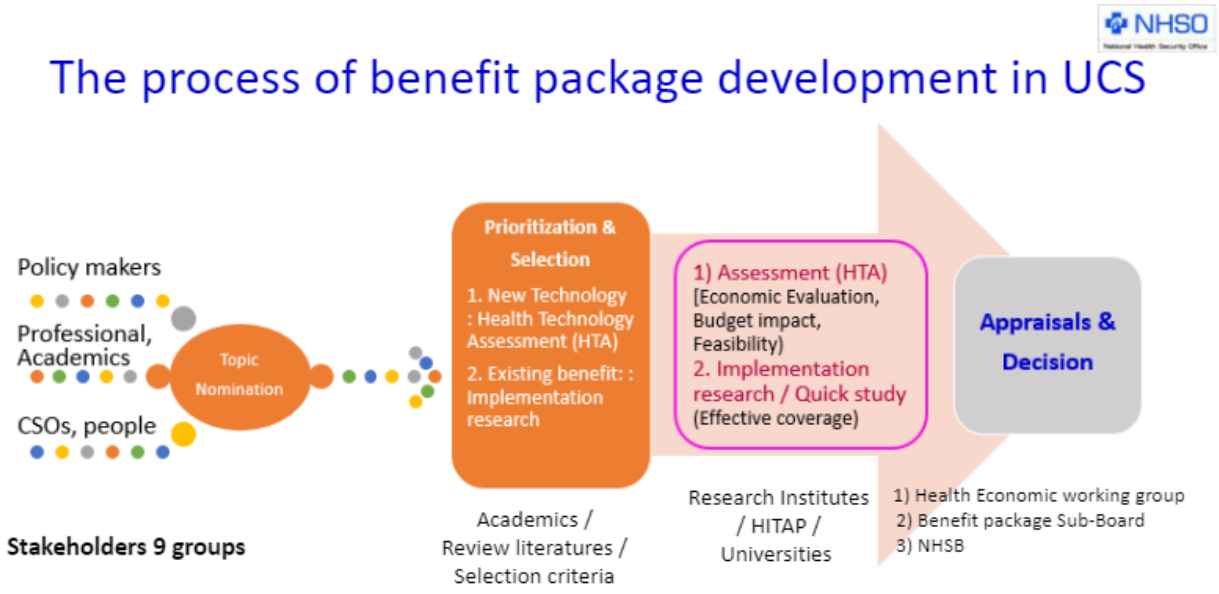


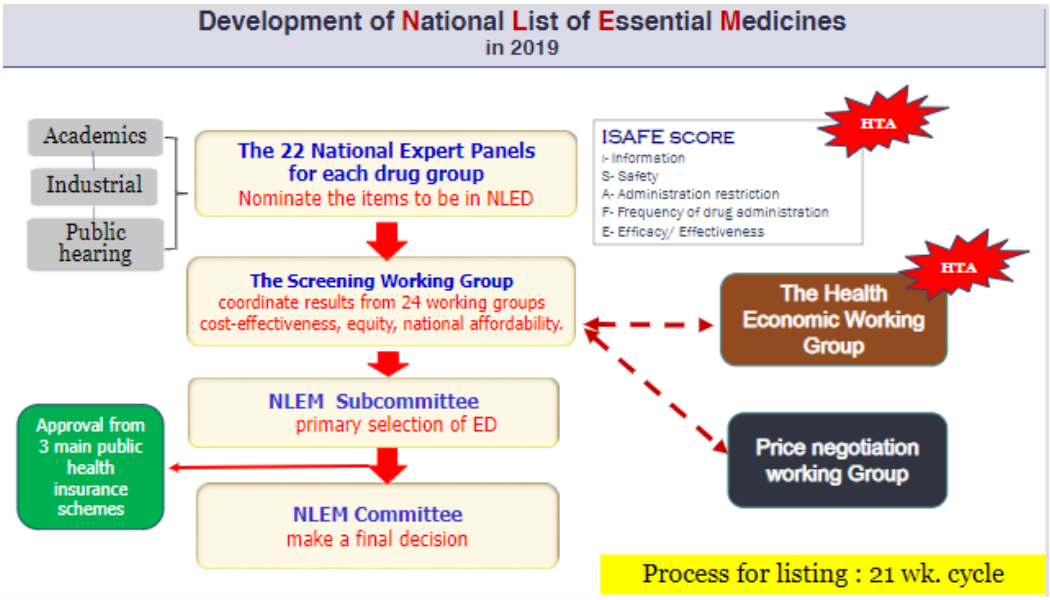
Image from presentation given by Mrs. Netnapis Suchonwanich during the NHIFs visit to HITAP

During the health benefit package development process there are criterion that are used at 3 different stages of the process. During the topic nomination stage, there are 'eligible criteria', at the prioritization and selection stage there are selection criteria's, and, at the appraisal and decision-making stage, there are decision making criteria that are used.

Use of HTA for pharmaceutical reimbursement

Over the years the percentage of medicine costs out of the overall health care expenses has increased. The major reason for increasing health expenditure is due to new emerging diseases and new health technology where the prices are not controlled. Therefore, the public health insurance needs to manage the pressure to achieve value for money when there are limited financial resources, increasing number of patients due to an aging population,

and increasing need for new medicines and advanced technology. In 1981 the first NLEM was introduced. The criteria used to develop the list was cost, safety, and efficacy. However, in 2004 after the UHC was established, the criteria of effectiveness were added and later in 2008 the criteria of cost-effectiveness.



The NLEM subcommittee approves the item after the process of integrated working group. The committee engages in price negotiation through mechanisms of value-based pricing, compulsory and voluntary licensing, and establishing one fixed price. Additionally, the committee prepares CPG and protocols, distribution plans, and monitoring and evaluation.

The NLEM is classified into 6 categories and only 1 category (E2) high cost and high budget impact medicines undergo the entire vetting process that includes conducting HTA and economic evaluation studies (shown below). In order to standardize the HTA process a guideline was developed by HITAP and is being used nationally. The HTA process involves different stakeholder groups to ensure there is transparency and inclusivity. These stakeholder groups include topic nominators, policy makers, HTA researchers, clinical and public health experts, patient groups, and industry. There are 7 steps in the HTA process: from **step 1)** stakeholder meeting on scope of the study, **step 2)** researchers present proposals to the Health Economics Working Group, **step 3)** conduct HTA study according to the Thai HTA methods guidelines, **step 4)** stakeholder meeting on the preliminary results of the study, **step 5)** write-up of the report on the study and policy recommendations, **step 6)** inspect the research quality by internal and external reviewers, and **step 7)** present to policy/decision makers and disseminate to the public.

Overall, HTA has provided essential information for the UCS development, such as evidence of cost effectiveness and a threshold used for price negotiation, value for money, budget impact comparisons between current practice and new interventions, and feasibility. It is important to note that when including a drug or commodity into the pharmaceutical package there are multiple criteria that are used for decision making by policy makers. Criteria used other than cost effectiveness that should be considered are catastrophic prevention, access and effectiveness, ethical considerations, supply side capacity to scale up the new intervention, and equity considerations.