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NHSO National Health Security Office

# Long-term care - Sustainable social protection in an aging society

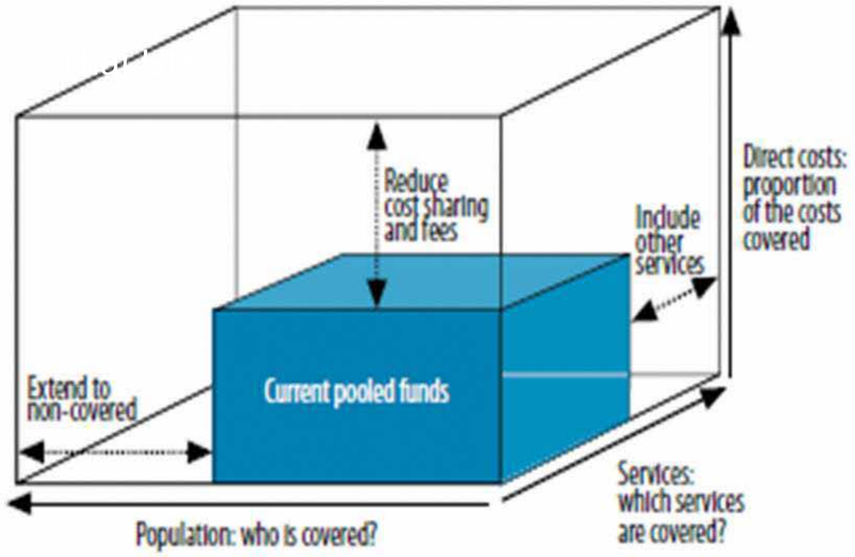


*Mr. Sitthikorn Panphum, Health Security Technical Officer,*

*National Health Security Office, Thailand*

# Three dimensions of UHC

**Thai UHC** → 3 public health insurance schemes (CSMBS, SHI, UCS)




**Y axis: Financial protection – Hight**
Free at the point of service
(Out of pocket 9.1% of THE)

**Z axis: Depth of services**
Comprehensive package with small exclusion list.
P&P, All essential drugs, Renal Replacement Therapies, organ transplant, CABG, cataract, dental services and dentures, etc.

**X axis: Population coverage**
universal population coverage (99.73% of population)
UCS 70%, CSMBS 8%, SSS 20% approximately

*WHO, Health financing for universal coverage: universal coverage-three dimensions, http://www.who.int/health_financing/strategy/dimensions/en/*

# 3 Public Health Insurance Schemes in Thailand

### Universal Coverage Scheme (UCS)

OP and IP services are provided in accordance with the regulations, procedures, and announcements of the UCS fund.

### Social Health Insurance (SHI)

OP and IP services are provided in accordance with the regulations, procedures, and announcements of SHI

### Civil Servant Medical Benefit Scheme (CSMBS)

OP and IP services are provided in accordance with the regulations, procedures, and announcements CSMBS

**Community health services**

**Long-term care** for dependent individuals **in the community,** as well as public health services, are provided in collaboration with **local administrative organizations.**

**Health Promotion and Disease Prevention Services**

# Ratio of Elderly to Other Age Groups in Thai Health Coverage Registry (October 2026)

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Population in NHSO Registry: 66.510 M  Age ≥60: 15.442 M (23.22%)

