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Health Governance & SDH

Demedicalized Process of Disability that makes differences on life of PWD : Lesson Learned from Thailand

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Outline

- Objective
- Health Inequity Situation of PWDs
- Governance evolution
- Good Governance improve QoL of PWDs
- Lesson Learned

Objective

- To reveal the explicit health inequity of people with disability (PWD) and how good governance could help to improve the situation

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Our study questions were

- How do PWDs take out their health from medical professional's hands
- What is their specific context e.g. pressure, suffering, active awareness and participation
- Should it always be government intervention to reduce health inequity
- How has the governing structure and process of Thailand health system been shifting during the past two decades
- Could that guarantee outcome for making the right to real for all groups of population

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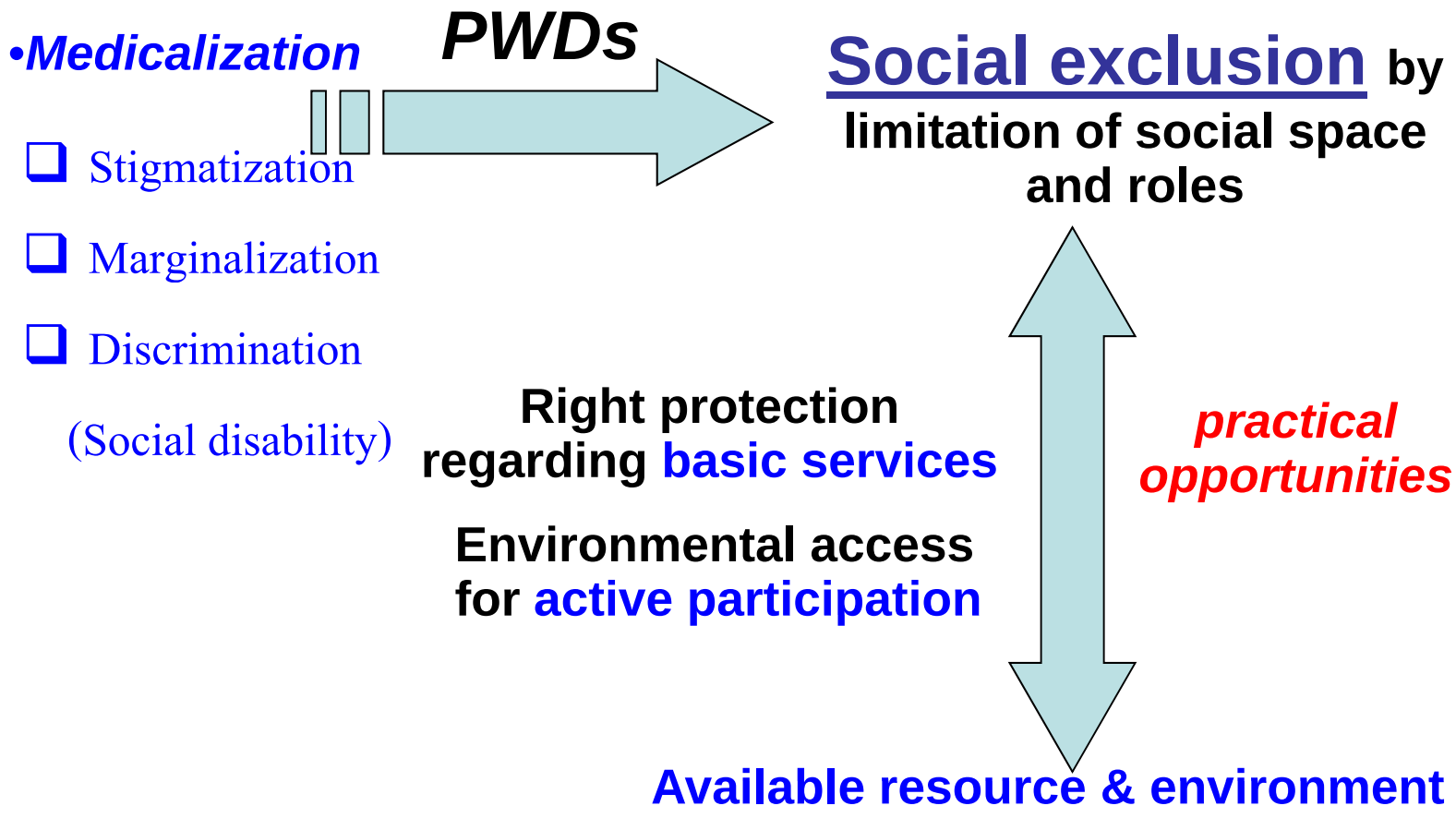
Health Inequity Situation of PWDs (1)

