

## Summary

### 1. Outline of the Project

Country: The Kingdom of Thailand

Project Title: The Project on the Assistance of Public Health Insurance Information System Development

Issue/Sector: Social security

Cooperation Scheme: Technical Cooperation Project

Division in Charge: Social Security Team, Group II, Human Development Department

Total cost (as of the time of evaluation): 313 million Japanese yen

Period of Cooperation:

(R/D) July 13, 2003 – July 12, 2006

(Extension):

(F/U):

(E/N): (Grant)

Partner Country's Implementing Organization: Ministry of Public Health (MOPH), National Health Security Office (NHSO)

Supporting Organization in Japan: Ministry of Health, Labour and Welfare

Related Cooperation: None

#### 1-1 Background of the Project

The government of Thailand has been implementing health care reform over the past decade, which includes the reform of the health care sector by securing revenues for health care and establishing a health insurance system. In 2002, the "30 Baht System", which is a health care system that covers about 47,000,000 people—two thirds of the total population—was established. With this system, those who did not or could not qualify for health coverage became able to enroll in a health care program. While the system was expected to be the first step toward a universal health coverage system, the improvement in practical aspects became crucial for the organizations concerned in Thailand that were inexperienced in managing a huge health care system. Under these circumstances, the Thai government requested technical cooperation from Japan, which has extensive experience in managing a universal health coverage system. In June 2003, an R/D on the implementation of cooperation was signed, and technical cooperation was implemented over a three-year period from July 2003 to July 2006.

#### 1-2 Project Overview

### (1) Overall Goal

Adoption of the new health insurance administration system by the organizations related to health insurance administration throughout the country and an increase in the number of provinces adopting the system

### (2) Project Purpose

Improvement of the administration and system development management capability of the NHSO's in regards to the independent dissemination of new health insurance administration systems to all provinces in Thailand

### (3) Project Outputs

1. Accumulation of knowledge and information necessary for the establishment of a health insurance administration system
2. Improvement of NHSO management capability in regards to procedural operations through the establishment of a pilot system
3. Proposal for improvement of health insurance administration system for nationwide dissemination based on the results of the pilot system.

### (4) Project Inputs (as of this evaluation)

Japanese side:

Long-term experts:	5 persons	
Equipment supply:	55.219 million yen	
Short-term experts:	20 persons	
Local cost:	13.107 million yen	
No. of trainees received in Japan:	47 persons	
Others: Expenses for document translation		4.029 million yen

Thai side:

Assignment of counterparts:	68 persons	
Purchased equipment:	None	
Land and facilities:	Offices for experts, offices for coordinators, various equipments, warehouse, etc.	
Local cost:	6.489 million yen	
Others:		

## 2. Evaluation Team Overview

Member of the evaluation team

Leader: Dr. Akira Hashizume, Executive Technical Advisor to the Director General, The Japan International Cooperation Agency (JICA)

Health insurance system: Takashi Minagawa, Director, Social Insurance Operation Center, Social Insurance Agency

Information registration system for insured persons: Dr. Toshitada Kameda, Chairman of the Board, Medical Foundation Tesshokai Kameda Medical Center

Evaluation planning: Ayumi Suzuki, Social Security Team, Group II, Human Development Department, JICA

Evaluation analysis: Mitsue Mishima, OPMAC Corporation (former Overseas Project Management Consultants Corporation)

Evaluation Period

February 20–March 11, 2006

Evaluation type: Terminal evaluation

### 3. Overview of Evaluation Results

#### 3-1 Achievements

With this project, problems and needs were grasped and analyzed based on the fact-finding survey conducted in the target provinces at the outset of the project. Based on its result and through planned inputs and implementation of activities, the NHSO's capability in regards to health insurance administration and system development management has been strengthened, and a proposal was made to nationally disseminate the new health insurance information system. Regarding the project, the opinions of the people concerned and achievement data were amassed through questionnaires and interview surveys regarding inputs, output results, and achievement of project target, and these findings were analyzed. As a result, it was confirmed that, although there were some delays and problems during the activities, all the activities planned through this project were implemented and the expected results have been achieved.

Specifically, in the case of Output 1, the number of participants in the workshop exceeded the target number and the number of reports compiled exceeded the target number. As for the Output 2, it was confirmed that the work was carried out in accordance with the manual on administrative work procedures, and the time necessary to register a person in the health insurance information system has been dramatically reduced (from the average of 45 days to 7 days). For Output 3, a plan to disseminate the new system is being formulated and the preparation for its administration and management manual is in the planning stage. In addition, office management manuals for provincial healthcare office have been revised.

Furthermore, regarding the achievement of the indicators of the project targets, guidelines on the development of a health insurance information system have been formulated, and the number of the NHSO staff members who have mastered the procedures for system development and administration have exceeded the target number.

