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Working Paper 2014-17

The Impacts of Universalization

*A Case Study on Thailand's Social Protection
and Universal Health Coverage*

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prepared for the UNRISD project on
Towards Universal Social Security in Emerging
Economies: Process, Institutions and Actors

November 2014



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Acronyms

AIDS	acquired immunodeficiency syndrome
CSMBS	Civil Servant Medical Benefit Scheme
CUP	Contracting Unit for Primary Care
DRG	diagnosis-related group
GDP	gross domestic product
HISRO	Health Insurance System Research Office
HIV	human immunodeficiency virus
ID	identity
MOPH	Ministry of Public Health
MWS	Medical Welfare Scheme
NHSB	National Health Security Board
NHSO	National Health Security Office
P&P	prevention and health promotion
PSSOP	Public Sector System of Provision
SSS	Social Security Scheme
UCS	Universal Coverage Scheme
UHC	universal health coverage
VHCS	Voluntary Health Card Scheme

Summary

This paper examines the impact of universal health security in Thailand and probes the impacts of the 30 Baht health policy objectives, poverty and inequality. The paper begins with an understanding of health policy as couched in the broader perspective of social protection. An understanding of social protection systems and health policy frameworks requires an awareness of institutional development specific to the national context. Here, research on government processes in allocating funds and their planning contributes to an expansive understanding of the comprehensive outcomes linked to the health policy frameworks.

In order to analyse the policy process and identify key drivers for the universalization of health care in the country, the paper focuses on both direct and indirect impacts on the programme objectives as well as the structure of policy making. By assessing the direct and indirect impacts of the 30 Baht health policy, the paper draws out the trend of social security extension and examines the policy and institutional linkages between health care and other policies of the country.

The paper is divided into five parts. The first part provides an overview of the conceptual thinking of “comprehensive outcomes” and social protection categories. The second part of the research focuses on social protection and health-care access in Thailand. Health financing reform and the path toward universal health coverage (UHC) in the country are addressed in depth in part three. The fourth part describes the comprehensive outcomes of the UHC movement by delineating between the direct and indirect impacts. And finally, the fifth part advances the discussion and conclusion of the research.

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1. Introduction to Comprehensive Outcome Framework and Social Protection

Thailand is a country situated in Southeast Asia. Provision of its health scheme dates back to 1975. Over only 30 years, the country has attempted to provide universal coverage of health protection—a much shorter time than taken by other countries. Preceding UHC, there were various protection schemes that targeted different population groups. During the first year after its inception in 2001, the Universal Coverage Scheme (UCS) covered 47 million people—75 per cent of the population. The remaining 25 per cent belonged to other schemes such as the Civil Servant Medical Benefit Scheme (CSBMS) and private sector employees who belonged to the country's Social Security Scheme (SSS).

This paper attempts to probe some of the lingering questions surrounding the nature of UHC. It looks at both intended and unintended outcomes in order to uncover a wide spectrum of analysis. The paper also considers how the extension of social security includes or excludes various stakeholder groups in the process toward achieving the SSS in question. Primarily, how do these processes affect stakeholder groups?

The next section begins with a conceptual approach that offers a guideline to analysing the specific 30 Baht health policy in Thailand.

Comprehensive outcomes framework—Process, institutions and actors

Health policy needs to be seen in relation to other social policies because a wide spectrum of factors affect health and vice versa. Some of these factors include income levels, employment levels and access to and the level of education. A comprehensive outcome approach offers an expansive yet intuitive lens in understanding the impacts of universalism.

A comprehensive outcome, referred to by Sen (2009),¹ describes a state of affairs that can be rich, and incorporate processes of choice and not only a narrowly defined ultimate result.² According to the “comprehensive approach”, the content of outcomes can also be seen as including all the agency information that may be relevant and all the personal and impersonal relations that may be seen as important for resolving the problem at hand.

Sen pointed out that we care not just *that* we achieve what we want, but also *how* we achieve what we want. Comprehensive outcomes matter as much as culmination outcomes by considering the process taken to arrive at culmination outcomes, for example, regardless of what is expected from an intended agency or a range of valuable “functionings”. Thus, a concentration on achieved results of culmination outcomes would consider the ultimate effect of policy on welfare, however, reflection of comprehensive outcomes would consider if the policy has been developed and implemented in a fair manner. The outcome of “fairly developed and implemented” is a comprehensive outcome, incorporating a deontological element within a consequentialist framework. Hence, the approach focuses on the deontological emphasis of actions (actions' adherence to normative rules), the functionings or the relations between outcomes, and institutional complementarity.

¹ See also Sen (1997).

² This is also reflected in “culmination outcomes” that is detached from processes, agencies and relations.

This paper delineates comprehensive outcomes, while focusing on the relations between outcomes (for example, the generation of both intended and unintended outcomes) and the institutional complementarities that may exist. For instance, in Thailand, there is a conscription system that is embedded in the societal, economic and political fabric. This system is an important institution in expanding the human resources available for the health system when it is combined as a compulsory rule and education system for rural doctors (both drivers and outcomes of health system development). The stance of comprehensive outcome evaluates the development of Thai health insurance with an attention to such kinds of outcomes that have been produced in the process of development of the Thai health insurance system. For instance, if there is an institution or system to mobilize doctors who were dispatched to rural areas and consequently increase the capacity of medical care in rural areas under the 30 Baht health policy, this is also considered an outcome. This system plays a significant role in enhancing the accessibility of the rural residents to medical doctors since it could mobilize and dispatch medical doctors to rural areas, and consequently contribute to increasing the capacity of the medical care system in rural areas under the 30 Baht health policy. The stance of comprehensive outcome focuses on this kind of interdependence of policies and institutional complementarity created in the process of development of the Thai health insurance system.

Social protection categories

Comprehensive social protection can address health risks. Social protection is the set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation. The policies and programmes that comprise social protection often serve multiple (and often simultaneous) roles and functions. Social protection protects people from risks, hardship and insecurities related to poverty and vulnerable conditions, prevents people from falling into poverty, boosts people out of poverty and contributes to socioeconomic security and overall well-being if it becomes a sustained and systemic policy. Components of social protection include labour market interventions, social insurance, social welfare and safety nets.

This study distinguishes between two main aspects of social protection:

- *reactive* social protection that is put in place to cope with a major shock or vulnerability (for example, in response to a health scare or injuries);
- *proactive* social protection that aims to invest in people's social security and their ability to manage risks, enabling them to plan and be more productive in their livelihood.

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