- PWD means someone with limitations in performing daily routine of living or in participating socially
- Tendency of PWD is increasing, due to change Thai's lifestyle, social context of modernized society
- Survey by NSO in 2002 found that Thailand's population of PWD was 1.7% of total population, increased to 2.9% (1.9 million people) in 2009
- In the past, they were social exclusion, stigmatized, limited of social space and roles, also could not improve daily living and tackle inequitable distribution of power, money, resources

Health Inequity Situation of PWDs (2)

- Disabled people often lack opportunities to live independently or to earn a living because lack of misunderstanding among general population.
- In addition, existing governmental and non-governmental services for the disabled are poorly coordinated.

Equal opportunity in real practice

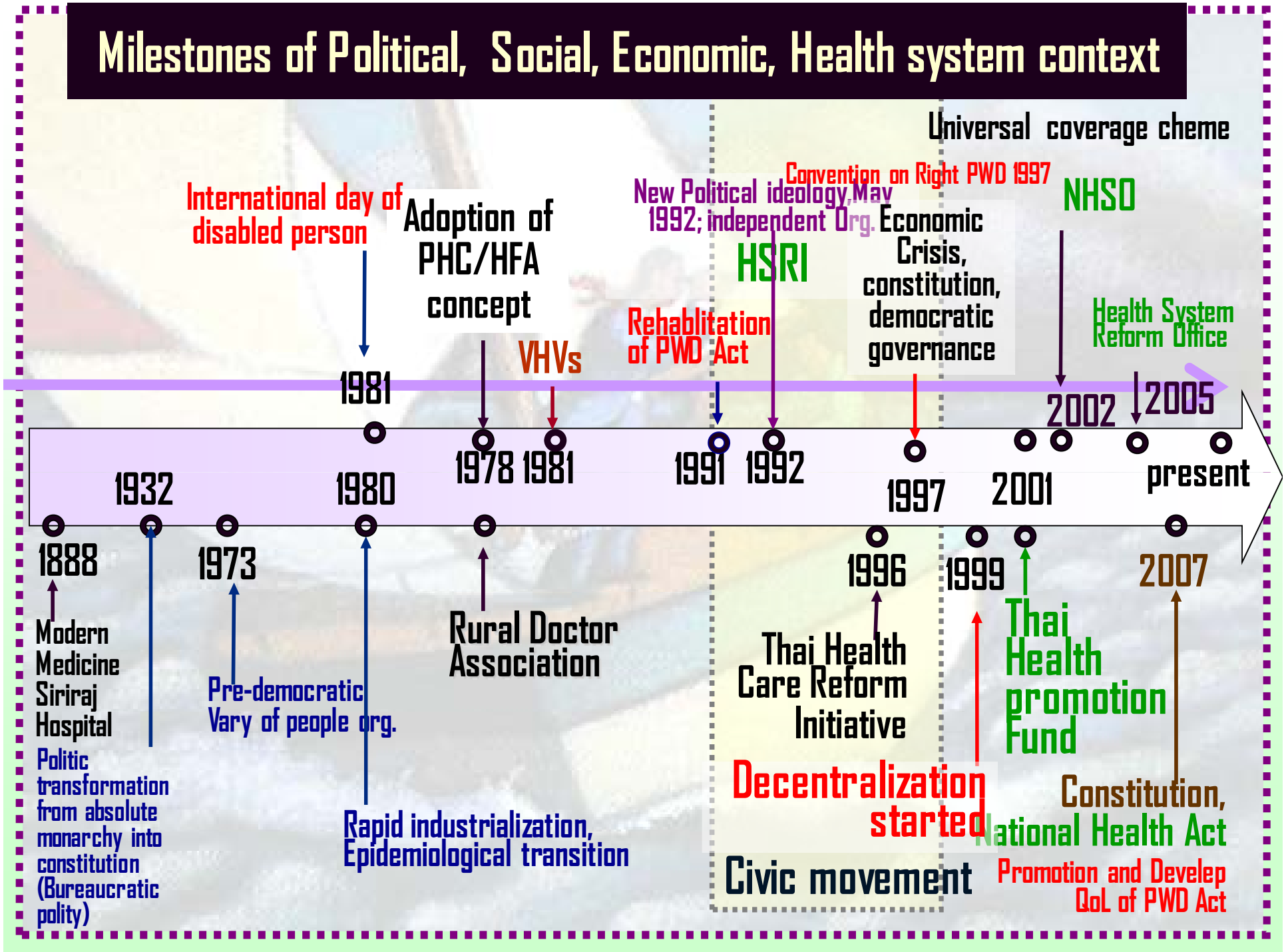


Governance evolution (1)

- In the past, Professional authority was closely tied to the consolidation of bureaucratic power
- Bureaucratization of development made the official policy process more exclusive
- HS governance has been in hands of medical professionals which practiced through line of authority within MoPH which rather the hospital-based health system
- At the present, PWDs take out their health from medical professional's hands because Demedicalization Process

Governance evolution (2)

- De-medicalization means establishing their new social space, identity formation process to make themselves visible, recognizable of their active citizenship
- Besides, Changing approach from charity model to be capability model which mean looking at the disability as a deprivation of capabilities where capabilities refer to practical opportunities.


Milestones of Political, Social, Economic, Health system context
Universal coverage cheme
Convention on Right PWD 1997
International day of disabled person
Adoption of PHC/HFA concept
New Political ideology,May 1992; independent Org.
HSRI
Economic Crisis, constitution, democratic governance
NHSO
Health System Reform Office
VHVs
Rehablitation of PWD Act
1981
2002
2005
1978
1981
1991
1992
1997
2001
present
1932
1980
1888
1973
1996
1999
2007
Modern Medicine Siriraj Hospital
Rural Doctor Association
Thai Health Care Reform Initiative
Thai Health promotion Fund
Pre-democratic Vary of people org.
Decentralization started
Constitution, National Health Act
Politic transformation from absolute monarchy into constitution (Bureaucratic polity)
