Challenges of Governance for LTC Policy

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Governance of long-term care systems

- The legal foundations, institutional arrangements and accountability mechanisms that determine whether **quality care** is consistently delivered to those who need it.
- No single governance or delivery model is optimal for all settings.
- What matters……principles are upheld while allowing flexibility in how services are organized, financed, and monitored.

History of Long-term Care in Thailand (Legal)

Year	Milestone
2002	National Health Security Act (tax-funded universal health coverage_UHC executed by NHSO)
2003	The Act on the Elderly
2016	-Subordinate legislation under the National Health Security Act Long-term care funding for voluntary members of UHC via local administrative organization (LAO) 6000 baht/person/year (600 million baht)
2020	-LTC extended to all ages and all insurance scheme (975 million baht) -Ministerial Regulation: licensing requirements for service providers, mandatory caregiver training & certification, and facility standards.
2021	LTC funding paid to LAO, no more funding to local service unit
2023	Payment shifted from a registration basis to an approved-care-plan basis
2024	-LTC funding increased from 6000 to 10,442 baht/person/year, including PLWD, hospice care - LAO have to contribute matching fund (co-financing) 5-10% of their previous year's LTC allocation.
2026	Full-time caregiver employment : 6000 baht for the approved care plan + 4442 baht for caregiver

National Health Security Office (NHSO)



1. Universal Coverage Scheme (UCS) Management:

Fund Allocation, Benefit Package Definition,
Provider Network Expansion



2. Health Promotion and Disease Prevention:

Vaccination Campaigns, Screening Services and Community Health Funds (partners with local administrative organizations to fund grassroots health initiatives tailored to specific neighborhood needs.



3. Consumer Rights Protection & Quality Assurance:

1330 Hotline Operations, Malpractice Compensation and Standards Monitoring (Audits contracted medical facilities to ensure they meet national healthcare quality guidelines)



