

資料 3

事業事前評価表

<p>案件名：公的医療保険情報制度構築支援</p>
<p>対象国：タイ 実施地域：国民医療保障局、プレー県保健局（パイロット県） 実施予定期間：2003年6月から2006年5月までの3年間</p>
<p>I. プロジェクト要請の背景</p> <p>タイ政府は過去十年にわたり健康改革を実施しており、その一環として医療財源の確保・医療保険制度の確立など保健医療セクターの改革を試みてきた。2002年には国民の3分の2にあたる約4千万人をカバーする医療制度である30パーツ制度を創設し、従来医療保険に加入していない、あるいはできない国民も医療保険に加入することが可能になった。しかしながら、本制度は、国民皆保険への一歩として期待されているものの、巨大な医療保険制度の運営経験不足などにより、医療保険制度の実務面での運営改善が必要となっている。このため、国民皆保険制度について経験を有する日本に対して技術協力の要請がなされた。</p>
<p>II. 相手国実施機関</p> <p>保健省 国民医療保障局</p>
<p>III. プロジェクトの概要および達成目標</p> <p>1. 達成目標</p> <p>1-1 プロジェクト終了時の達成目標（プロジェクト目標）</p> <p>目標：国民医療保障局が、自ら新しい医療保険事務システムをタイ全県に普及させるための行政管理能力、およびシステム開発をする際のマネジメント能力が向上する。</p> <p>指標：</p> <ul style="list-style-type: none"> 国民医療保障局において医療保険事務システム開発を行うための開発手順や業務手順について習熟している職員の数 全県に普及させるための医療保険事務システム構築のエンジニアリング部分を行う外部委託業者に対するシステム開発指示書の作成 <p>1-2 技術協力終了後3-5年後の達成目標（上位目標）</p> <p>全国の医療保険業務に係わる機関において新しい医療保険事務システムを採用あるいは採用予定の県が増加する。</p> <p>指標：</p> <ul style="list-style-type: none"> 医療保険事務システムを採用あるいは採用予定の県の数 <p>2. 成果と主な活動</p> <p>上記1-1のプロジェクト目標を達成するために必要な成果および主な活動は以下の通り</p> <p>成果1：医療保険事務システム構築に必要な知識・情報を国民医療保障局に蓄積する</p> <p>活動：</p> <ul style="list-style-type: none"> 医療保険事務システムに必要な知識・情報を講義やワークショップを通じて深める。 <p>成果2：パイロットシステムの構築を通じて国民医療保障局の業務処理能力が向上する</p> <p>活動：</p> <ul style="list-style-type: none"> 医療保険事務システムの開発手順を明確化する 事務管理および操作手順マニュアルを作成する。

- ・ 各事務レベルに相応する人材に対し研修が行われる。
- ・ 医療保険事務システムの開発実施および管理を行う。
- ・ 医療保険事務システムに対する評価・修正を行う。

成果3：パイロットシステムの成果に基づいて全国に普及するための医療保険事務システムの改善が提案される

活動：

- ・ 新しい医療保険事務システムを全国に普及させるための開発手順書を作成する。
- ・ 全国の医療保険業務に係わる機関が使用できるマニュアルを作成する（パイロットシステム構築時に作成したマニュアルの見直し）。
- ・ 他県に対してワークショップを開催する。

3. 投入（インプット）

3-1. 日本側総額 約3億円

- ・ 長期専門家：3名（チームリーダー、業務調整員、医療保険行政事務）
- ・ 短期専門家：7名（初年度：医療保険制度現状分析、地方行政事務制度、医療保険事務改善、システム開発・業務処理、研修事前調査・カリキュラム作成・フォローアップなど）
- ・ 研修員受け入れ：国別特設研修 5名/年、カウンターパート集団研修 10名/年
- ・ 機材供与：パイロットシステム構築に係わるコンピュータ等
- ・ 資料翻訳：医療保険制度の現状分析、医療事務改善、システム開発管理、医療保険法に関する資料の選択、編纂、翻訳

3-2. タイ側

- ・ 人員：カウンターパートおよび運営スタッフ
- ・ 施設：国民医療保障局、プレー県保険医療事務所、研修や会議のための研修室や会議室、その他プロジェクト事務所など
- ・ 現地コスト：プレー県への出張旅費、システム構築のエンジニアリングを行うソフトベンダーの選定に伴う経費、パイロットシステムを運転する費用、その他運営管理費

4. 実施体制

保健省次官をプロジェクトの総括責任者（プロジェクト・ダイレクター）、医療保険局長を実施責任者（プロジェクト・マネージャー）とし、プロジェクトの円滑な実施のための調整を図る。

IV. 評価結果

以下の視点から本案件の実施の妥当性は高いものと思われる。

タイ保健省は全国的な医療保険制度の構築について約 20 年前から構想を持ってきた。2002 年から 2006 年までの第 9 次国家保健医療開発 5 ヶ年計画では、保健医療のマネジメントシステムの構造的な改革の促進や、新たな保健医療システムに対応できる人材の育成などが挙げられている。また、国民医療保障局においても医療保険のマネジメントシステムの効率的な運営を最優先課題として取り組んでいる。このような状況から本件は国家政策の面からも実施機関のニーズにも合致していると言える。

一方わが国は国民皆保険制度について 40 年以上の経験を有している。タイ国がめざす地域をもとにした国民皆保険制度を有する国は世界的にわが国と韓国しか例がない。特にわが国は複

雑な制度の事務処理を比較的効率的に処理してきたことで知られている。本案件が目標としているシステムの運営を指導できる専門家は厚生労働省、社会保険庁に多く、我が国はタイ国の要請に応える技術を有している。

また、本案件は、タイ国での技術移転だけではなく、日本国における研修にも重点が置かれている。研修実施前には研修受講項目に関する翻訳資料の提供が行われ、研修を円滑に実施し得る国内支援体制の構築も進められている。よって計画的かつ効率的に技術協力活動を実施することが可能と考えられる。

なお、本案件の目標である医療保険事務システムの構築は、全国民を対象とした医療保険制度を構築するという巨大なシステムを実務面で支える重要な基盤となる。本案件実施による医療保険制度に対する大きなインパクトが予想される

V. 外部要因リスク (外部条件)

本案件を実施する際、以下の外部要因が想定される

- ・ 国民医療保障局の運営状態が安定している
- ・ 国民医療保障局が医療保険事務システムを全国に導入するための予算が確保されている
- ・ プレー県保健局における通信インフラが整備されている
- ・ 医療保険事務システムが資格のあるソフトベンダーによって構築されている

VI. 今後の評価計画 (中間評価、終了時評価の実施時期)

1. 今後評価に使う指標

プロジェクト目標に対する指標

1. 医療保険事務システムを全県に普及させるための開発手順書の作成
2. 国民医療保障局において医療保険事務システムを開発するための手順を習熟している職員数
3. 医療保険事務システムを全県に普及するためのシステム構築に係るエンジニアリングを行うソフトベンダーに対するシステム開発指示書の作成
4. 国民医療保障局において業務手順を習熟している職員数

成果に対する指標

1. 研究ワークショップの回数
2. 研究ワークショップの参加者数
3. 研究ワークショップのレジュメの数
4. 研究報告書の数
5. 医療保険事務システムの開発完了報告書の作成
6. 管理マニュアルに基づいた業務の遂行
7. 操作手順マニュアルに基づいた業務の遂行
8. 医療保険事務システム構築に係わるエンジニアリングを行うソフトベンダー管理のための評価基準書を用いた評価
9. 研修受講者の評価が5段階で×以上
10. プレー県における加入者登録が短縮された日数
11. 医療保険事務システム普及のスケジュールの作成
12. プレー県医療保健事務所対象のマニュアルの見直し

2. 評価スケジュール

中間評価 (2004年11月頃)、終了時評価 (2006年2月頃)