Rapid industrialization, Epidemiological transition
Civic movement
Promotion and Develep QoL of PWD Act

HS Governance (1)

- Within HS, HSRI's Board had approved the establishment of Health System Reform Office (HSRO) in 2002 to coordinate the national health system reform movement and formed new public space to provide opportunity for civic engagement and creation of deliberative function of HS governance.
- This could be called "demedicalized" or "socialized" process of HS.
- Thai Health Promotion Foundation and NHSO were established in 2001 and 2002 outside formal structure of MoPH, as the autonomous bodies to focus on enhancing health promotion and financing reform.

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HS Governance (2)

- However, if there is no good governing structure and practices to enforce those legislations, only bureaucratic government bodies would continue enjoining their vertical, central-focus programs. It still exist of inequitable resource allocation. All opportunities provided could be only impractical opportunities.
- We have to make new balance of power to manage inequity among government sectors, technocrat, civil societies and politician, and also empowering process with good leadership for powerless sectors which are in needed. Otherwise, it would be only symbolic participation.

Governance improve QoL of PWD

- De-stigmatized has internally empowered PWDs.
- Joining up the law enforcement by the PWD's civil societies to make rights in Act to be real
- Governing process turn more governance by involving of civil society : Political engagement, Joining public policy process, Social watching
- Demolish the wall of government's silo structure for improving QOL of PWDs
- More and More engagement of civil societies in social services and welfare management, welfare societies, health in all policies

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Case studies revealing health-equity among PWD

- Governing bodies : Committee, there are some PWD's representative in the component of board which has role to enforce some law, act, rule i.e. Promotion and Development of QoL of PWD Committee. This Committee shall supervise and provide policy guidance for strategy, direction, M&E. Its governance includes cooperation, transparency, accountability, and preparedness.
- Financial budget : UC expenditure in Rehabilitation service item
- Management : Program of Health Promotion for People with Disability (empower, initiative for model development)

