

Annex A.B

Thailand movement on social protection

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Thailand Social Policy

- Health Insurance or Universal Coverage Health Schemes
- Universal Coverage Old Age Allowance
- Compulsory free education (15 years)
- Community-based social welfare fund
- Social Security (formal sector)

Social Protection in Thailand

Work status	Government employe	State-enterprise employe	Private employe in non-agr	Private school teacher	Other workers (self-employed, agr workers)
Sickness and maternity					UC
Death and survivor	General tax revenue**	State enterprise revenue**	WCF and SSF + contribution from government	PSTWF + contribution from government	No
Disability					No
Child allowance					
Unemployment	Not relevant	Not relevant	SSF*	No	No
Pension: Defined benefit	General tax revenue**	No	SSF*	No	No
Pension: Defined contribution	GPF + contribution from government*	Provident fund*	Provident fund*	PSTWF*	No

Notes: GPF = Government Pension Fund, WCF = Workmen's Compensation Fund, SSF = Social Security Fund, PSTWF = Private School Teacher Welfare Fund, UC = Universal Coverage Scheme, **Contributors scheme, *Non-contributory scheme

Source: Worawan (2008)

Current Social Health Protection Schemes

Social health protection schemes have covered all Thai citizen since 2002

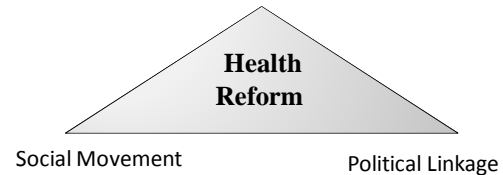
Major Schemes	Civil Servant Medical Benefit Scheme (CSMBS)	Social Security Scheme (SSS)	Universal Coverage (UCS)
Introduced in	1960s	1990s	2002s
Target beneficiaries	Govt employees & dependents, retirees	Private sector employees:	To whom which not covered by CSMBS nor SHI,
Pop Coverage	7%	13%	80%
Funding	Govt budget	Payroll contribution, Tripartite	Govt budget
Payment to health facilities	Fee-for-service for OP, and DRG for IP	Capitation (use DRG in risk adjusted part)	Capitation + DRG

Universal Coverage Health Schemes

- Reformed in 2002
- on the basis that the state accepts the obligation to allocate part of taxes collected to the National Health Security Fund
- ensures that all Thai people have access to health services
- Promoted by Government party

Tri-angle that moves mountain

Accumulation of Knowledge



Source: Dr. Prewase Wasi

Long time ago Health movement

- Accumulation of Knowledge
 - Try in some hospital
 - Thesis / theory
 - Draft the health insurance law
- Social Movement
 - Advocate
 - Solve problem (HIV/Aids/Elderly)
 - Collected 50,000 names to propose the health insurance law

Political linkage

- Claim that Party ownership idea (a part of populism)
- Change in some detail (conditional 30 bath/time)
- But can keep main principal of people participation

Core Principal of National Health Scheme

1. Access to measurement for cure/care
2. Preventive
3. All are the ownership of health scheme
 - Network of people in 9 issue (women, children, informal sector, agriculture, disease human, people with disability, old age, homeless ect.)
 - Board committee
 - Sub committee and working group (develop benefit, Anti-viral drug and treatment for PHA, Compulsory Licensing)

Level of participation

- Sub-district
 - Community Health Fund (NHSO)
 - Project supported by Thai Health Fund (3% from sin tax)
 - Network of people in 9 issue
- District
 - Center of coordinator national health scheme
 - PHA group (more than 1,000 groups)
- Province
 - Sub-committee in province
 - Network of people in 9 issue
- Sector
 - Network of people in 9 issue
- Center

Lesson learnt and Conclusion

- It needs long term plan and continuous effort to go further step by step when windows of opportunities exist at points along the route of policy development.
- Experience in Thailand showed that universal coverage can be done using pluralistic approaches
- Health care infrastructure should be the first step before arrangement of health care financing for universal coverage.

Lesson learnt and Conclusion

- Means Tested project can be the first step for universal coverage for both health care and pension
- Appropriate actuarial study have to be done during design phase of the scheme to ensure sustainability of the system
- Social pension (modest amount)can be done even in economic crisis.

Further movement

- Universal Pension (over than poverty line)
- Equality health
- Equality Social protection
 - Before crisis of political shift
 - After crisis , Government and academic interested more and promoted to Nation agenda
 - Civil Society be in many committee and working group

Universal Pension for all

- Before 2009, pension is social safety net for poverty
 - Problem of targeting
 - Mean testing is abandoned elder, poverty etc.
 - Campaign by local government to gain popularity vote
 - Elder who abandoned don't received>>>etc.
- Became the old age law in 2010

Social Charity → Right

500 bath not enough for food

- 2007 Poverty line is 1,443 per month
- Social Pension should be help old age people can living
- Next step

Rising Social Pension is 500
to nearly poverty line 1,500/month

- We collected 10,000 names to propose the law
- now in the process of senate

Civil society for welfare state

- | | |
|--------------------------------------|----------------------------------|
| • Senior Citizen network | • Slum network |
| • People who Living with HIV network | • Community funded Network |
| • People with disability network | • Informal Sector Worker network |
| • Consumer network | • Youth Net Thailand |
| • Migrant network | • Women network |
| • Ethnicity network | • Community Radio network |
| • Agriculturist network | • Etc>>> 6 foundation |
| • Education for Children network | |