Project Title: Assistance of Public Health Insurance Information System Development	
Country: Thailand	
Target Area: National Health Security Office, Prae Province Health office (Pilot Area)	
Period: June 2003 to May 2006	
I.	<p>Background of the Project</p> <p>In the past decade, the government of Thailand has been pushing forward the "health reform" which includes reform of health care sector, such as securing revenue of healthcare and establishment of health insurance system etc.. In 2002, 30 Baht System, a health care system which covers about two third of the total population (40,000,000 people), was established. With this system, those who did not or could not carry health insurance were able to enroll in health insurance.</p> <p>Although the system is expected to become the first step toward universal health coverage system, Thailand does not have experience in managing a large health insurance system and necessary improvements need to be made concerning the operation of the system.</p> <p>Under these circumstances, the government of Thailand requested Japan for technical cooperation having experience in universal health coverage system.</p>
II.	<p>Implementing agency from Thai side Ministry of Public Health- National Health Security Office</p>
III.	<p>Narrative summary of the project</p> <p>1. Target</p> <p>1-1. By the end of the project</p> <p>Project Purpose: The capability of National Health Security Office in administration and system development management is improved in order to disseminate new health insurance information system nationally on its own</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Guidelines for system development procedures and system development specification for software vendors are prepared to disseminate the health insurance information system nationally • Number of staff who are familiarized with the system development procedures and administrative procedures. <p>1-2. 3-5years after the termination of the project</p> <p>Overall Goal: The number of organizations responsible for health insurance services which have adopted or scheduled to adopt new health insurance information system is increased at other provinces</p> <p>Indicators:</p> <ul style="list-style-type: none"> • The number of provinces which adopted or scheduled to adopt the new health insurance information system

2. Outputs and major activities

Output 1:

Knowledge and information necessary to establish health insurance information system is accumulated within the organization responsible for health insurance

Activities:

- Obtain knowledge and information through lectures and study workshops

Output 2:

Capability in procedural operations management is improved at National Health Security Office through establishment of pilot system

Activities:

- Specify health insurance information system procedures
- Prepare administrative and operational manuals for enrollment
- Provide training courses to correspond with each level at both National Health Security Office and Prae Provincial Health Office
- Support health insurance operational system development implementation and related administration
- Evaluate and revise the system development planning, software vendor control, system development procedures etc.

Output 3:

Improvement of health insurance information system for nationwide dissemination is proposed based on the result from the pilot system

Activities:

- Prepare guidelines for system development procedures to disseminate health insurance information system nationwide
- Compile manuals for nationwide use (revise and modify manuals made for implementing pilot system at Prae Province)
- Conduct workshops for other provinces

3. Inputs

3-1. Japanese Side Total amount 300 million yen

- Long term experts: 3 person
 - Team leader
 - Health insurance administrative affairs
 - Coordinator
- Short term experts: 7 person (first year)
 - Health insurance system analysis
 - Health insurance management system for local government
 - Health insurance workflow improvement
 - Management of health insurance information system development procedures
 - Training (preliminary survey for training, curriculum design, follow up)
- Training courses:
 - Country focused training 5 person a year
 - Counterpart training 10 person a year
- Equipment provision:
 - Necessary equipment, such as computers, to establish a pilot system at Prae Province
- Document translation:
 - Necessary documents concerning analysis of current health insurance system, improvement of health services, system development management, and health insurance laws and regulations would be selected.

3-2. Thai Side

- Personnel: Counterparts and management staff
- Necessary facilities:
 - National Health Security Office
 - Prae Provincial Health Office
 - Training and conference room necessary for implementation of the project
 - Other facilities mutually agreed upon as necessary for implementation of the project.
- Local cost:
 - Travel expenses to Prae Province
 - Expenses for organizing training courses and preparing materials
 - Expenses for contracting software vendor
 - Expenses for running the pilot system
 - Other management expenses

4. Administration of the Project

Permanent Secretary of Ministry of Public Health-Office of National Health Insurance will be the project director, and Director –General, Office of National Health Insurance will be the project manager to conduct the project smoothly.

IV. Results of evaluation

The relevance of conducting the project is based on the following points.

In the past twenty years, Ministry of Public Health of Thailand has been envisaging the establishment of nationwide health insurance. In the Ninth Five-year Plan for National Health Care Development (2002 to 2006), enhancement of structural reform in health care management system, and human resource development for managing the new health care system are stated. In addition, National Health Security Office has been working on efficient operation of a health insurance management system, which is their first priority. Under these circumstances, the project corresponds to the national policy as well as to the needs of the implementing agency.

At the same time, Japan has 40 years of experience in universal health coverage system. Throughout the world, a system that the Thai government is targeting which covers the entire region is only experienced at Japan and South Korea. In particular, Japan is known as a country which has dealt complex administrative system in efficient ways. Moreover, the experts which are capable to support the project purpose, which is the improvement of the operation of the system, are mainly in the Ministry of Health, Labor and Welfare, and the Social Insurance Agency. Therefore Japan has the technology which meets the request from the Thai government.

In addition, the project put emphasis not only on technical transfer in Thailand but also training programs in Japan. Necessary translated documents related to the training topic would be provided prior to the training. Domestic support system is also being established to conduct the training courses in a smooth manner. Therefore, it is possible to provide efficient and effective technical assistance.

Furthermore, establishment of health insurance information system is an important backbone to support the establishment of large health insurance system from the operational aspect. Thus there would be definite impact on health insurance system by implementation of the project.

V. External Factors (Important assumptions)

- Administration of National Health Security Office is stable
- Sufficient budget for nationwide dissemination of health insurance information system is secured in National Health Security Office
- Communication Infrastructure in Prae Provincial Health Office is improved
- Health insurance information system is well established by the qualified software vendor

VI. Evaluation Plan (mid-term evaluation and terminal evaluation)**1. Indicators used for evaluation****Indicators for project purpose:**

1. Guidelines for system development procedures are prepared to disseminate health insurance information system nationally
2. More than X staffs in National Health Security Office are familiarized with system development procedure for health insurance information system
3. More than X staffs in National Health Security Office are familiarized with administrative procedures
4. Guidelines for system development specification for software vendors are prepared in order to disseminate the health insurance information system nationally

Indicators for outputs:

1. Number of study workshop held
2. Number of participants of study workshop
3. Number of study workshop resume written
4. Number of study report prepared
5. System development completion report for health insurance information system is written
6. Working procedures are conducted based on administrative manuals
7. Working procedures are conducted based on operational manuals
8. Evaluation is conducted based on established evaluation criteria for managing software vendor which worked for establishment of the health insurance information system
9. Level of participants of the training courses get a grade of more than X out of 5
10. Duration of enrollment procedures reduced at Prae Province
11. Dissemination schedule is prepared for implementing the new health insurance information system nationally
12. Operation and administration manuals for Prae Province are revised

2. Timing of Evaluation

Mid-term evaluation (November 2004), Terminal evaluation (February 2006)

Conclusion

Purpose of this project is to increase capability of NHSO and relate organizations in the field of administration and IT system development management and disseminate this know-how nationwide. Quantitatively, we nearly achieve the targets in the plan, although there are many hurdles during the first year of the project, which led some delay. These hurdles are: the difference in the way of thinking and practice workflow between Japanese experts and Thai counterparts, the delay response for nationwide questionnaire from provincial health office, the difficulty to establish team work between MOPH, NHSO and provincial level, the delay in translation of Japanese documents and counterpart training in Japan. On capability building, Thai counterparts should know more from Japanese experience from Japanese experts, Japanese documents, and trainings in Japan. As a matter of fact Thai counterparts still have insufficient knowledge on monitoring and implementation and cannot applied all knowledge and know-how that they received from Japanese system leading to problems during software vendor monitoring and implementation. To overcome problems that have occurred since the outset of the project, the workflow and manual will be analyzed and revised to enhance capability in IT system development & implementation of NHSO and MOPH.

資料 4

プロジェクト全体概要

(タイ側作成資料)