Governing bodies

- Engaging of PWD's civil society i.e. The Promotion and Development of QoL of PWD Committee comprised of 13 Permanent Committee Members from State, 6 Senior Expert Committee Members from academic institute, 7 DPOs Committee Members from Association of PWD in Blind, Deaf, Physical movement, Autism, etc.
- It is power balancing between government sectors and non-government sectors which can coordinate better than situation in the past
- Each agenda in the meeting is all about the rights in the Act which lead to health equity

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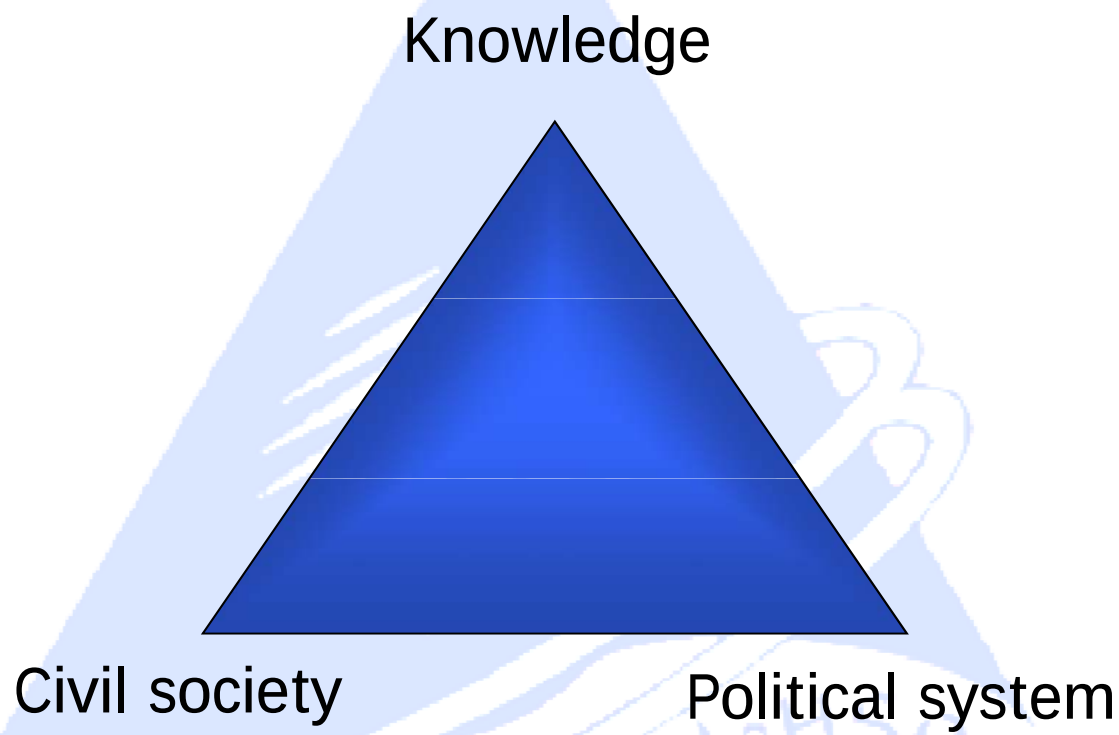
Triangle that moves the mountain



