

How Thailand makes coverage decisions for its publicly-financed health benefit schemes

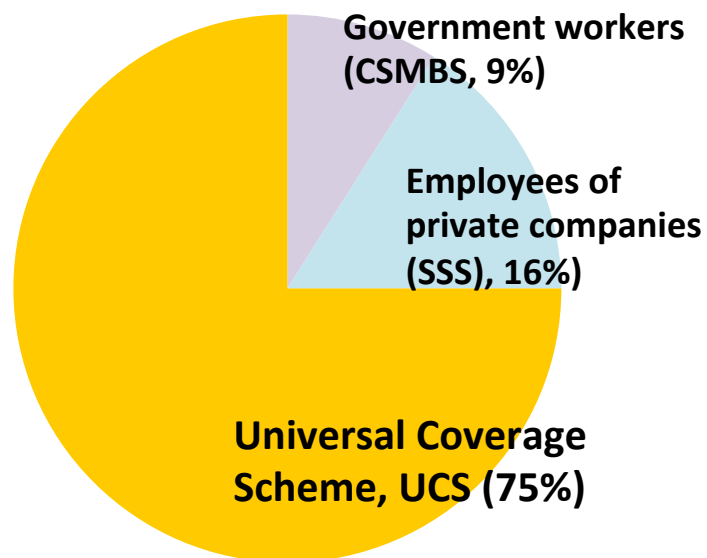
Clinical Professor Emeritus Piyasakol Sakolsatayadhorn, M.D.