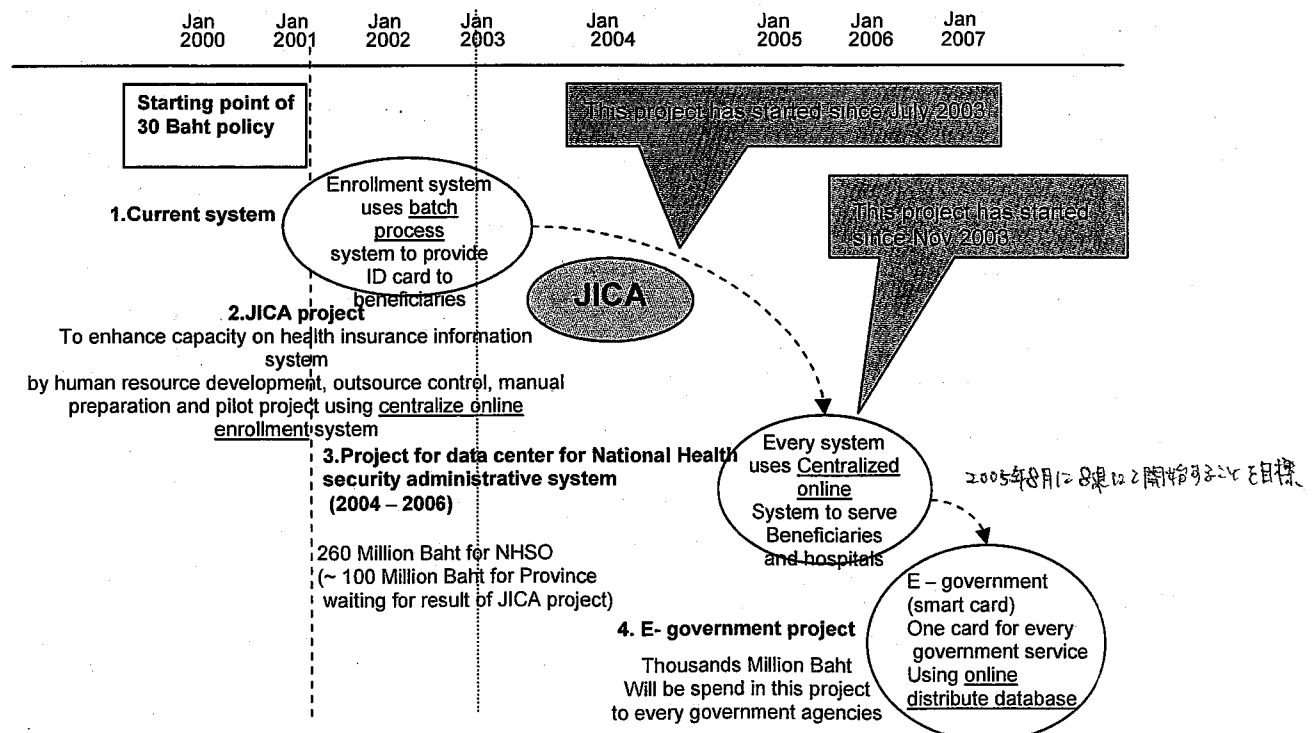
Executive Summary

Background

The implementation of universal coverage of health security (universal health care or 30-baht health care) scheme needs comprehensive workflow and a lot of information such as beneficiary enrollment, reimbursement to health care facilities etc. The delivery of these services must be punctual, accurate and cost-effective. It is realized that more technical support in health insurance information system development is crucial important for the success of the implementation for universal health security system in Thailand because Ministry of Public Health (MOPH) and National Health Security Office (NHSO) have limited experience to develop the large scale information system especially in Health insurance fields.

Ministry of Public Health (MOPH), National Health Security Office (NHSO) and Japan International Cooperation Agency (JICA) agreed to have the technical cooperation in health insurance information system development. The Record of Discussions (R/D) on Japanese technical cooperation for the Project on the assistance of Public Health Insurance Information system development in the kingdom of Thailand which was signed by Resident Representative JICA Thailand Office, Permanent Secretary of Ministry of Public Health and Secretary General of National Health Security Office on June 26th, 2003. The purpose of this project is to increase the capacity of National Health Security Office in term of administration and system development management and to disseminate knowledge on health insurance information system nationally. The capacity of staff in MOPH and NHSO including their experience, knowledge and know-how which will be used to implement the integrated centralized online system of NHSO (Data center project) and e-government project such as smart card in the near future (Figure 1).

Figure 1 National Health Security Office's IT Plan

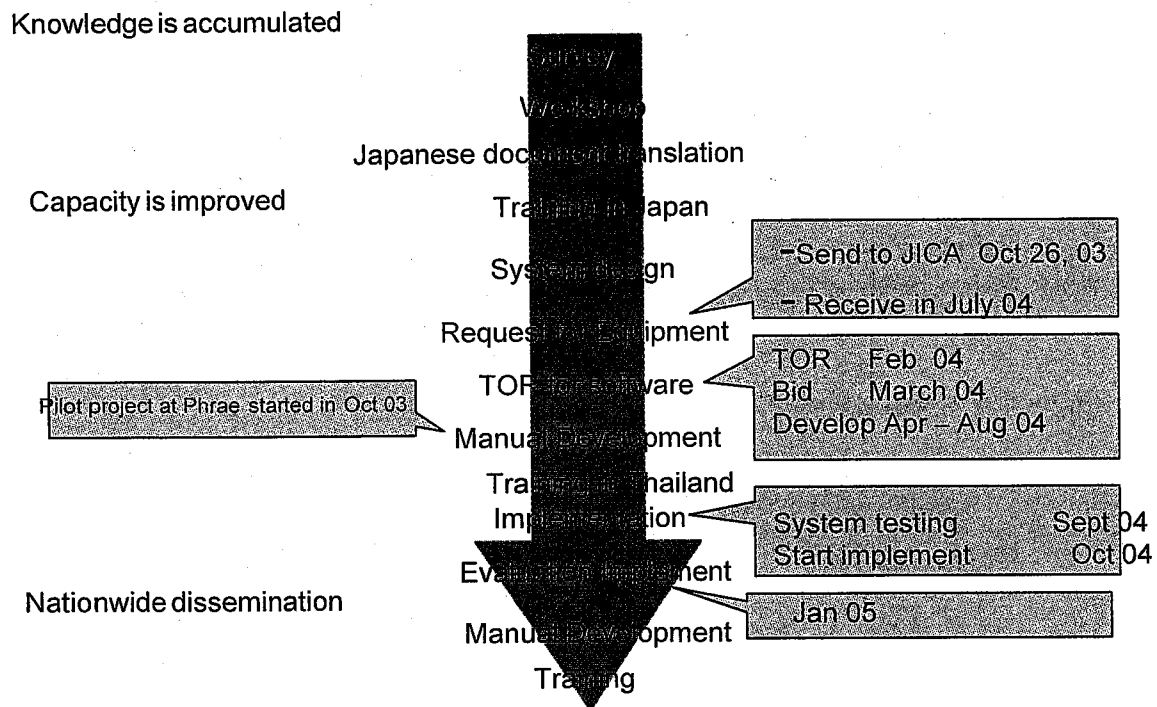


Framework and conceptual design

Project Design Matrix (PDM) was developed and more visible outcome were identified in the project roadmap and implementation framework in each step of roadmap as supplementary of Project Design Matrix (figure 2).

The project is divided into 3 phases. The first phase is aimed to accumulate knowledge by conducting survey and series of workshops for situation analysis and acquire knowledge and know-how from Japanese documents. The second phase is aimed to improve capacity of NHSO and MOPH staff both in central and provincial level by guidance from long-term and short-term Japanese experts, sending Thai counterparts to training course in Japan, review Japanese documents and implementation of pilot project in Phrae by using the new knowledge and know-how. The third phase is aimed to integrate the new technique and new capacity to apply to the day-to-day work in MOPH and NHSO.

Figure 2 Project roadmap



Project implementation

Structure of Project Management

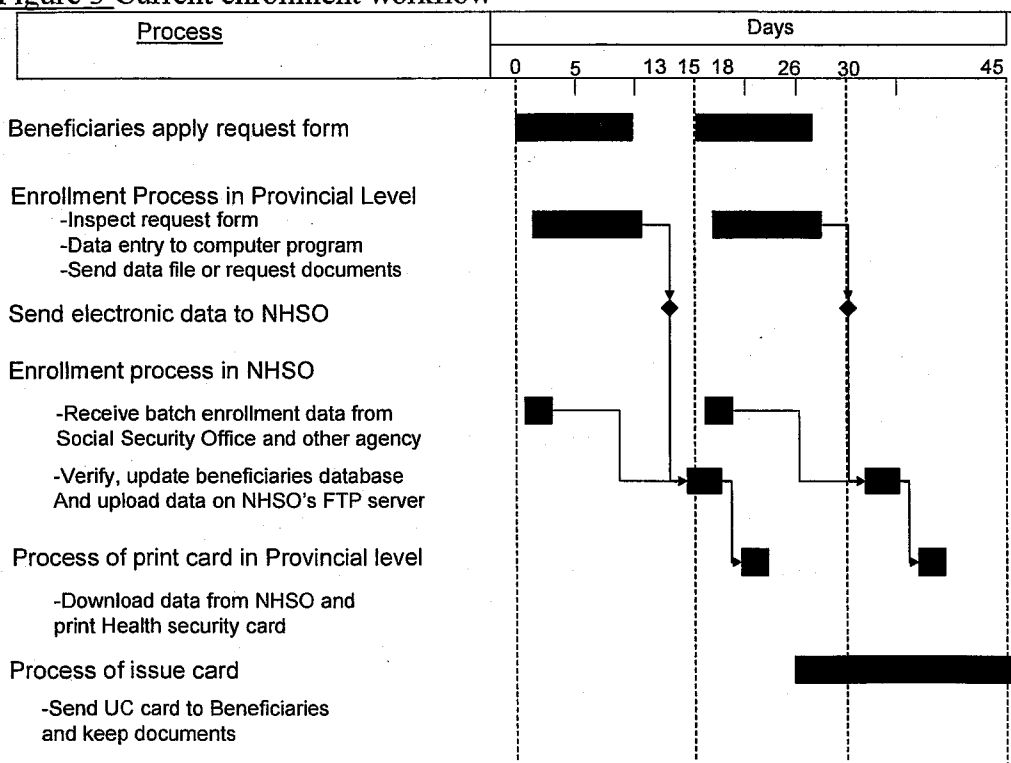
For efficient management, small working group; "Core group", composed of staffs from National Health Security Office, Health Insurance Division MOPH and Japanese experts oversee the day to day operation of the project and monitor the progress of the project according to the roadmap. This working group holds meeting every one or two weeks depend on the situation. Steering Committee holds the meeting every two months to follow up the progress of the project and make decision for the further implementation. Once a year, there is the Joint Coordination Committee meeting to settle on the schedule of implementation in line with the PDM, review the overall progress and exchange views on major issues, etc.