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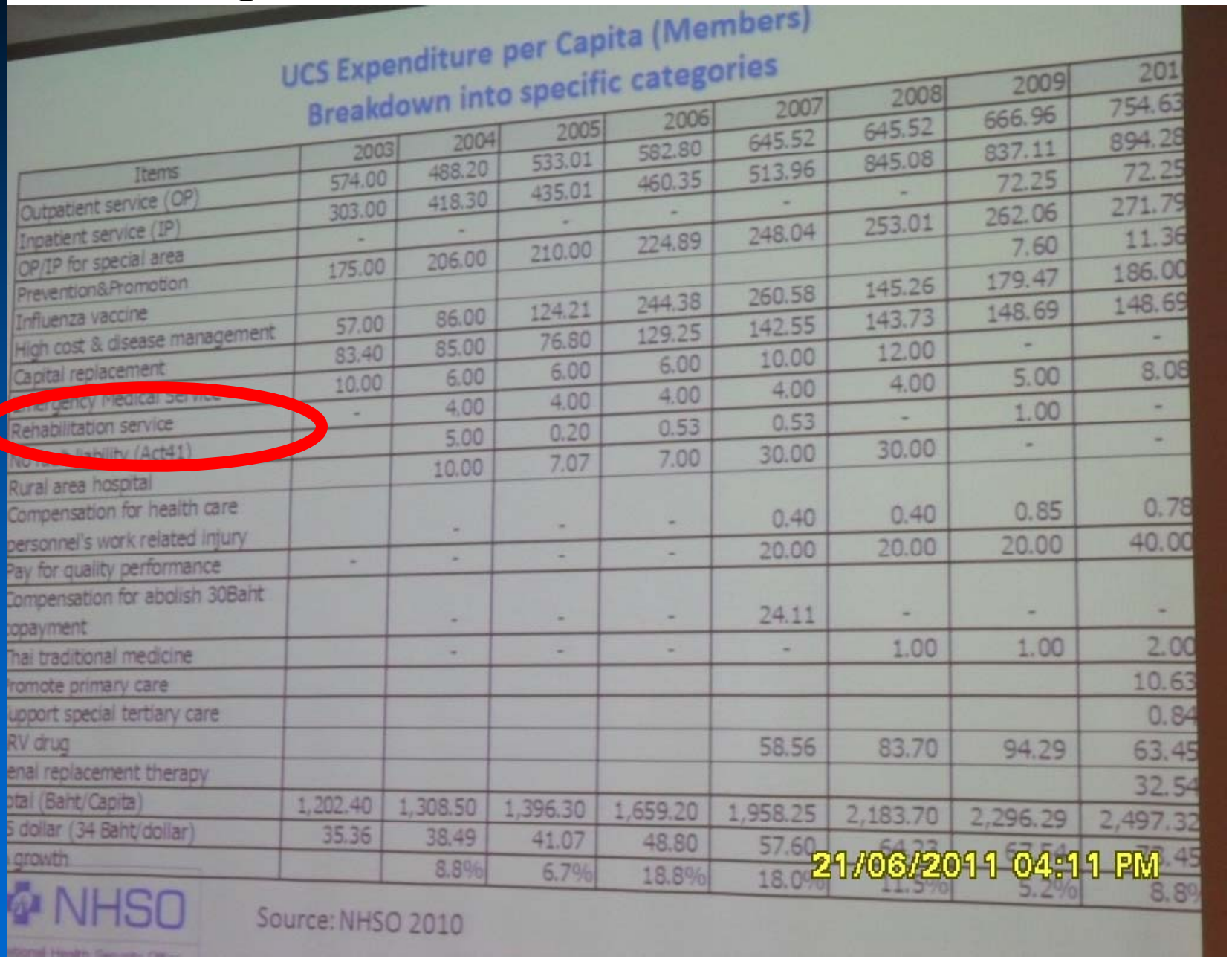
UC expenditure in Rehabilitation service item



UCS Expenditure per Capita (Members)
Breakdown into specific categories

Items	2003	2004	2005	2006	2007	2008	2009	201
Outpatient service (OP)	574.00	488.20	533.01	582.80	645.52	645.52	666.96	754.63
Inpatient service (IP)	303.00	418.30	435.01	460.35	513.96	845.08	837.11	894.28
OP/IP for special area	-	-	-	-	-	-	72.25	72.25
Prevention&Promotion	175.00	206.00	210.00	224.89	248.04	253.01	262.06	271.79
Influenza vaccine							7.60	11.36
High cost & disease management	57.00	86.00	124.21	244.38	260.58	145.26	179.47	186.00
Capital replacement	83.40	85.00	76.80	129.25	142.55	143.73	148.69	148.69
[illegible]	10.00	6.00	6.00	6.00	10.00	12.00	-	-
Rehabilitation service	-	4.00	4.00	4.00	4.00	4.00	5.00	8.08
[illegible] liability (Act41)		5.00	0.20	0.53	0.53	-	1.00	-
Rural area hospital		10.00	7.07	7.00	30.00	30.00	-	-
Compensation for health care personnel's work related injury		-	-	-	0.40	0.40	0.85	0.78
Pay for quality performance	-	-	-	-	20.00	20.00	20.00	40.00
Compensation for abolish 30Baht copayment		-	-	-	24.11	-	-	-
Thai traditional medicine		-	-	-	-	1.00	1.00	2.00
Promote primary care								10.63
Support special tertiary care								0.84
ARV drug					58.56	83.70	94.29	63.45
Renal replacement therapy								32.54
Total (Baht/Capita)	1,202.40	1,308.50	1,396.30	1,659.20	1,958.25	2,183.70	2,296.29	2,497.32
US dollar (34 Baht/dollar)	35.36	38.49	41.07	48.80	57.60	64.23	67.54	73.45
% growth		8.8%	6.7%	18.8%	18.0%	11.5%	5.2%	8.8%

