

Title: Challenges in implementation of community health fund in

Thailand

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INTRODUCTION

Globally, noncommunicable diseases (NCDs)—including cardiovascular diseases, diabetes, chronic respiratory diseases, and cancers—caused approximately 41 million deaths in a single year. Almost half of NCDs-related fatalities are premature. About four fifths of deaths and premature deaths from NCDs occur in low- and middle-income countries (1).

The World Health Organization (WHO) Global action plan for the prevention and control of noncommunicable diseases 2013-2020 provides governments a guidance to deal with the burden of NCDs. The action plan is based on these following principles: life-course approach, empowerment of people and communities, evidence-based strategies, universal health coverage, management of conflicts of interest, human rights approach, equity-based approach, national action and international cooperation and solidarity, and multisectoral action (2).

To reduce determinants of NCDs at the community level, Thailand has a mechanism—namely, community health funds—addressing some key principles in the action plan including

empowerment of people and communities, equity-based approach, and multisectoral action. In 2006, the community health fund policy has been implemented to finance health promotion, disease prevention, rehabilitation, and outbound primary care services (outside healthcare facilities). All parties in community (including public sectors, private sectors, and non-health sectors) could propose projects to be funded by community health funds (3).

Community health funds have been set up at the subdistrict level. The fund in each subdistrict is managed by a local committee chaired by chief executive of SAO; committee members comprise representatives from SAO, subdistrict health center, and community members. A proposal to utilize the fund is approved by this committee (3).

After full-scale implementation in 2010, community health funds in Thailand are substantially underutilized. At the end of fiscal year 2017, a total of more than four billion Thai baht (120 million US dollars) was left unused in community health funds; the funds are supposed to be nearly exhausted (in exchange for health-related activities) at the end of each fiscal year (3, 4).

At the time of study conception, knowledge about factors contributed to the underutilization of community health funds in Thailand was lacking. This study aimed to explore factors associated with underutilization of the funds from several stakeholders' perspectives. Findings from this study could also benefit implementations of health-related funds at the community level in other low- and middle-income countries.

METHODS

Thailand has implemented the UHC policy since 2002. Healthcare is mainly provided by public hospitals owned by the Ministry of Public Health. NHSO, Social Security Office, and Comptroller General's Department are three main third-party payers (5). This study was conducted in the upper Southern region of Thailand, which contains seven provinces with a population of 4.5 million (6). Ten subdistricts from six provinces in the region were selected as study sites.

Between November 2017 and May 2018, 63 in-depth interviews were conducted. Four interviewees were staffs of the regional (upper Southern) office of NHSO. Two interviewees were from a provincial State Audit Office. In each subdistrict, six in-depth interviews were conducted. Interviewees in each subdistrict consisted of two from SAO, two from a subdistrict health center, and two villagers.

All interviews were recorded and transcribed verbatim. Questions on expectations from the funds, opinions about improvement of fund management, agreement with the policy, and perceived impact from the funds were asked to all interviewees except those from the State Audit Office.

History and regulations regarding community health funds were reviewed from the recent NHSO community health fund manual, NHSO reports, and related documents (3, 4). Financial report from the NHSO community health fund report had been extracted and analyzed with descriptive statistics (4).

Content analyses were conducted independently by three authors (US, TP, and TK) before summarizing into final results. Any contradicting results were resolved by consensus. Results were also triangulated with data from NHSO reports if possible.

The protocol of this study was approved by the Human Research Ethics Committee of Walailak University.

RESULTS

Figure 1 summarizes key results of this study. The figure illustrates concepts and key players behind the implementation of community health fund policy.

Community health fund: intersection between decentralization policy and health policy

Review of NHSO documents and interviews with NHSO staffs indicated that the community health fund policy is in part a result of decentralization movement after the 1992 violent political uprising (Black May) and in part a result of healthcare reform that led to the implementation of UHC policy in Thailand.

The decentralization movement resulted in the 1997 Constitution of Thailand, which includes comprehensive decentralization policies. The 1997 Constitution was followed by the Determining Plan and Process of Decentralization Act of 1999. This act strengthened the status of local administrations including SAO. Healthcare reform in Thailand resulted in the National Health Security Act of 2002, under which the UHC policy is implemented. The community health funds policy is established following the Article 47 of the National Health Security Act,

which indicates the role of local administrations in health governance. The community health fund is hence at the intersection between decentralization movement and healthcare reform. It was designed to deal with health outside healthcare facilities, which is related closely to determinants of NCDs.

Active local administration

A main factor for community health funds to perform well was an active SAO. Regarding community health funds, SAOs could be active in three aspects: learning budget rules, advertising the funds, and support project initiation by other actors in community. Complex budget rules were generally seen as a major obstacle for fund utilization. However, active SAO put a lot of effort in learning the rules to understand them and not to violate the rules when utilizing the funds. Active SAOs continuously advertised community health funds to other actors in communities to increase utilization of their funds. Proposal development is a difficult task for lay citizens and some local organizations. Active SAOs assigned a responsible person or sub-committee to support proposal development and revision.

Active citizens and local organizations

Communities with active citizens, civil groups, and community leaders utilized community health funds more actively. Active citizens asked SAOs how can the fund be utilized, initiated health promotion activities, and asked other communities members to participate in those activities. In some study sites, citizens also monitored the utilization of the fund; they were interested in whether there were any corruptions involved in the fund management process.

Complex budget rules

NHSO, the primary national implementer of the community health fund policy, would like the fund to be used without unnecessary restrictions at the community level. NHSO hence did not set up strict budget rules for community health funds. However, random audits of fund utilization were conducted independently by the State Audit Office, a national agency seen by some interviewees as the way central government limiting roles of local administrations, hence, against decentralization.