First Phase Implementation: Accumulation of knowledge

Workshops with Japanese short-term experts in Capacity Building for planning using roadmap and implementation framework were performed to identify visible outcome in each step of roadmap.

The National Health Security Office has announced in 2003 to appoint all provincial public health offices to act as Branch offices of the National Health Security. However, there are still many obstacles and problems for each provincial health office to perform this new function successfully especially in enrollment process for beneficiaries. The main problems are accuracy of the enrollment data and waiting time for UC card. Beneficiaries have to go to Health center or Community hospital to complete the request form, then the responsible staff key-in beneficiaries data into standalone applications and send to a provincial health office (PHO)'s standalone enrollment database to verify again. Data will send to National health security office (NHSO) every half month. After NHSO verifies this data, data is sent back to PHO to print identification card to beneficiaries. Total time for this enrollment process for beneficiaries using batch process should issue the health security cards to beneficiaries within 20 days, but in sometime there will be delay of providing the health security card to beneficiaries, because it's difficult for beneficiaries to come back again to receive the card. Also current system cannot provide on-time up to date report. This enrollment process is clumsy. Many PHO try to solve their problem by their own using different workflows and self-developed software applications.

Figure 3 Current enrollment workflow



To understand the existing situation, JICA experts and Thai counterparts visited to some provinces; Patumthani, Ayuthani, Udonthani, MeaHongSon and Phrea. Situation analysis with comprehensive checklist was distribute to every provincial health office and local consultant was contracted to make research, Province Profile on Current Situation of Universal Health Coverage at Provincial level in Thailand. Situation analysis showed that nearly all provinces use community hospitals as “checking point” (verification of paper document and data-entry) with difference practices. Then data is sent from community hospital to PHO in electronic form without paper documents (Table 1). Most of PHOs keep enrollment data in standalone PC computer (74%).

Table 1 What kind of data/ document do they receive?

	From Health center to Community hospital		From Community hospital to PHO	
	Number of provinces	%	Number of provinces	%
1. Paper documents	69	94.5	17	23.3
2. Diskette/ CD ROM	52	71.2	38	52.1
3. E-mail / Web	7	9.6	40	54.8
4. Others	3	4.1	11	15.1

Remark:

1. Some hospitals or PHO ask for both paper and electronic data, but some need only paper or electronic data,
2. Data from 72 out of 75 provinces

Lack of well defined administrative procedure, assignment and batch processing of IT system lead to delay to issue beneficiary cards and not-up-to-date information system. The analysis from the comprehensive checklist also shows that the waiting time for beneficiaries after they sent their requirements until they received the identification card varied from less than month to months (Table 2) especially the problem cases. The analysis shows that the waiting time can be reduced if workflow is redesign with appropriate information technology support.

Table 2 Waiting time in each step of enrollment process

Step	Waiting time (days)			
	Average	Min	Max	SD
1. From beneficiaries to Health Center	10	1	30	7.57
2. From Health Center to CUP	7	1	30	5.06
3. From CUP to Provincial Health Office	4	1	15	3.49
4. Process time in NHSO	5	4	10	1.20
5. From Provincial Health Office to CUP	3	1	10	2.33
6. From CUP to Health center	6	1	30	6.45
7. From Health Center to Beneficiaries.	10	1	30	9.32

Concerning equipments and facilities for enrollment, it was found that low speed Internet, not enough computer facilities and lack of experience on system management were ranked as severe problems.

The analysis also shows missing the person, even if the officers have the clients' identification number, or in some cases some clients come to enroll, but they have no people identification number or enrollment for certain target groups such as monks, migrant workers, prisoners and children in reservation facilities are most important problems.

After Thai counterparts and Japanese experts understood current situation, workshop was conducted by short-term expert about administration of Japanese health insurance scheme and workflow improvement in Japan. Two Japanese documents were translated. And Thai counterparts were sent to attend Country Focused training in Japan. The better enrollment system was designed to solve the problems and test in a pilot province (Phrae). The new design includes:

1. New administrative procedure to delegate the authorization to enrollment units for submission, verification the enrollment data and issue UC card. For the first step these enrollment units are located in district level (Hospitals).
2. Administrative and operational manuals are developed. Aims of these manuals are to provide guideline to staff in enrollment unit as well as staffs in other units (NHSO, MOPH, PHO, hospitals and health centers) who are involved in enrollment process. A standard enrollment workflow has to be established.
3. Using centralize enrollment application software and centralized database to support enrollment unit activities and reports. Other data-entry units (Health centers) have to send enrollment data to enrollment units by standalone software.

Second phase implementation: Improvement of Capability

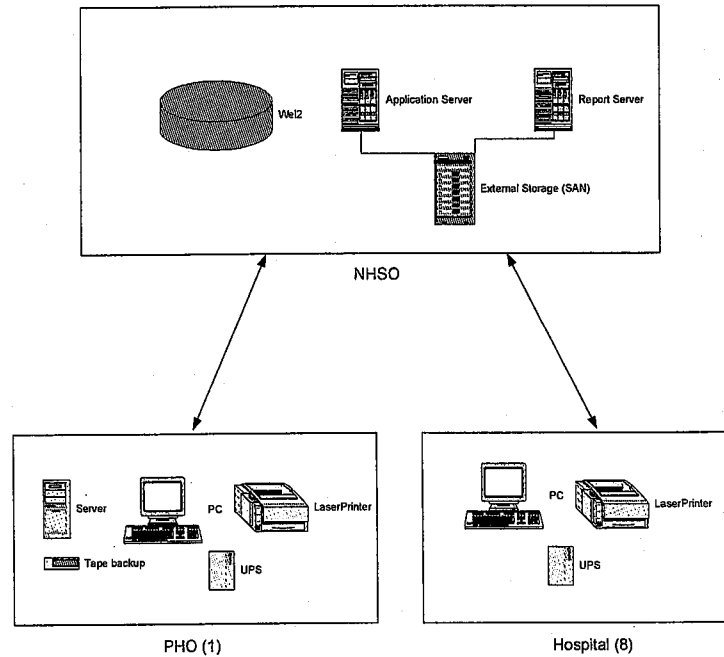
Japanese short-term experts were sent to Thailand to enhance the knowledge and knowhow to Thai counterparts. Seven short-term experts were sent to Thailand in JFY 2003, and in JFY 2004 four Short-term experts were sent to Thailand. These short term expert conduct 43 workshops to 570 Thai participants (Thai counterparts and staffs in MOPH, NHSO and provincial level). Twenty-seven Japanese documents were translated.

Thai counterparts were sent to Japan. Country focused training course, Counterpart training courses for 1st Medical Insurance Operation (Administration and Management of Health Insurance System) was conducted in JFY 2003, But 1st Health Information Computer Programme/ System development course was delayed to JFY 2004. In JFY 2004, Country Focus training and 2nd Health Information Computer Programme/ System development course was conducted. 2nd Medical Insurance Operation course will be held in late January 2005.

The pilot study, enrollment system, was performed. Thai counterparts developed draft of enrollment manual in Thailand and revised it again during the study in administrative course in Japan. After finishing the first draft, Taskforce for software development prepared draft of the second version and sent to staffs in Phrae for verification. The workshop with IT outsourced companies finalized the manual before training operation staffs in November 2004.

Japanese experts helped Thai counterparts to make a TOR for equipments for this project (Figure 4). Some equipments are different from previous plan such expanding capacity of NHSO's database server instade of using new database server. This TOR was tendered and equipments are installed successfully.