## UC Scheme (UCS+WEL)

**34.350 M**
Others



**12.098 M**
Elderly



## Social Health Insurance (SSS)



**11.574 M**
Others

**0.489 M**
Elderly

## Civil Servant / State Enterprise (OFC)

**3.077 M**
Others



**2.258 M**
Elderly

**LGO**

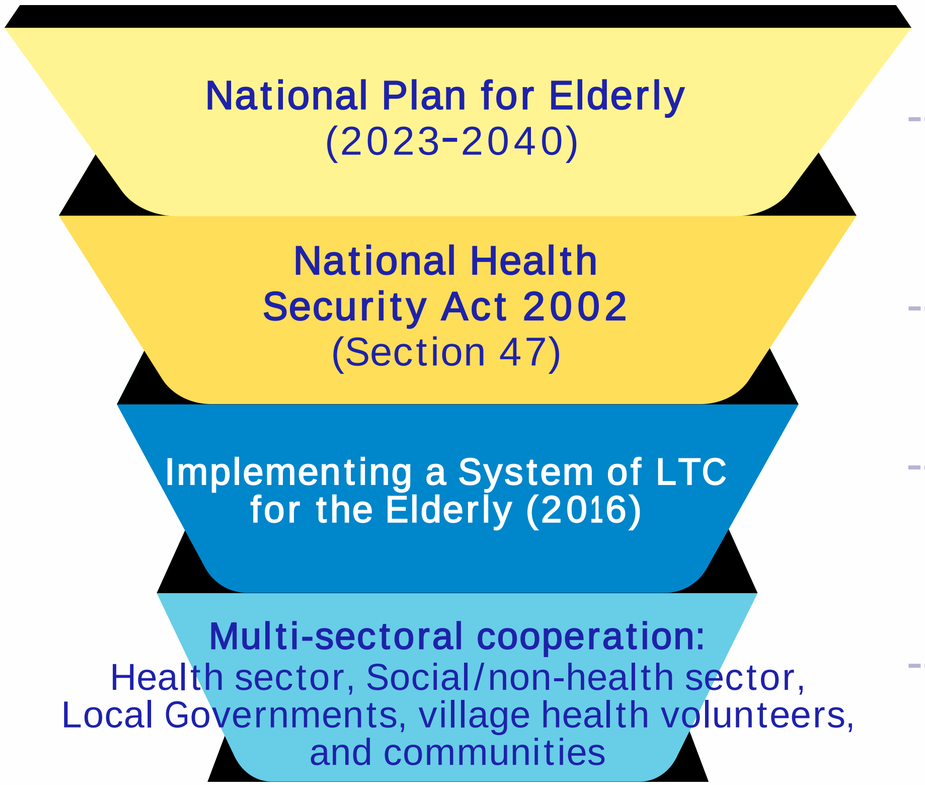
**Other**

**LGO:** Others 0.472 M | Elderly 0.254 M

**Other / mixed rights and statuses:** Others 1.594 M | Elderly 0.343 M

**Source:** NHSO UCInfo • October 2026 (FY2027). Figures in millions; rounded to 3 decimals.
Others includes age <60 and unknown age. Mixed rights are shown separately.

# Policy Framework in Elderly care under UCS




Active aging **ensures seniors'** security, quality of life, and contribution to society

Long-term and palliative care for all Thais through NHSO and local communities.

