Occupational health services delivery for informal workers and financial resources in Thailand

Orrapan Untimanon
Bureau of Occupational and Environmental Diseases (BOED), Department of Disease control, MoPH, Thailand
Background

Total population: 65.8 million
UC population 48.3 million (year 2014)
No. of employed persons in 2013

- **Formal**: 14.0 million (35.8%)
- **Employed persons**: 39.1 million
- **Informal**: 25.1 million (64.2%)
  - **Male**: 13.8 million
  - **Female**: 11.3 million

Source: National Statistical Office, Thailand
Main target group for OHS delivery in Thai PCUs

Informal worker

Agriculture

Manufacturing

Trade & services

Most of informal employments are in an agricultural sector (61.3%).
Health Services Hierarchy in Thailand

MoPH

Provincial Hospital = 96

Community Hospital = 743

Primary Care Unit = 9,770

MoPH = Ministry of Public Health
OHS interventions delivery in Thai PCUs
OHS interventions delivery in PCUs: 2013

• The farmer/informal worker clinic project has been extended to nationwide after this project was successful in year 2012.

• PCUs which have experience of OHS delivery are requested to participate in the project.

• The 5 indicators have been used.
Characteristic indicators for a farmer clinic

1) To set up the time to provide the services in a farmer clinic, for example once a week or twice a month and perform public relations to target population as well.

Label “farmer clinic”, “community worker clinic”, “informal worker clinic” etc.
Characteristic indicators for a farmer clinic

2) To assess the farmer health problem either resulted from work or other underlying diseases. Two questionnaires including musculoskeletal disorder and pesticide use behaviours are assessed. In addition, health hazards have been identified.
Work hazards identification

Agricultural setting
Cholinesterase screening test for farmers
Cholinesterase levels interpretation

**Normal level**
- Cholinesterase $\geq 100$ unit/ml

**Safe level**
- Cholinesterase $\geq 87.5$ unit/ml

**Risk level**
- Cholinesterase $\geq 75$ unit/ml

**Unsafe level**
- Cholinesterase $< 75$ unit/ml
Characteristic indicators for a farmer clinic

3) To give a diagnosis; provide a treatment and a health education.

eg. contact dermatitis
Treatment

Ex. MSD treatment
Drug or/and traditional Thai massage are provided.
Treatment

Ex. Pesticide poisoning treatment: traditional medicine

Herbal use for toxicity reduction

Thumbergia laurifolia
Provide health education

Brochure for health education
Set up OH education corner in PCU
Characteristic indicators for a farmer clinic

4) To record an occupational disease case in an existing data system.

Record data in Java Health Centre Information System (JHCIS) or another system (ex. HosXP)
A case is recorded by adding Y 96 to recognize an occupational disease
Characteristic indicators for a farmer clinic

5) To collaborate with related agencies to conduct risk management for occupational diseases or injuries prevention.

eg. Document OHS strategic map with other related agencies, mainly local authority.
OH volunteer training
Risk communication and brain storming for risk management
Risk management

Farmer school: pesticide free rice

Produce biological insecticide
Risk management: PPE use, labour saving device
Evaluation of the project

• Totally 1,092 PCUs (10%) participated in the project.

• Most of PCUs could provide OHS following such indicators. However, there were few farmers went to the clinic at the day that PCU set up, the OHS for farmers or informal workers should provide everyday by integration with other health services.
Evaluation of the project

• The PCU staff capacities on early diagnosis of occupational diseases (OD) was still limited then OD record was incomplete.

• Ergonomic problems still need to be evaluated with the simple tool.