Figure 4 Diagram of Pilot system in Phrae



A TOR for Software was designed and bid for software vendors. During the development, Japanese experts provided more knowledge and know-how to manage the outsourcing. The software was finished in October 2004.

Thai counterparts together with Japanese experts developed a training plan and the training has been started since June 2004 until October 2004.

In the middle of October, Phrae provinces started to use the new software. By November 2004, the new software would be run parallel with the old system. By January 2005, the old system would be stopped, and Phrae will use only the new system.

資料 5

プロジェクト進捗状況 “Road Map”

(タイ側作成資料)

Road Map
“The Project on the Assistance of Public Health Insurance Information System Development in the Kingdom of Thailand”

Step	When																									
	JFY2003						JFY2004						JFY2005						JFY2006						JFY2007	
	Apr	Jun	Jul	Sep	Oct	Dec	Jan	Mar	Apr	Jun	Jul	Sep	Oct	Dec	Jan	Mar	Apr	Jun	Jul	Sep	Oct	Dec	Jan	Mar		
0. To set up implementation office																										
1 To understand the current situation of enrollment system																										
2 To enhance the knowledge of Thai counterparts by Japanese short term experts																										
3 To enhance the knowledge of Thai counterparts by translated Japanese documents																										
4 To enhance the knowledge of Thai counterparts by training in Japan																										
5 To develop the new enrollment system																										
6 To develop the hardware requirement for the new enrollment system																										
7 To develop the new enrollment software																										
8 To draft the manual for new enrollment process																										
9 To increase capability of the responsible staffs in NHISO and Phrae province by training in Thailand																										

Step	When																									
	JFY2003						JFY2004						JFY2005						JFY2006						JFY2007	
	Apr Jun	Jul Sep	Oct Dec	Jan Mar	Apr Jun	Jul Sep	Oct Dec	Jan Mar	Apr Jun	Jul Sep	Oct Dec	Jan Mar	Apr Jun	Jul Sep	Oct Dec	Jan Mar	Apr Jun	Jul Sep	Oct Dec	Jan Mar	Apr Jun	Jul Sep	Oct Dec	Jan Mar		
10. To implement the pilot project in NHSO and Phrae province																										
11. To evaluate the effectiveness for utilize the new system																										
12. To modify the new enrollment system according to the evaluation and finalize the manual																										
13. To disseminate the new enrollment system to other province																										

Detail roadmap in each step

Step 0

Objective	Outputs/Products	Who	When	Activities	Resources required	Budgets
To set up implementation office	Office, equipment and finance to house the long term experts for this project	JICA, MOPH and NHSO	July -Aug 2003	<ul style="list-style-type: none"> - Identify and allocate adequate office space - Allocate/Procure the required furniture for the office (desk, chairs, cabinets, cupboards, tables) - obtain telephone, fax, photocopy, LAN and internet access - identify support staff required - identify transportation for site visit 	<ul style="list-style-type: none"> -Equipment -Office space -Stationary -Others 	<p>MOPH and NHSO (Office space, some basic furniture and telephone line)</p> <p>JICA (some furniture, equipment, consumables, transportations and staff support)</p>

Step 1

Objective	Outputs/Products	Who	When	Activities	Resources	Budgets
To understand the current situation of enrollment system	Situation Analysis report on Universal Health Coverage in Thailand	Main: Task force for checklist which compose of staffs from NHSO, Department of Health service development, office of ITC, Prae provincial health office Backup: Core group	Aug 2003 – March 2004	-Site visit for 5 provinces (Aug - Sep 2003) -Establish task-force -Comprehensive Checklist questionnaire and draft report (Sep – Dec 2003) -Resurvey to conform some unclear results from the questionnaire and prepare for the workshop (Jan – Feb 2004) -First stakeholder workshop and report writing (March 2004)	-One short term expert for capacity building (2 weeks x 2) -One short term expert for workflow Improvement (2 weeks) working with Core Group - Local consultants	MOPH NHSO JICA

Step 2:

Objective	Outputs/Products	Who	When	Activities	Resources required	Budgets
To enhance the knowledge of Thai counterparts by Japanese short term experts	Resume from Short term experts	Main: Responsible staffs in NHSO, MOPH head-quarter and Phrae Provincial Health Office	Sep 2003 – Mar 2005	Series of lectures/workshops : -Capacity building workshop -System administration workshop -IT technical workshop -Terminal user interface -Software development and Outsourcing management -Health insurance Management system analysis - Management of Health insurance system development - Health Insurance workflow improvement	Short term expert for - capacity building - workflow Improvement -Health insurance management system for local government - Management of Health insurance information system development procedure -Health insurance system analysis	JICA (short term expert expense) NHSO (for workshop expense)

Step 3:

Objective	Outputs/Products	Who	When	Activities	Resources required	Budgets
To enhance the knowledge of Thai counterparts by translated Japanese documents	Translated manuals/documents : - Enrollment system - Reimbursement system - Training course for staff - and other related document	Main: Responsible staffs in NHSO, MOPH head-quarter and Phrae Provincial Health Office	Sep 03 - May 04	Translate Japanese documents	- JICWEL staff translate from Japanese to English - Outsourcing for Japanese-Thai translation	JICA NHSO

Step 4

Objective	Outputs/Products	Who	When	Activities	Resources	Budgets
To enhance the knowledge of Thai counterparts by training in Japan	Draft of the needed documentations will be developed through the courses.	Main: Responsible staffs in NHSO, MOPH head-level or other related organizations	Japanese fiscal year 2003-2005	Training in Japan - Basic course - Administration course using case study approach - Technical course using case study approach - Special request	Experts and Consultants in Japan from MHLW, SIA, JICA, JICWELS and other related authorities.	JICA

Step 5

Objective	Outputs/Products	Who	When	Activities	Resources	Budgets
To develop the new enrollment system	New enrollment process document	Main: Data Analysis & Implementation Plan of Registration System Development Task Force Back up: Core group	Sep 03 -- March 04	- SWAT analysis - Review the checklist analysis - Meetings and discussions of the task force - Discussion with long term expert from JICA	Long term expert Local consultant	NHSO JICA

Step 6

Objective	Outputs/Products	Who	When	Activities	Resources	Budgets
To develop the hardware requirement for the new enrollment system	Equipment for new enrollment system both in NHSO and Phrae province	Main: IT staff of NHSO together with IT personal from Phrae province Support: Equipment Procurement and Planning & Maintenance of Registration System Task Force Back up: Core group	October 2003- October 2004	- Site visit provincial health office - Calculate the workload of the computer and data communication network base on new enrollment process document - Calculate price of the new equipment - Meeting and discussion between Thai IT staffs (October -- Nov 2003) - Meeting and discussion with long term expert for finalized the equipment plan (Nov 2003) - NHSO and Prae province prepare space and procure equipments for this project (Nov 2003 -- July 2004) - JICA procurement process for equipments donation (Nov 2003 -- July 2004) - Acceptance test (October 2004)	Long term expert Short term expert for hardware (July 2004) Local Consultants	JICA (Equipments) NHSO (Some equipments, space and other utilities)

Step 7 (in parallel to step 6)

Objective	Outputs/Products	Who	When	Activities	Resources	Budgets
To develop the new enrollment software	Software for enrollment and related documents	<p>Main: IT staff of NHSO together with IT personal from Phrae province</p> <p>Support: Equipment Procurement and Planning & Maintenance of Registration System Task Force</p> <p>Backup: Core group</p>	Nov 2003 – Nov 2004	<p>-Site visit provincial health office (Nov 2003)</p> <p>- Meeting and discussion between Thai IT staffs to develop TOR for software (Dec – Jan 2003)</p> <p>- Meeting and discussion with long term expert and short term expert to finalized the TOR for software (March 2004)</p> <p>- Bidding for new software (April - June 2004)</p> <p>-Software development by outsource vender, and meeting and discussion with vender to monitor the progress of software development (July – Sep 2004)</p> <p>-Acceptance test (Oct - Nov 2004)</p>	<p>Long term expert</p> <p>Short term expert for management of health insurance information system development procedure (Feb 2004)</p> <p>Local Consultants</p>	<p>JICA</p> <p>NHSO</p>

Step 8

Objective	Outputs/Products	Who	When	Activities	Resources	Budgets
To draft the manual for new enrollment process	Draft administration and operation manual for new enrollment process	Registration System Manual Development Task Force Backup: Core group	Nov 2003 – Oct 2004	- Phrae start write draft of detail current enrollment procedure and new procedure (Nov 2003 – March 2004) - Task force meeting in Phrae or NHSO (Nov 2003 – July 2004) - Meeting and discussion with short term experts to finalized second draft of manual (Dec 2003, Jan 2004 and March 2004) - Final review and workshop (Oct 04)	Long term expert Short term expert such as - Health Insurance workflow management (Dec 2003) Health Insurance management system for local government (Jan 2004) Health insurance system analysis (March 2004)	JICA NHISO

