A partnership project for moving towards UHC to promote health protection in the post pandemic recovery

The Partnership Project for Global Health and Universal Health Coverage (GLO+UHC) Phase 2

23 November 2022 @the 39th ASSA Board Meeting
Paragraph 26
“to promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality healthcare. No one must be left behind.”

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

3.8.1: Service Coverage Index
3.8.2: Financial Protection
Universal coverage is defined as access to key promotive, preventive, curative and rehabilitative health interventions for all at an affordable cost, thereby achieving equity in access.

Three dimensions to consider when moving towards Universal Health Coverage

1. Proportion of the population to be covered
2. Range of services to be made available
3. Proportion of the total costs to be met
GLO+UHC as a partnership project

Target 17.9: Enhanced SDG capacity in developing countries

• Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the Sustainable Development Goals

• Including through
  • North-South cooperation
  • South-South cooperation, and
  • Triangular cooperation

A wide range of health agendas, including COVID-19, stretches across borders and requires global partnerships, commitments and solutions.
Outline of the GLO+UHC Project Phase 2

Overall Goal (Phase 2):
Partnerships between Thailand and Japan on UHC and global health are strengthened and used to support other countries.

Project Purpose (Phase 2):
Capacity on UHC implementation in particular health financing and health workforce and global health of Thailand and other countries are strengthened.

Country: Thailand and Participating Countries
Implementing Organization: Ministry of Public Health, National Health Security Office
Term of Cooperation: Phase1: July 14, 2016 to July 13, 2020, Phase2: Dec 11, 2020 to Dec 10, 2023

Output 1. Experiences on UHC are learnt and shared between Thailand and Japan to contribute to improving the UHC in both countries.

Output 2. Capacity development for UHC implementation and global health in other countries is organized.

Output 3. Practical practices and lessons learnt in UHC implementation and global health (mainly from Japan and Thailand) are shared and promoted at national, regional and global levels.
Structure and Activities of GLO+UHC Project Phase 2

Thai-side

Joint Coordination Committee (JCC)

MOFA, TICA

NHSO
Project Director (SG, NHSO)

MOPH
Project Director (PS, MOPH)

Project Manager

Project Manager

Joint Project Management Team (JPMT)

MOFA, TICA

JICA HQ
JICA Thai Office

Observer
Embassy of Japan

Working Teams

Priority Areas

Health Finance
- Fee Schedule
- DRG
- Claim and Audit
- Consumer Protection Service
- Primary Health Care (PHC)

Health Workforce
- Registry (Distribution)
- Continuing Professional Development (CPD)
- Interprofessional Education (IPE)
- New Normal Training

Service Delivery
- Universal Health Coverage for Children and Mothers (U4C)

Health Information System
- Collaborative Researches using big data

Knowledge Sharing on Global Health & UHC through international conferences, WSs and websites

- Global Health Diplomacy Workshop
- UHC Journey
- PMAC

- Resource Center
- UHC Learning Hub

As of 30 Aug 2021
Priority, Target and Participating Countries of GLO+UHC Project Phase 2

- **Priority Countries**
  - Lao PDR
  - Vietnam

- **Target Countries**
  - Cambodia
  - Indonesia
  - Kenya
  - Malaysia
  - Myanmar
  - Philippines

- **Project Organizing Countries**
  - Thailand
  - Japan
Steps of GLO+UHC activities

— Methods for strengthening health systems based on the partnership —

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Plan</th>
<th>Input</th>
<th>Output</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify issues to be tackled and analyze the situation</td>
<td>Set the goals and methods and select resources</td>
<td>Conduct some inputs from resource countries</td>
<td>Support policy making or revision based on inputs</td>
<td>Follow up the actions and find out remaining challenges</td>
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</tbody>
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The project’s tasks for each step

1. The project works with interested parties to **identify the issues of health system**.
2. Conduct hearing and some **situation analysis** on the issue.
3. Judge the feasibility of the activities.

**Examples:**
- Health financing
- Claim, Audit, Provider payment (Health workforce)
- CPD, IPE

1. **Set the goals and activity method** through communications with target and resource countries.
2. **Find out the most appropriate resource persons**.

**Preparations:**
- Concept note
- Information sharing beforehand to fix the contents of inputs

**Methods:**
- Trip to Japan, workshops
- Continuous consultation
- Online workshops

**Examples:**
- Bangkok Fee Schedule Committee,
- IPE tool kits

1. **Guide and communicate closely with stakeholders to maximize the effect of inputs**.
2. **Encourage the effective involvement of policy makers**.

**Examples:**
- Bangkok Fee Schedule Committee,
- IPE tool kits

1. Based on the inputs, **the project supports making or revising the policies through continuous consultation**.
2. Support output to relevant stakeholders related with the issues.

1. After some activities, the project **follows up the progress of issues**.
2. In many cases, additional issues have risen.