As nationwide dissemination is scheduled to start in July 2006, the realization of the overall goal is expected in the near future.

### 3-2 Summary of Evaluation Results

#### (1) Relevance

The project is highly relevant to the Thai government's national development plan due to the fact that the government has been promoting as its priority policy the enhancement of the health insurance system known as the "30 Baht System," the aim of which has been to strengthen the capability for health insurance administration and system development management and to disseminate this system nationally. The project is also relevant to the viewpoint of "human security" as outlined in the Japanese ODA policy, as well as from the standpoint of the usage of Japan's experience and knowledge and the support of the establishment of a social security system that is the priority issue in JICA Assistance Plan for Thailand, formulation of which is underway. Furthermore, the project's design and approach, which focuses on the improvement in the capability to efficiently practice system development and administration, match the needs of the people who will be practically engaged in the work in question, namely the personnel employed at the NHSO, at the MOPH, at the Provincial Health Offices (PHO), and at hospitals. The project has attempted to organize the procedures of office management and system development and to deepen understanding through the implementation of a pilot project in Phrae province, with the aim of introducing prompt and correct registration of persons insured through the 30 Baht System. The project's approach, therefore, has been relevant.

#### (2) Effectiveness

The counterparts (C/Ps) that were selected by the implementing organizations—the MOPH and the NHSO—have promoted the accumulation of knowledge and information necessary to establish and manage the health insurance administration system through the training in Japan, the lectures by Japanese experts, and the workshops. In addition, by way of the pilot project implemented in Phrae

province, the objectives of shortening the duration of the registration period for persons covered by the health insurance system and the improvement of the accuracy thereof have been attained. Furthermore, through engagement in the pilot project, the C/Ps' capability in the field of administration and system development management have been improved, improvements that have been recognized in terms of systematic thinking and documentation skills pertaining to the formulation of manuals. Through these achievements of result, the C/Ps of the MOPH and the NHSO have mastered the procedures related to system development and administration, and it has contributed to the achievement of the project target.

It was confirmed as a result of the interview survey that the C/Ps have resulted in improved capabilities for orderly thinking, planning, production of information materials, etc. through this project. The experiences gained through this project are thought to have been useful for the future in terms of practice of various types of operations on the part of the MOPH and the NHSO, and are expected to contribute to the achievement of the overall goal of disseminating the new health insurance information system throughout the country. The relationship between the outputs and the project target is clear, and the effectiveness of this project is considerable.

### (3) Efficiency

It has been confirmed that the inputs of both the Japanese and Thai sides were, in general, appropriate, were utilized efficiently for project implementation, and have contributed to yielding outputs. As for individual activities, the issue of occasional delays was pointed out. The problem, however, was minimized by the efforts and methods aimed at its solution by both the Japanese and Thai sides, such as discussions held by the steering committee, the formulation of a road map, and the formation of task force groups. By way of this approach, almost all the activities have been implemented either as scheduled or ahead of the schedule, and there have been no problems with efficiency.

### (4) Impact

The impacts produced by the project are already visible. Based on the results of the pilot project, Phrae province and six other provinces scheduled to adopt the new health insurance information system in March 2006, and all provinces scheduled to adopt the new system by the completion of this project. Thus, the achievement of the overall goal is expected soon. The results of this project will be used in the new health insurance information system (Data Center Project) that Thai the government is

promoting in parallel with this project. The C/Ps' knowledge and capability for administration and system development management accumulated through this project are considered to be useful in the future in terms of the establishment and management of information system. In addition, the implementation of this project accelerated the acquisition of ISO 9001 by the NHSO's Bureau of Insurance Information Technology.

#### (5) Sustainability

In terms of political and institutional contexts, the ideology behind the promotion of the universal coverage scheme represented by the introduction of 30 Baht System is clear in the “National Health Security Act” of Thailand. The current Thai administration is placing priority on the efficient management of 30 Baht System, which has received support from beneficiaries such as hospitals and health centers, and as such political sustainability is high.

From the perspectives of organization and finance, the C/Ps of the MOPH and the NHSO have clarified their commitment to this project, and on-site commitment has increased. Therefore, there is no problem in terms of sustainability.

As for the financial aspect, this project is retaining its status as priority government project and as such the government's ongoing funding of the project can be expected. There was some concern regarding the recent NHSO budget cut, as the workload will be temporarily heavy due to the transfer to a new system; however, a reduction in management costs can be expected when the new health insurance information system becomes fully operational.

From the technical point of view, the C/Ps have accumulated knowledge and improved capability through the implementation of this project. The new system will be smoothly implemented and managed if the continuous engagement in the project by the core MOPH and NHSO personnel is secured.

### 3-3 Factors Contributed in the Production of Effect

#### (1) Planning

The commitment of the Thai government to the improvement of the health insurance system is strong and a consistent policy has been taken. Focusing on familiarization on registration administration and system development management is considered essential for this project. Testing of procedures through the pilot project implementation and formulation of manual on monitoring and evaluation were useful in order for the target groups to fully understand and master the procedures.