Step 9

Objective	Outputs/Products	Who	When	Activities	Resources	Budgets
To increase capability of the responsible staffs in NHSO and Phrae province by training in Thailand	Trainees trained Training documents	Main: Data Analysis & Implementation Plan of Registration System Development Task Force Backup: Core group	May – Nov 04	- Design curriculum and content Training for fundamental of online computer system, security etc. (June – Oct 2004) - Training for new regulation and new enrollment procedure, how to use new manual (Nov 2004)	Long term expert Short term expert for capacity building (Dec 2003, March 2004) Local consultant for training design	JICA NHISO

Step 10

Objective	Outputs/Products	Who	When	Activities	Resources	Budgets
To implement the pilot project in NHSO and Phrae province	New enrollment system is lived Progress report	Main: Data Analysis & Implementation Plan of Registration System Development Task Force Equipment Procurement and Planning & Maintenance of Registration System Task Force Registration System Manual Development Task Force Backup: Core group	Sep 2004 – March 2006	Test run the new system (Sep 2004) Help desk Start use the new system pararell with old system (Oct 2004) Run only new system (Jan 2005)	Long term expert Short term expert Local Consultants	JICA NHSO

Step 11

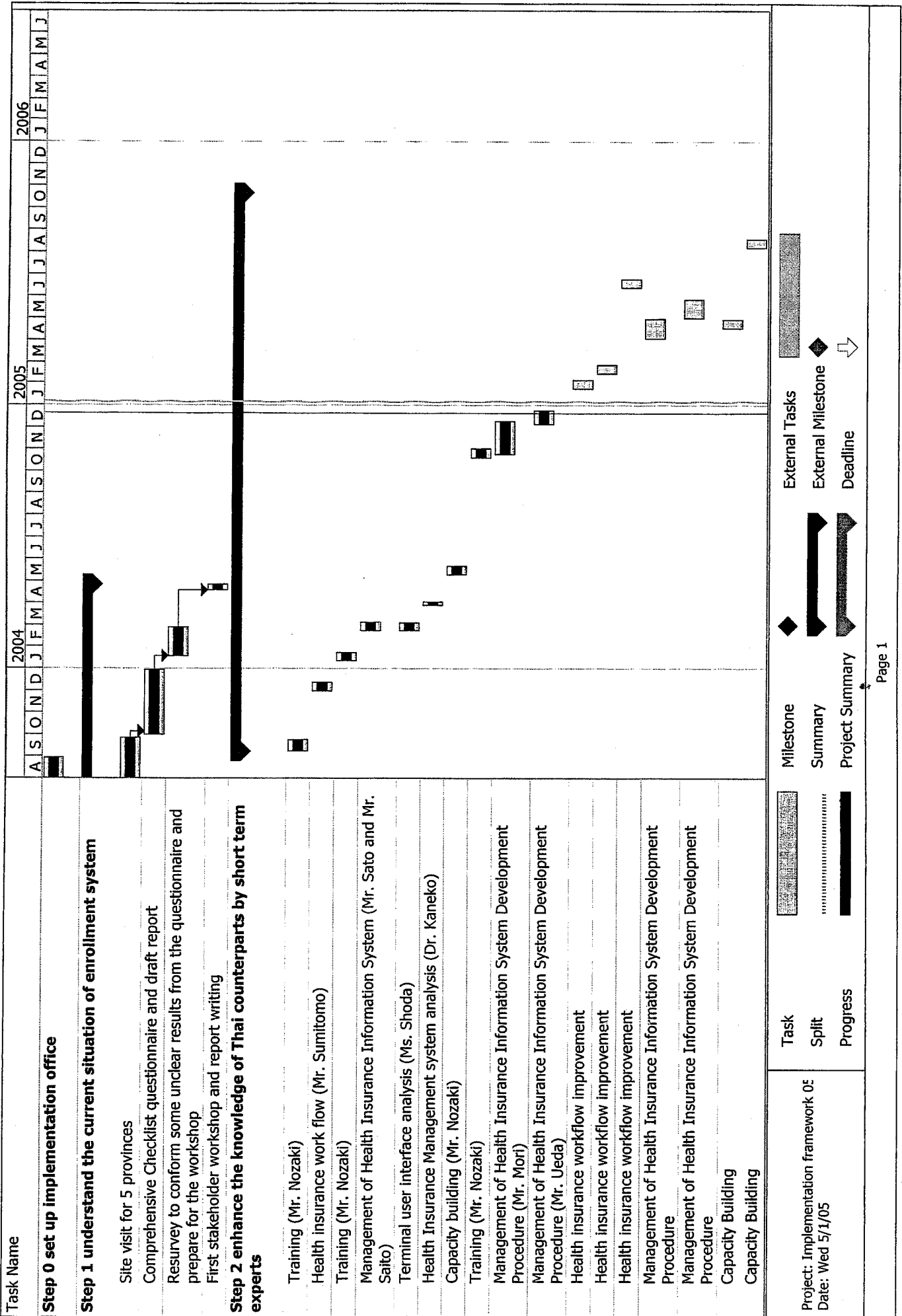
Objective	Outputs/Products	Who	When	Activities	Resources	Budgets
To evaluate the effectiveness for utilize the new system	Evaluation document	Main: Registration System Evaluation Task Force Backup: Core group	Aug 2003- March 2007	<ul style="list-style-type: none"> -Study related Japanese document -Design the evaluation document for the effectiveness of the new enrollment computer system and procedure -Discuss with short term expert and long term expert -Finalized the evaluation document - Evaluate the new enrollment system - Prepare draft of evaluation document -Establish workshop with stakeholder and feedback to NHSO and Prae province - Finalized the evaluation document 	Long term expert Short term expert Local consultant for evaluation	JICA NHISO