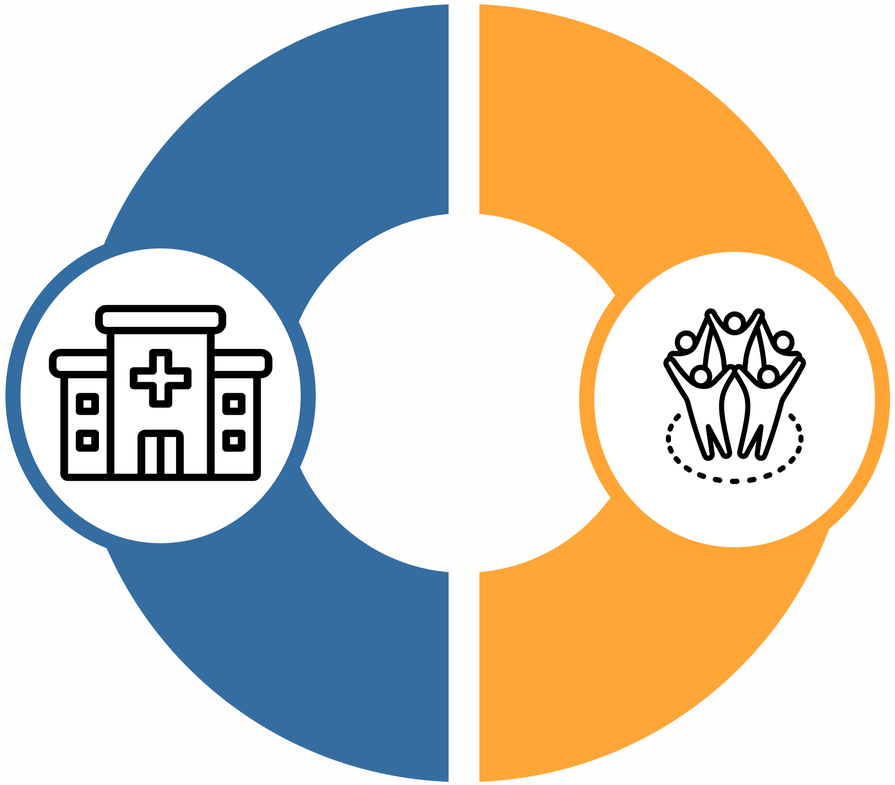
Empower families and communities (care giver and care manager) to support dignified aging.

LAO (under the Ministry of Interior), Ministry of Public Health, NHSO, Ministry of Social Development and Human Security, Ministry of Education, Council of Public Health Professionals

# Thailand's Health System for Elderly

## Hospital-based Health Services

- Treatment
- Rehabilitation
- Health Promotion & Disease Prevention (e.g., vaccination, dementia screening, mental health screening)



## Community -based Health Services

- Health Promotion & Disease Prevention
- Proactive healthcare services
- Rehabilitation
- **Long-Term Care:** moderate to severe dependency, Palliative, Dementia, and end-of-life care

National Health Security system

# Community health system operated and managed by LAOs
## (Matching fund between NHSO and the local government)

| | Local Health Security Fund | Long Term Care Fund | Provincial Health Security Fund |
|---|---|---|---|
| **Sources of Fund** | • **NHSO:** 45 THB/person/year<br>• **Local Gov't:** 30-50% co-funding | • **NHSO:** 10,442 THB/person/year.<br>• **Local Gov't:** 5% - 10% co-funding | • **NHSO:** 8 THB/person/year<br>• **Provincial Gov't:** 8 THB (or more)/person/year |
| **Fund manager** | Local Health Committee in the Community | Local Health Sub-Committee for LTC | Provincial Health Committee |
| **Services provided** | • Health Promotion<br>• Disease Prevention.<br>• Proactive primary care.<br>• Community-based rehabilitation (in sub-district area) . | • Long-Term Care with personalized care plan.<br>• moderate to severe dependency<br>• Palliative care.<br>• Dementia | • Health Promotion<br>• Disease Prevention.<br>• Proactive primary care.<br>• Community-based rehabilitation (Provincial area). |

# Collaborative Model for LTC Financing and Service Management

Ensure dependent elderly receive health and social services through multi-sector collaboration.