**Topics based following-up**
- Condition setting for fee schedule
- Drug pricing
6 building blocks of health system

- Governance
- Health Workforce
- Medical products, vaccines and technologies
- Health information systems
- Health financing
- Service delivery

http://www.who.int/topics/health_systems/en/
The Project puts focus on the 5 issues based on the interviews to NHSO officials:

- **Purchasing:** Efficient fee schedule, Fairer DRG system, Setting proper drug price
- **Oversight:** Improve claim review and audit system
- **Service delivery x Governance:** Strengthening local administrative involvement

*Source: WHO Developing a National Health financing strategy: A Reference Guideline (2017)*
Output 1

Activities on Fee Schedule

- **May 2018**: Health Care Finance Workshop
- **Jun. 2018**: Knowledge Co-Creation Program (KCCP) Country Focus: Health Care Finance
- **Jan. 2019**: Fee Schedule Field Visit and Workshop
- **Oct. 2019**: Study Visit for Fee Schedule: Chuikyo—Central Social Insurance Medical Council
- **Sep. 2021**: Workshop on Drug Pricing (online)
- **Feb. 2017**: Invitation Program of Minister of Public Health and High-level Officials on the Management of Health Insurance Systems
- **Jun. 2019**: Workshop on Fee Schedule
- **Jun. 2021**: Workshop on Condition Setting for fee schedule
- **Aug. 2019**: Workshop on Health Care Finance

Main Achievements

The fee schedule committee in Bangkok Region modelled on Japan’s Central Social Insurance Medical Council was established in Jan. 2019.

NHSO expanded the fee schedule system nationwide in Oct. 2022.

Items using fee schedule expanded to 3,752 (health services) + 1,852 (drug)
Collaboration with ASEAN member states on health finance

**Lao PDR**
1st: “Thailand UHC, Governance, Success and Challenge” on 10 August 2021
2nd: “e-Claim System in Thailand” on 16 December 2021
3rd: High-level policy dialogue “Reform of Lao PDR’s health financing” on 4 March 2022

**Viet Nam**
“Online Workshop among Viet Nam, Thailand and Japan” on 28 June 2021
→ Received official letter from Viet Nam Social Security (VSS) on DRG, Claim Review, and Pricing

**The Philippines**
Planning to collaborate with the Philippines regarding health financing, in particular, DRG development
Activities on Claim Review and Audit System

Online workshop on **Overview** of claim review and “guidance and audit” system

**Jul. 2021**

Online workshop on **AI claim review** by a claim review agency

**Oct. 2021**

Study trip to Japan: **Comprehensive practical lessons** through experience sharing by
- a supervising agency
- a claim review agency
- an insurer, and
- medical institutions

**Jul. 2022**

Questionnaire survey of the Country needs

**Mar. 2021**

Discussions through emails, preparatory online meetings, etc.

**Dec. 2021**

**Lao PDR**: Online workshop on e-claim system

**Today Oct. 2022**

International Workshop for Claim Management System with Lao PDR, Viet Nam, Philippines, Indonesia, and Sudan

**Oct. 2022**

Sudan: UHC training in Thailand

**Dec. 2022**

Lao PDR: Study Visit to Udon Thani & Vientian

**Oct. 2021**

**Jul. 2022**
Objectives
- To share information and experiences of the claim management system, in particular, e-claim and claim review and audit, among participating countries.
- To explore the possibility of improving the claim management system in each country.

Key messages
- A common challenge that they are facing was how they improve health information system to connect with claim management system.
- Countries need to continue developing claim management system in order to respond to new demands, such as reimbursement of home visit services and tele-medicine, which have increased in demand under COVID-19 pandemic.
- The effective claim management system is to enable providing quality service delivery.
Resource centers

Learning materials (incl. articles, books, and videos) summarizing our experiences are available online!

IHPP Resource Center covers the knowledge sharing of global health issues and UHC from a broad perspective.

https://www.resourceihpp.com/site/home

NHSO Resource Center focuses more on the development of UHC, i.e., Universal Coverage Scheme (UCS) and its health financing system.

Also, technical reports and leaflets of the GLO+UHC Project are available.

https://eng.nhso.go.th/view/1/Home/EN-US
Conclusion

The Partnership Project is a good example of Triangular Cooperation in health system strengthening to achieve/improve UHC

Under the COVID-19 pandemic, the world has become more aware that UHC is essential for improving health emergency responsiveness and preparedness

Health finance contains quite practical issues, hence sharing lessons learned among officials in charge can be contributory to improving health financing scheme in countries

A problem-oriented approach emphasizing practical and interactive discussions on each country’s priority issues effectively enhanced mutual learnings

We look forward to cooperation of ASSA and each member institution to further advance our collaborative efforts in health finance and social health protection toward achievement of UHC in ASEAN and the world!
Thank you for listening! Please join us! We welcome further collaboration with you!

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