4. Drug and Medical Supply Management:

Bulk Purchasing and Supply Chain Distribution



5. Health Data Analytics & Digital Innovation:

Digital Registries and Financial Auditing

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

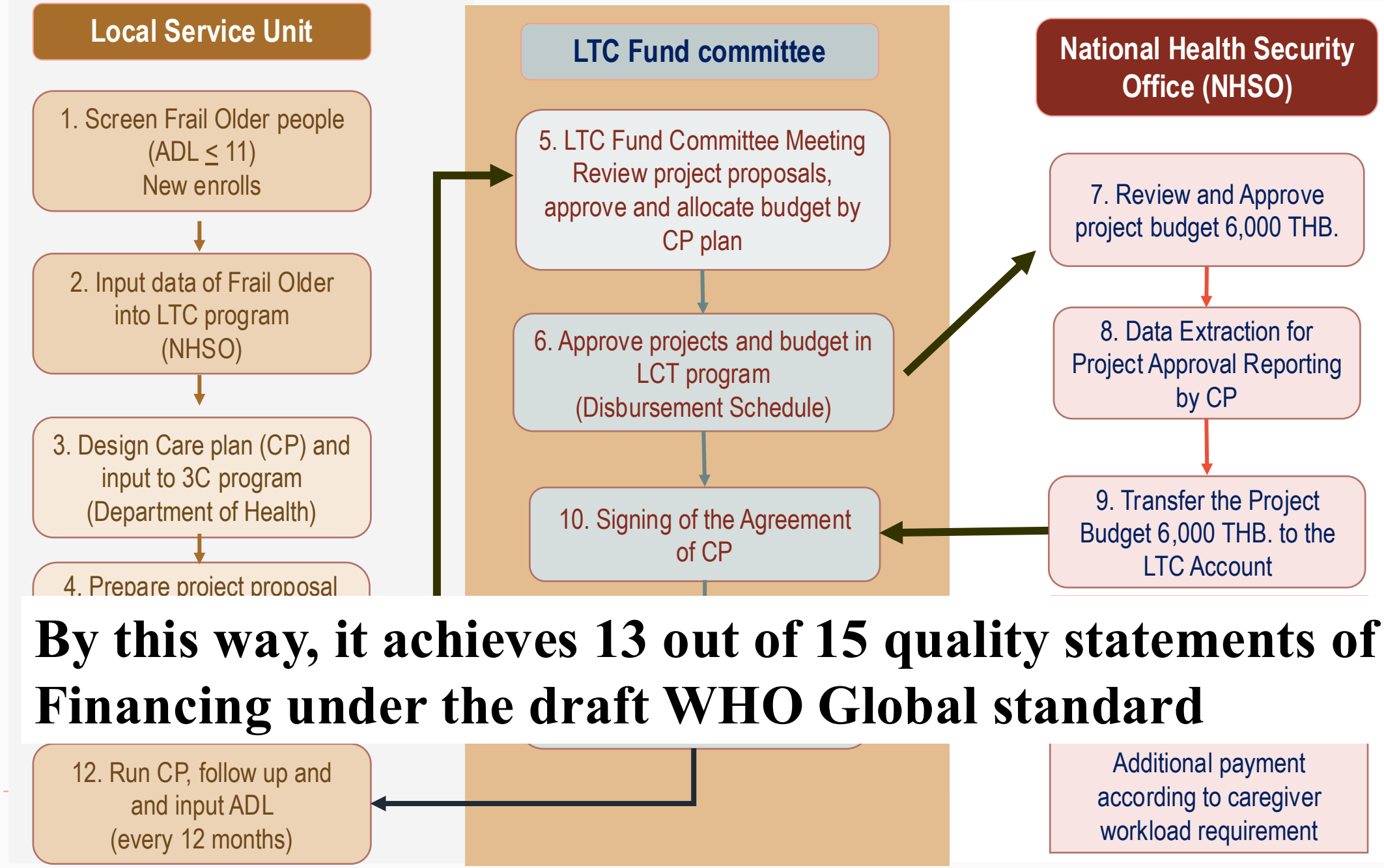


- Provide CM/CG services
- Deliver services according to care plans (CP)
- Ensure service quality standards
- Supervise and evaluate service outcomes

- 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
- Momitoring and Evaluation

"Note"
CM - Care manager
CP -Care plan



By this way, it achieves 13 out of 15 quality statements of Financing under the draft WHO Global standard

Budget Year	Budget (M THB)	Target (people)
2016	600.00	100,000
2017	900.00	150,000
2018	1,159.20	193,200
2019	916.8/0	152,800
2020	975.56	162,593
2021	838.03	139,671
2022	990.11	165,018
2023	1,265.65	210,941
2024	2,716.00	222,366
2025	2,900.24	245,647
2026	5,514.37	528,095

Thailand multi-sectoral governance of LTC

- Home and community-based care:
  - Local service unit personnel do comprehensive need assessment
  - Create personalized care plan
  - Get the plan approved and funded by NHSO.
- LTC institutional care: mainly in private sector and not well-established.
- Unpaid carers:
  - Formal identification_still need more mechanism
  - Two levels of training (18 hr. and 70 hr.) provided by many organizations approved by Department of Health.
  - Gaps: poor social protection and financial security
- Paid carers: 2 levels of training (70 hr. and 420 hr.) provided by many organizations approved by Department of Health.
  - Gaps: continuing professional development, safe and supportive working environment, migrant care workers.

Caregiver training curriculum designed and supervised by Department of Health, Ministry of Public Health



Advanced Professionals

420 Hours

Facility Based
(Care Facilities/Hospitals)



120 Hours
(LCV)

Entry-Level Professionals

70 Hours

Community Based
(Community)





Family & Volunteers

18 Hours

Unpaid
(No Compensation)

Regulated by: Department of Older Persons & Ministry of Public Health

NotebookLM

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Thailand multi-sectoral governance of LTC

- Policy and financing co-ordination:
  - Defined public entitlement
  - Co-ordination across publicly financed providers, periodic review (capacity-aligned contributions)
  - Need-based assessment
  - Protection for those with limited resources

Already meet the Draft WHO Global Standard 13/15 indicators

Five stakeholders: NHSO, Dept of Health, Dept. of Health Service Support, Dept. of Older Persons and Local Administrative Organization.

- Quality monitoring:
  - Mainly in private institution-based care_lack of defined quality indicators
  - Regular external inspection
  - Complaint process
  - Timely investigation and response
  - Public access to provider quality information.

OK for the home and community-based care, but need more mechanism in private sector

Lessons learnt from Thailand

- Coverage began with UHC and gradually extended to all ages and all insurance schemes
- Payment shifted from a registration basis to an approved-care-plan basis, defining entitlement by assessed need rather than insurance status
- Building on existing local-government and community structures
- Using a national–local matching fund to mobilize local fiscal capacity to expand access while broadening and stabilizing the financing base
- By this way of financing LTC, it creates a sense of local ownership, accountability, effectiveness and anchors LTC in mainstream local budgeting rather than relying heavily on national health budget.
- A decentralized design succeeds only when matched by sustained investment in local implementation capacity.

Thank you for your interests