Public Health Minister

Ministry of Public Health of Thailand

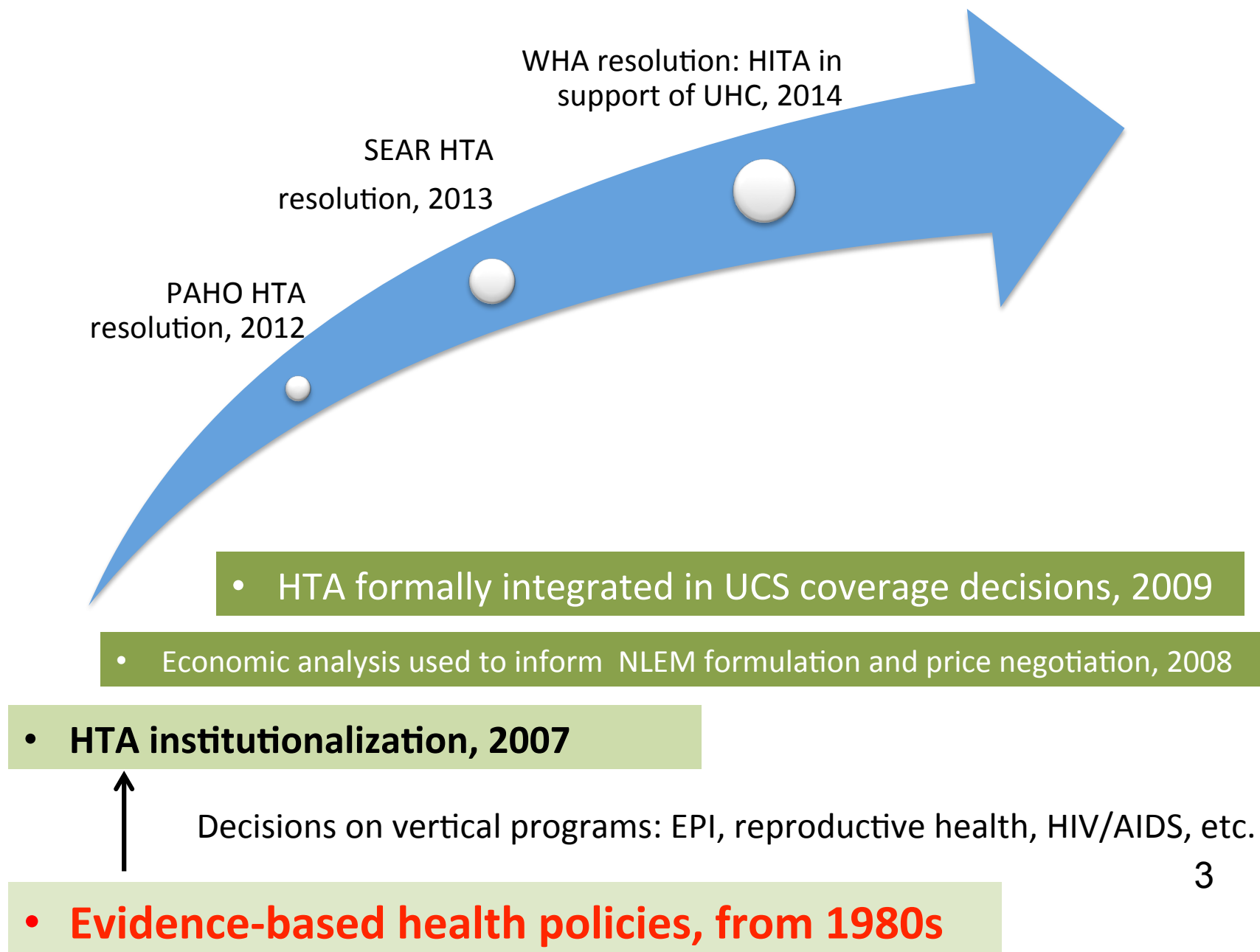
31 January 2016

Overview of government's health benefit schemes



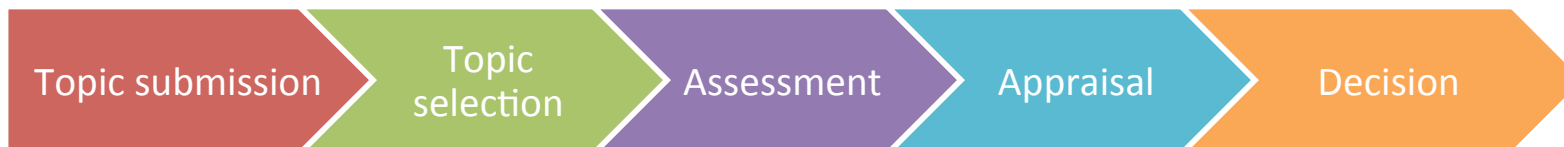
- **Population: 67 million, GDP per capita: USD 5,800**
- **THE: USD 14.9 billion; public : OOP 84% : 12.8%**
- **Benefit packages: comprehensive, evidence-based**
 - **Diverse across the three schemes, owing to policy legacy (CSMBS established in 1960, SSS 1991, UCS 2002)**
 - **National List of Essential Medicines (NLEM) commonly adopted as benefits package for pharmaceuticals and vaccines**
- **National agenda: harmonization of benefits**

Milestones of evidence-informed priority setting

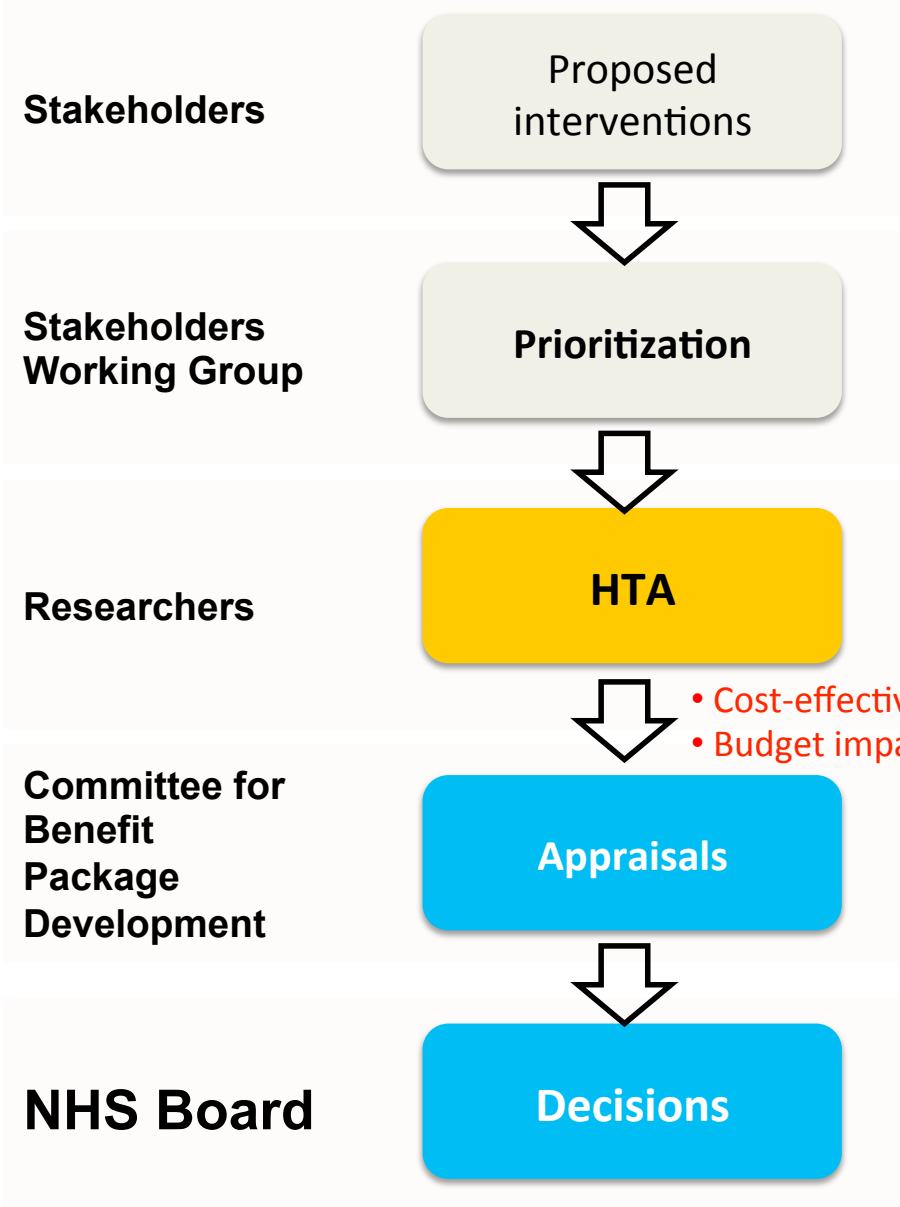


Principles of UCS benefit package development

- Systematic process
- Stakeholder participation
- Based on evidence
- Transparency
- Contestability



UCS benefit package development



Topic selection criteria:

- a) Magnitude & severity of problems
- b) Effectiveness of interventions
- c) Variation in practice
- d) Financial impact on households
- e) Equity & ethical dimension
 - problem of the marginalized
 - rare diseases

Coverage decision criteria:

- Feasibility
- Affordability - Sustainability
- Value for money
- Equity