Overview of Regulation by the Ministry of Interior



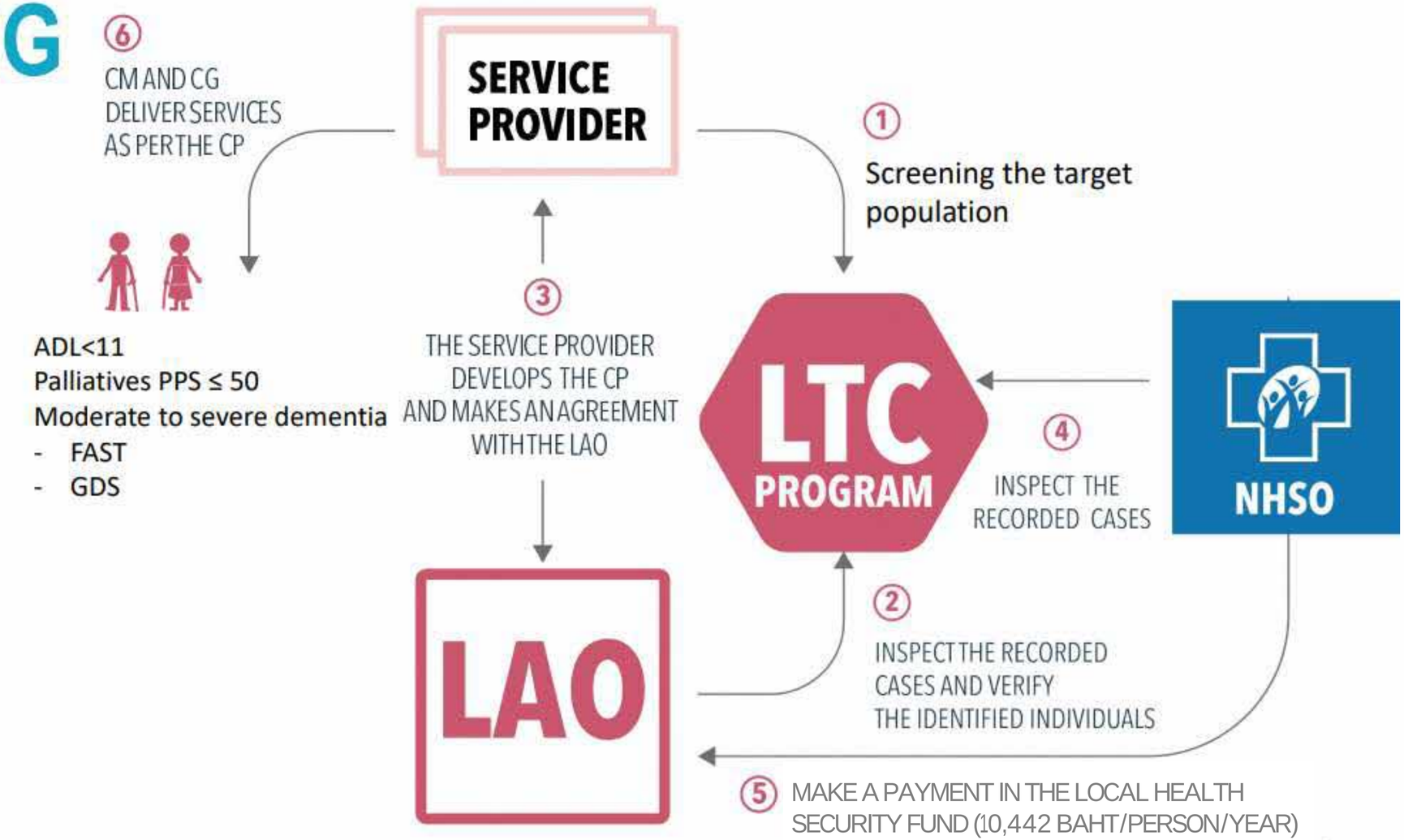

- Provide CM/CG services
- Deliver services according to care plans (CP)
- Ensure service quality standards
- Supervise and evaluate service outcomes

- Manage LTC projects
- Provide services through elderly care centers
- Allocate budget
- Monitor and supervise service providers

- Coordinate with all stakeholders
- Define criteria and inform payment rules
- Define health benefit package
- Allocate or manage budget
- Monitoring and Evaluation