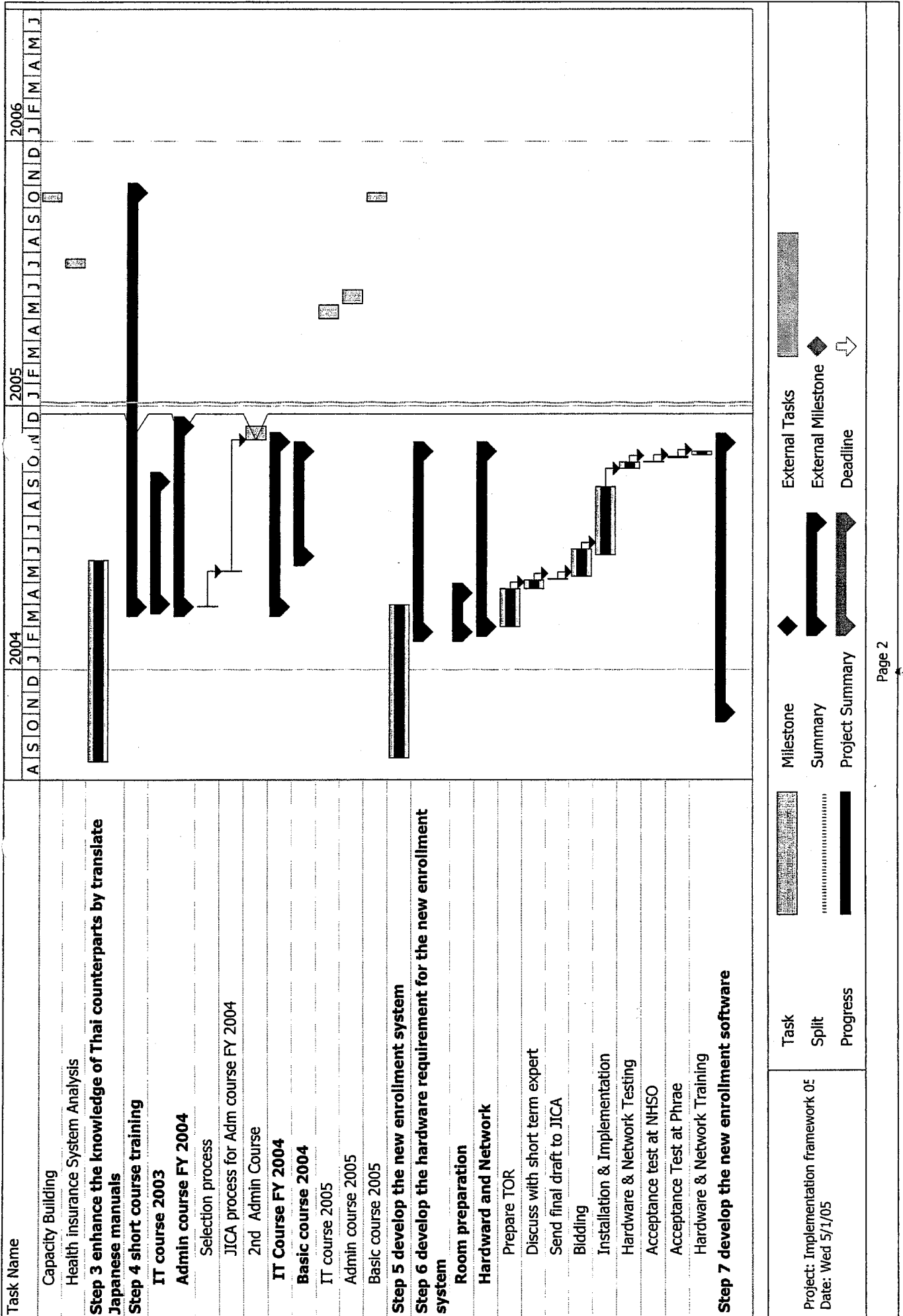
Step 12

Objective	Outputs/Products	Who	When	Activities	Resources	Budgets
To modify the new enrollment system according to the evaluation and finalize the manual	Final administration and operation manuals for enrollment	Main: Registration System Manual Development Task Force Backup: Core group	Jan 2005 -- October 2006	- Review knowledge from pilot project in Phrae - Monitor and evaluation - Amend pilot program - Use know-how in Data center project - Amendment manuals - Make guideline for system development specification for software vender (outsourcing manual)	Long term expert Short term experts Local consultant	NHSO JICA

Step 13

Objective	Outputs/Products	Who	When	Activities	Resources	Budgets
To disseminate the new enrollment system	Wide knowledge & understanding of the new enrollment system Willingness to use the new enrollment procedure	Main: -IT bureau -Bureau of Supporting and Developing Branch Office Backup: Core group	Feb 2005- June 2006	- Training - Implement in Phrae and other pilot province - Disseminate to all province - Amendment enrollment program - Implement to enrollment unit in tambon level - Monitor and evaluation	Long term expert Short term expert Thai counter parts who were trained in Japan NHSO and MOPH staff Local consultant	NHSO MOPH JICA