• Common hazards related to health problems have been identified but risk management still need to be found.
OHS budget allocation
Universal Coverage Scheme (UCs)

<table>
<thead>
<tr>
<th>Population coverage</th>
<th>Financing sources</th>
<th>Benefit package</th>
<th>Access to service</th>
</tr>
</thead>
<tbody>
<tr>
<td>75% (The rest of population not covered by SSS and CSMBS) mainly informal workers.</td>
<td>General tax</td>
<td>Comprehensive outpatient, inpatient including prevention and health promotion for the whole population.</td>
<td>Registered contractor provider, notably within the district health system</td>
</tr>
</tbody>
</table>

- **SSS** = Social Security Scheme
- **CSMBS** = Civil Servant Medical Benefit Scheme
## UCs in 2014

<table>
<thead>
<tr>
<th>Services</th>
<th>Baht/capita (USD**)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>1056.96 (33)</td>
</tr>
<tr>
<td>Inpatient</td>
<td>1027.94 (32)</td>
</tr>
<tr>
<td>Special medicines</td>
<td>271.33 (8.5)</td>
</tr>
<tr>
<td>*Prevention and promotion</td>
<td>383.61 (12) x UC pop or 288.88 x total pop</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>14.95 (0.5)</td>
</tr>
</tbody>
</table>

* For the whole population , ** 1 USD = 32-33 Thai baht

Source: NHSO 2013
## UCs in 2014

<table>
<thead>
<tr>
<th>Services</th>
<th>Baht/capita (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional medicine</td>
<td>8.19 (0.3)</td>
</tr>
<tr>
<td>Capital replacement</td>
<td>128.69 (4)</td>
</tr>
<tr>
<td>No-fault compensation</td>
<td>3.32 (0.1)</td>
</tr>
<tr>
<td>Personnel compensation</td>
<td>0.10</td>
</tr>
<tr>
<td>Capitation, baht per capita</td>
<td>2895.09 (90.5)</td>
</tr>
</tbody>
</table>
Prevention and promotion (P&P) = 288.88 Baht/capita

<table>
<thead>
<tr>
<th>P&amp;P</th>
<th>Baht/capita</th>
</tr>
</thead>
<tbody>
<tr>
<td>P&amp;P national program</td>
<td>23</td>
</tr>
<tr>
<td>P&amp;P area health services</td>
<td>66.38</td>
</tr>
<tr>
<td>- Local health fund</td>
<td>45</td>
</tr>
<tr>
<td>- Region/Province</td>
<td>21.38</td>
</tr>
<tr>
<td>P&amp;P basic services</td>
<td>192</td>
</tr>
<tr>
<td>P&amp;P development</td>
<td>7.50</td>
</tr>
</tbody>
</table>
Local health fund in year 2014

National Health Security Office (P&P area based)
- 1.5 USD/capita
  - Total
  - 85 million USD

Local authority organization
- 10 million USD

\[ \text{Local health fund} = \text{National Health Security Office} + \text{Local authority organization} \]

The local health fund is aimed to deliver health promotion, health prevention to total population. It is also a main budget for PCUs to conduct a co-project with the Sub-district Administrative Organization /municipality to provide pro-active OHS interventions.
Limitations of OHS delivery for informal workers

The OHS were not yet incorporated into all PCUs because of some limitations, such as the lack of occupational health knowledge among the health care personnel, an indefinite or discontinue occupational health policy at the national level and lack of specific budget of OHS.
Way forward

- Specification OHS intervention in a benefit package of UCs is crucial to strengthen OHS for informal workers.
- Therefore, the benefit packages of occupational diseases & injuries, and other six diseases (cardiovascular disease, HIV/aids, cervix cancer, alcohol, and smoking) are being developed by the Health Intervention and Technology Assessment Program (HITAP) and the International Health Policy Program (IHPP).
Tentative OD/injuries benefit package

• Periodic examination or fitness for work examination will be proposed to the National Health Security Office for consideration to be the benefit package for informal workers.
Conclusions

• The BOED has continuous developed a project on OHS delivery for informal workers in PCUs for more than 10 years.

• The evaluation of the project is quite satisfactory, however there were several limitations especially lack of resources to provide OHS for such workers in whole country. Specification OHS interventions in local health fund and benefit package are the way to prevent occupational health problems among informal workers.
Thank you for your kind attention.