**Note**
*CM - Care manager*
*CP -Care plan*

# STEPS IN IMPLEMENTING LTC FOR DEPENDENT ELDERLY



# Community-based LTC Implementation

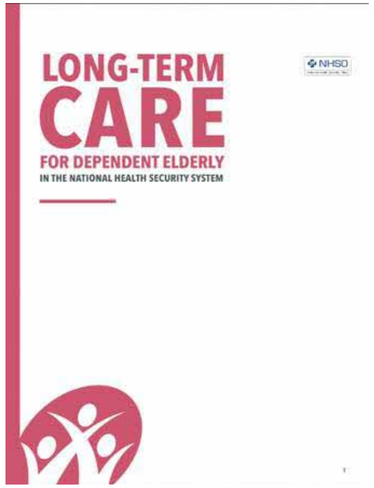


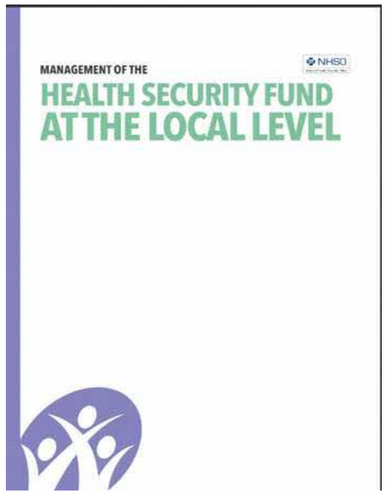
Holistic care by multidisciplinary team and LTC Care By Village Health Volunteer



**“Adult diapers” are included in the Health Benefit Package, driven by people’s participation.**

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# More information on Thailand UHC and UCS, visit the website

# Lessons Learnt and Key Challenges for Thailand's LTC System

- **Fiscal sustainability & workforce capacity:** Recognizing Care managers & caregivers as part of the care system
- **Unequal LAO capacity** for co-financing (matching funds)
- **Fragmented data systems** among related organizations (limitation of integration)
- **Super-aged society** by 2035: 30% elderly population

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# THANK YOU

# BACK-UP SLIDE

สปสช. สำนักงานหลักประกันสุขภาพแห่งชาติ

**ค่าบริการสาธารณสุขร่วมกับองค์กรปกครองส่วนท้องถิ่น**
**Local Administrative Organization (LAOs)**
บริการสาธารณสุขสำหรับผู้ที่มีภาวะพึ่งพิงในชุมชน
(Long Term Care : LTC) ปีงบประมาณ 2569

## Implementation Process for Securing Budget Support for Long-Term Care Services

### Service provider

**1** Screening person with dependency
(Existing case + New cas)
(1) ADL ≤ 11 (2) PPS ≤ 50%
(3) Dementia Patient
(A) FAST stage: moderate, moderately severe, or severe
(B) GDS stage: 5, 6 or 7

**2** Dependent persons data record in the LTC Program (NHSO.)
https://ltcnew.nhso.go.th
Data Sync

**3** Develop Care Plan
Through 3C program
(Department of Health)
https://ltc.anamai.moph.go.th

**4** Project proposal
Proposed Care Plan for approval

After 10 months of care, submit the report and process the next phase of care plan with waiting period (To reach 12 months)

### LAOs

**5** LTC Subcommittee meeting
Consider and approve activities and expenses according to the Care Plan

**6** Data import + approval expenses
LTC Program (NHSO.)
https://ltcnew.nhso.go.th
With in payment cycle period

**10** Develop agreement in the system
For LTC service provision between LAOs and Service Provider

**11** Prepare a disbursement request in the system
To transfer budget to service providers based on the number of LTC beneficiaries who are still alive.

**12** Provide services according to the Care Plan
Submit report after completing 12 months of care

### NHSO

**7** Review
Review and confirm receipt of the budget (6,000 Baht)

**8** Retrieve data
To proceed the payment according to approved Care Plan

**9** Budget allocation
(6,000 Baht)
Long Tern Care bank account

**** Note ****
- NHSO retrieves payment processing data on 1st and 16th of every month
- If a beneficiary passes away before the payment processing date, the per capita budget will not be approved
- In case remaining balance in the account, the NHSO will transfer only the excess amount beyond the approved allocation.

Service provider unit e.g health service units, health facilities, or Quality of Life Development Centers.