## (2) Implementation Process

Backed by a strong political commitment pertaining to the establishment of the new health insurance information system, the C/Ps' commitment was strong. The C/Ps were also competent. These lead to a steady project implementation and the production of effects. Though it was pointed out that some of individual activities were delayed, the efforts and methods aimed at the solution of this problem by both the Japanese and Thai sides, such as discussions held by the steering committee, the formulation of a road map, and the formation of task force groups resulted in a smooth project implementation.

## 3-4 Problems and Factors that Raised Problems

### (1) Planning

No particular problems were identified.

### (2) Implementation Process

Although no big problems were identified, the following matters can be pointed out as points for improvement in terms of project implementation:

One problem that surfaced at the beginning of the project, the diffusion of understanding on the Thai side in regards to the purpose and activities of the project came to be delayed, and this influenced the C/Ps' attitude towards the project's activities and their correlation with other related activities.

Changes to the C/Ps' core personnel had a considerable influence on the consistency of the project's management.

## 3-5 Conclusions

This project is highly relevant to the policy of Thai government as well as to Japan's ODA policy. The project purpose has nearly been achieved, and the project has shown itself to be highly effective. The project's efficiency has been confirmed as being high, as the project inputs and activities have been efficiently implemented. It has been confirmed that the C/Ps are using the ability acquired through the project for related jobs, and sufficient impact has been recognized. The project has shown itself to be sustainable in political, systematic, organizational, financial, and technical terms. Thus, it has been concluded that the project has been successful.

### 3-6 Recommendations (Specific Measures, Recommendations and Advice on this Project)

In order to further develop the result of the project, the following recommendations have been made: 1) to put in order and analyze the merits of an on-line registration system (the sharing among hospitals of data pertaining to insured persons, the acceleration of procedures, etc.) and use these in the formulation of a new health insurance information system unique to the Thai government (Data Center Project); 2) to organize and widely disseminate the points that contributed to the new health insurance system (such as applied technologies) from the viewpoint of firmly establishing the project's outputs; and 3) to effectively use the translated documents related to health insurance systems produced by way of the project for the purpose of future improvements and development of the system.

### 3-7 Lessons Learned (Matters Helpful for Discovering/Forming Similar Projects Derived from this Project and Implementation, Operation and Administration Thereof)

#### (1) Project management and content of technology transfer

Within the context of this project, various activities to foster human resource and to support manual formulation were practiced, with a pilot system was conceived concurrently, thereby allowing the C/Ps to concurrently apply the acquired knowledge and theory with the benefit of trial and error. Thus efficient technical transfers were permitted.

In addition, it was considered essential in this project that the C/Ps gain knowledge not only in relation to specialized technologies but also in relation to efficient administrative skills, so as to become able to smoothly cope with various kinds of problems related to the health insurance system. Therefore, training in Japan focused on the sort of training not generally provided in relation to technical transfers by specialists and within training sessions in Japan (such as how to conduct meetings and how to take minutes of said meetings). As a result, the C/Ps have gained the capability to efficiently implement projects, and the C/Ps themselves have shown their profound appreciation for such improvements in capability.

This example demonstrates that dealing with the skill levels of a target group in a flexible manner enables the group to acquire skills useful for project implementation and future work. Such an approach offers ideas for project management method as well as a selection of items for technical transfer.



(2) Indicator for capacity development (issue for the future)

While this project focused on capacity development pertaining to organization and human resources, the indicators for measuring outputs and achievements were not clearly communicated. In comparison with cooperation for tangible results, cooperation aimed at capacity development is difficult to measure in terms of objective and quantitative achievements, and as such it is important to set practical indicators at an early stage and conduct monitoring. On this point, it is recommended for similar projects that appropriate indicators be set at an early stage of the project through discussions among the people concerned.

(3) Points to note for projects promoted in parallel with policies or reforms unique to the government of the target country

This project played a part in a major trend of health insurance system reform unique to the Thai government. Therefore, anticipated results included the collection of information on project trends unique to the Thai government (especially in relation to the MOPH and the NHSO) and exchanges of opinions with the C/Ps. Such perceptions, however, did not become widespread among the people concerned after the changes to the JICA personnel in charge and to the specialists. Ultimately, it did not influence the achievement of the project outputs. However, it is considered that, should the policies and advancements of the projects implemented by the Thai government in the field covered by this project had been grasped in advance, concurrence between these and the project discussed here could have been made smoother.

Thus, in regards to the points to note pertaining to the time of project's commencement to be communicated upon the changeover of the personnel concerned, it is important that the job descriptions of specialists be clarified or described in the documents that specialist and the C/Ps refer to on an everyday basis, such as the PDM and the PO.