NHSO

Source: NHSO 2010

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Concrete examples of Management

- Medical Rehabilitation Fund had policy of stimulating medical rehabilitation system and developing capability of DPOs to do their work better.
- Policies have been given continuing support, resulting in success in concrete terms to integrated health services for PWD are offered in community hospitals in many provinces. PWD were found and registered, assessed their problems/needs, offered rehabilitation service and equipment
- some centers can develop unit to produce artificial legs, provide repair services. All services are offered pro-actively, in the form of a network of cooperation among HC, VHV, DPOs, family, temples, LAO

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Initiative Model of Health service provision for PWD (1)

- Established a form of health care management of PWD by DPOs themselves. i.e. independent living center(IL), Personal Assistant (PA)
- Services involve seeking out to find PWD, give them consultation as friends, train them on social participation skills, offer personalized individual help services
- Network of disabled children's family and network of Orientation and Mobility skill Training to the blind in the communities.

Initiative (2)

- 2 policies have had a positive impact are 1)Paying of VHV 600 Baht/month 2)Supporting of subdistrict HPH to engage in health promotion in which the specific task of looking after and rehabilitating PWD is included.
- Policy Evaluation was done after a year of implementation, both policies were instrumental in increasing health care for PWD, especially who cannot help themselves and are unable to access services for various reasons.

Initiative (3)

- Community Health Fund, under NHSO Fund, and in cooperation with LAO, has policy of engaging community to look after PWD's health within their local communities.
- This has resulted in many volunteer activities at community level to look after PWD, rehabilitate them and build up other aspects of health.
- Establishment of provincial subcommittees in every provinces, set up under the Promotion and Development of the QoL of PWD Act 1997

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Initiative (4)

- Development of PWD's well-being cannot be achieved merely by developing health service system under MoPH. There has to be joint concurrent development of welfare system and appropriate social services at community level, so that PWD can access and really make benefit from them.
- Rights and welfare accorded by state to PWD consist of 1)disability allowance of 500 Baht/month 2)right to borrow money at 20,000 Baht/person interest-free for 5 years for investing in a self-employed enterprise 3)right to receive family assistance money at rate of 2,000 Baht a time, but not more than 3 times a year.

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Initiative (5)

- Rights and welfare assistance in which some principles are services to make adjustments to the environment to facilitate the handicapped, services in the form of home care in the case where no one is helping PWDs.

Lesson Learned (1)

- Not only MoPH is able to handle but also the collaboration among government sectors and some related independent intelligence bodies, technocrats, private sectors, NGO working for PWDs, and the most important DPOs.
- To achieve health improvement for PWDs, health equity-oriented in all policies are needed to be involved such as public building, space, transportation policy to build up enabling environment for disabling people, other welfare or social support service policies.

Lesson Learned (2)

- Employment which is one component of SDH, Adult PWDs could work like normal person
- Economic empowering for adult PWDs is crucial through the equalization of opportunities to work for earning their lives whereas keeping children with their family with supporting services to facilitate learning and education in their early lives, appropriate habilitation process are also important strategies.

How to make rights to be real

- From implementation of healthy public policies in PWD in the past decade, we found that concrete example to improve their health and social participation which make rights to be real
- But it still challenge that making the right to real for all groups of population? i.e. aging, child, informal labor, female gender

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Summary

- Key Success Factor are the changing context of Governance by only State sectors to be governed by government sectors, independent organization and civic groups.
- Governance involves ensuring strategic policy, frameworks exist and are combined with effective oversight, coordination, regulation, system design, accountability. Governance which include only total government is not success without social participation
- Have to empower civil society, autonomous body to engage political process, it will be truly governance

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Thank you for your attention