The State Audit Office has to have all related rules and regulations about projects they audited at hand during the audit. As community health funds were financed by two government agencies (NHSO and SAO) with different budget rules, auditors sometimes considered different budget rules to funds managed by different SAOs. This resulted in some SAOs violating budget rules, while others were not, even though budget being used in the same way. Regarding this issue, interviewees from the State Audit Office informed that, without strict budget rules, they were allowed to use personal discretion on a case-by-case basis.

Alternative sources of funding

In some subdistricts, there were alternative sources of funding available. Those funds were normally from industries with obvious environmental issues. Two types of industries setting up funding for communities were found in this study: mining and power plant. Those funds support activities done by nearby communities as a solution for conflicts between

industries and communities. Budget rules for this fund are simple with practically no post-hoc audit.

DISCUSSION

In this study, we described problems and identified factors associated with success in implementation of community health funds in Thailand. Community health funds were established to address healthcare and determinants of health outside healthcare facilities.

This decentralized nature of the community health fund somewhat conflicts with the centralization of policy making in Thailand (7). The utilization of community health funds is controlled by the central government through audit system by the State Audit Office, a central government agency. The issue between the State Audit Office and local administration in Thailand was related to centralization of power in a previous literature (8). The conflict between central government and local administrations in managing community health funds was observed in Tanzania. It resulted in ineffective implementation of the policy (low enrolment in public health insurance schemes) (9).

Here, we present a case study of attempt to provide health promotion and prevention at the community level in Thailand. Major challenge occurred due to a decentralized nature of the community-level policy conflicting with a centralized nature of political structure in the country. To implement the policy successfully, both citizens and local administrations must be active and working closely together.

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Competing interests

None declared.

FIGURE

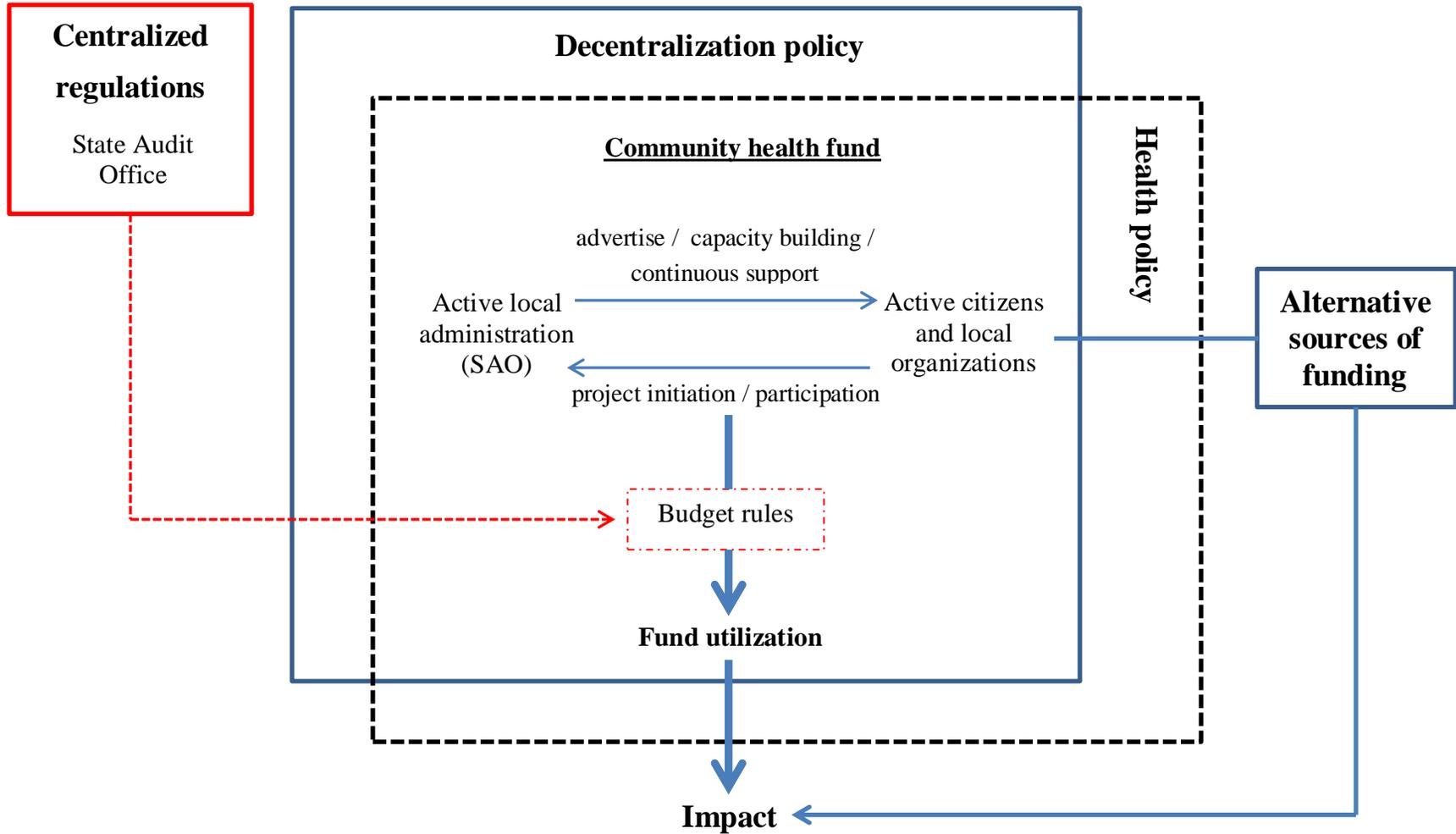


Figure 1. summary of factors associated with fund utilization.

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