The National Health Security Office (NHSO), Thailand

Organization Information

The National Health Security Office (NHSO) was established by the National Health Security Act B.E. 2545, in 2002. All Thai citizens have been insured by the health universal coverage since the Act was passed by the parliament in November 2002. The National Health Security Office (NHSO) was established by the Act to manage universal health coverage for Thai citizens. By Section 24 of the Act, the NHSO is a government legal entity to operate autonomously under policies set by the National Health Security Board chaired by the minister of ministry of public health.

The universal coverage scheme (UCS) announced by the National Health Security Act has covered all Thai citizens who are not insured by other government health insurance schemes, i.e., 1) the civil servants medical benefit scheme (CSMBS) for civil servants and their dependents; 2) the Social Security Scheme (SSS) providing health care for employees of all private firms; 3) other state enterprise schemes or by the local government schemes in comparative to the CSMBS. At anytime, Thai citizens are eligible to at least one of one of the schemes based on their employment, or they may eligible to register to the UCS scheme. They, therefore, can access to quality of health care as need.

Head office of the NHSO is located at the following address: 

National Health Security Office (NHSO)  
"The Government Complex" Building B, 2-4 Floor  
120 Moo 3 Chaengwattana Road,  
Lak Si District, Bangkok 10210 Thailand  
Tel 66 2 141 4000 (Office hours)  
Fax 66 2 143 9730-1  
Office Hours: Mon.-Fri. 08:30 – 16:30  
Call Center (24 hrs.): 1330 (Local calls only)

The NHSO head office
The NHSO operates autonomously under policies set by the National Health Security Board chaired by the minister of ministry of public health. Other committee and sub-committees are also established by the National Health Security Act, i.e., the Standard and Quality Control Board, and the Audit sub-committee, and other 13 related sub-committees in order to support the Board policies. A Standard and Quality Control Board was assigned by the law to have powers and duties related to standard and quality in health care. An Audit sub-committee acts as independent auditors to audit the NHSO operations.

There are total of 13 branches of the NHSO regional offices nationwide as follow.

**Vision**

“All citizens living in Thailand are covered by Universal Health Coverage and access to health services with confidence when needed.”

**Mission**

Develop universal coverage system based on evidence-based information, creative participation from all sectors for providing qualified health services that all people can access equitably when needed.

**Specific missions**

1) To promote and develop Universal Coverage System that all beneficiaries securely access and promote equity among all public health insurance funds
2) To support the development of health service under UCS to meet standard, quality, and accessibility with satisfaction of patients and healthcare providers
3) To effectively manage National Health Security Fund Continuously
4) To proceed with all sectors a sense of belonging and participation in UCS, including to promote good relationship between healthcare providers and patients according to their right and free...
5) To develop and manage evidence-based information system and other information for policy decision.

**3 Goals of “CSG”**

C : Effective, Equitable and Responsive Coverage  
S : SAFE Financing System  
G : Good Governance

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**10 Indicators within FY 2002**

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<thead>
<tr>
<th>Goals</th>
<th>Indicators within FY2022</th>
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| **Accessibility** | 1) UCS effective coverage: increase no less than 1 in 3 within FY2065  
2) Out-patient service utilization and In-patient service utilization: more than 80% and 90% respectively  
3) Patient satisfaction and healthcare provider satisfaction: no less than 90% and 70% respectively |
| **Financial security** | 4) Percentage of health expenditure to GDP: between 4.6%-5%  
5) Percentage of health expenditure to government expenditure: between 17%-20%  
6) Percentage of household with catastrophic health expenditure: no more than 2.2%  
7) Percentage of household with health impoverishment: no more than 0.4% |
| **Good Governance** | 8) Achievable level of mutual determination and cooperation between NHSB and HSQCB: increase no less than 1/3  
9) Achievable level of effective organization: no less than 80%  
10) Integrity and Transparency Assessment ITA according to NACC: no less than 80% |
The NHSO’s performance followed by the ten objectives of the five-year National Health Security Office Action Plan

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<thead>
<tr>
<th>Goals</th>
<th>Indicators</th>
<th>Value in 2019</th>
<th>Performance in 2019</th>
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<tbody>
<tr>
<td>1. Effective, Equitable &amp; Responsive Coverage</td>
<td>1. Effective Coverage: EC</td>
<td>Evaluation of the UCO effectiveness</td>
<td>72.6% Effective Coverage of HIV/AIDS patients&lt;sup&gt;1&lt;/sup&gt;</td>
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<td></td>
<td>2. Compliance rate: IP</td>
<td>No less than 90%</td>
<td>87.88%&lt;sup&gt;2&lt;/sup&gt;</td>
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<td>3. Percentage of patient’s satisfaction</td>
<td>No less than 90%</td>
<td>97.11%&lt;sup&gt;3&lt;/sup&gt;</td>
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<tr>
<td></td>
<td>Percentage of provider’s satisfaction</td>
<td>No less than 75%</td>
<td>75.99%&lt;sup&gt;3&lt;/sup&gt;</td>
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<tr>
<td>2. SAFE Financing System</td>
<td>4. THE compared to GDP</td>
<td>4.0-5%</td>
<td>3.91%&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>5. GHE compared to GGE</td>
<td>17-20%</td>
<td>16.30%&lt;sup&gt;4&lt;/sup&gt;</td>
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<td></td>
<td>6. Percentage of catastrophic health expenditure</td>
<td>No more than 2.3%</td>
<td>2.28%&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
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<td>7. Health impoverishment</td>
<td>No more than 0.47%</td>
<td>0.24%&lt;sup&gt;5&lt;/sup&gt;</td>
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<td>3. Good Governance</td>
<td>8. The success level of commitment and accountability of the NHSO and HSQCB</td>
<td>Presence performance of commitment to roles and functions development and accountability to the Board</td>
<td>NHSO and HSQCB conduct the Policy Dialogue on “UHC” in the New Era of Disruptive Technologies preparing for driving Universal Coverage System and other related systems in the period of disruptive technology</td>
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<td>9. High-Performance Organization: HPO&lt;sup&gt;6&lt;/sup&gt;</td>
<td>No less than 60% Basic level: 300 points</td>
<td>86.80%&lt;sup&gt;6&lt;/sup&gt; (334 points)</td>
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<td>10. Percentage of ITA according to NACC’s criteria</td>
<td>No less than 90%</td>
<td>89.25%&lt;sup&gt;7&lt;/sup&gt;</td>
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