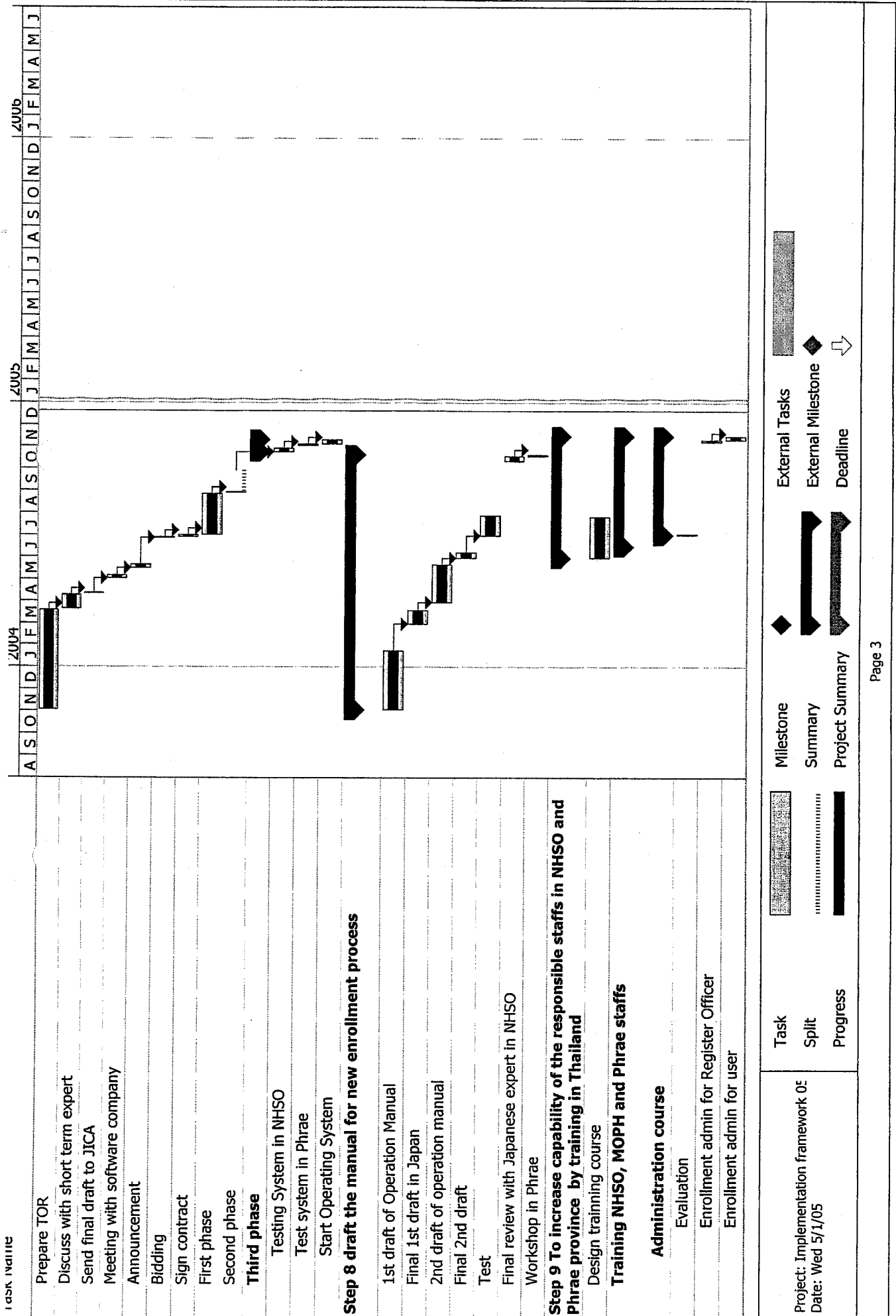


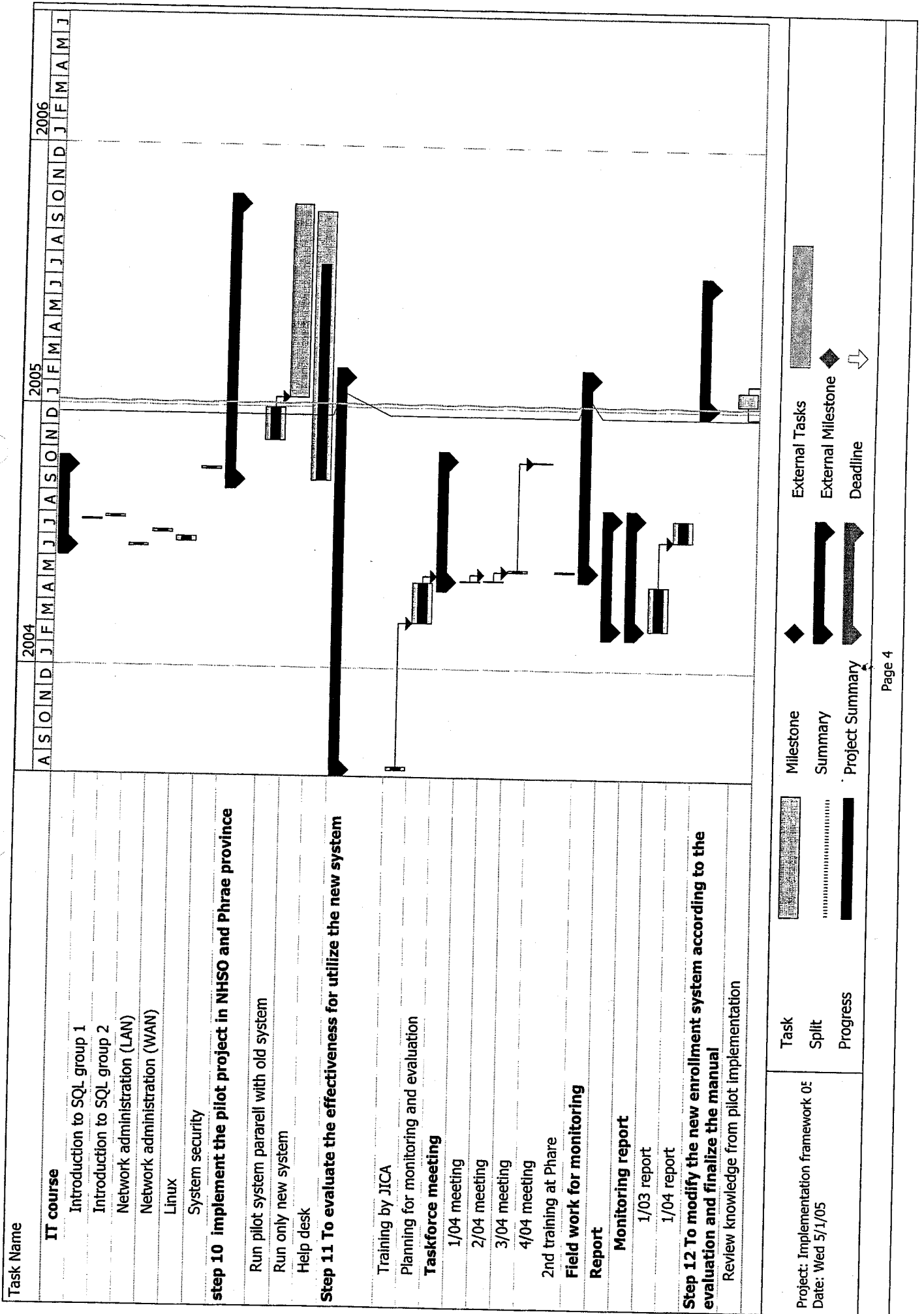


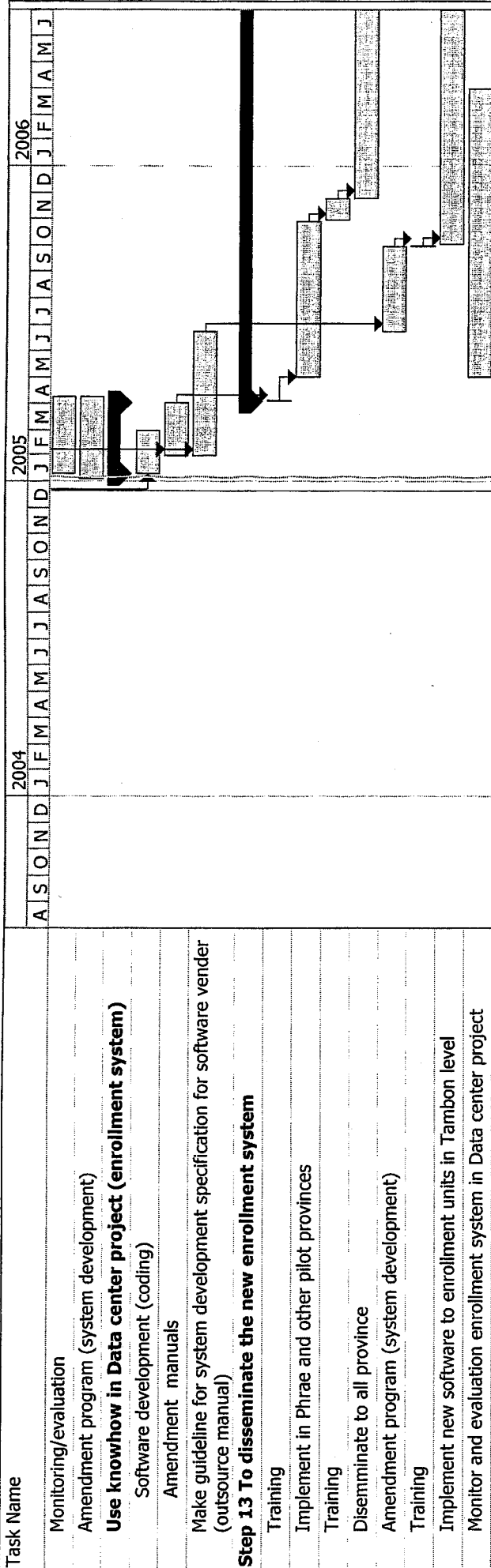
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Date: Wed 5/1/05

Task
Split
Progress

Milestone
Summary
Project Summary
External Tasks
External Milestone
Deadline







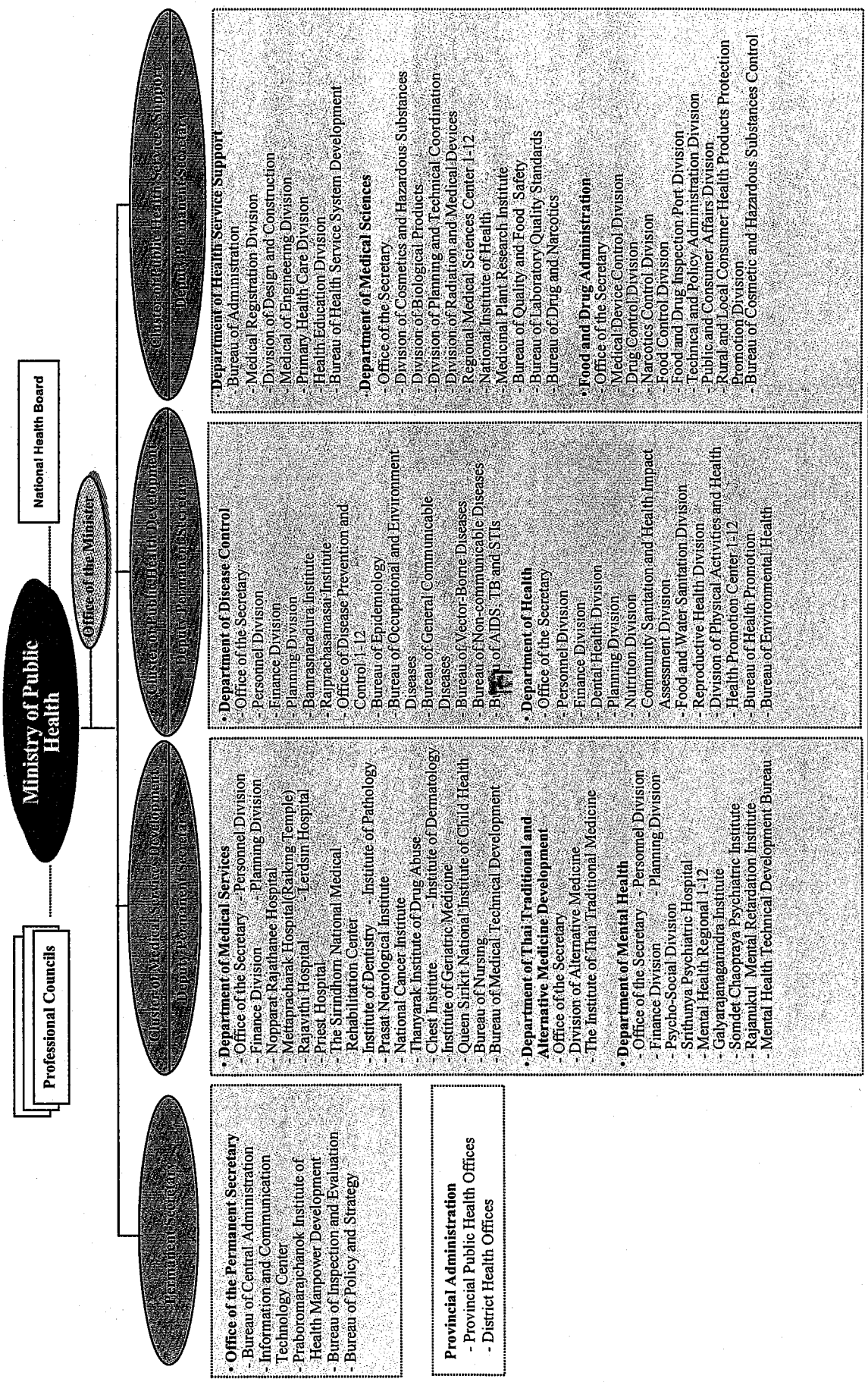
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資料 6

保健省 (MOPH) 組織図

(タイ側作成資料)

Structure of Ministry of Public Health



Agencies under the Supervision of MOPH:

- Health Systems Research Institute
- National Health Insurance Office (Act being enacted.)
- Praboromarajchanok Institute of Health Manpower Development (Act being drafted)
- National Institute of Health (Act being enacted.)
- Thai Health Promotion Foundation (Act enacted.)

Source: Ministerial regulations of the Ministry of Public Health.
 Note: Public organizations and Agencies under the supervision of the MOPH are not under any of the cluster.

資料 7

国民医療保障局（NHSO）組織図

（タイ側作成資料）

National Health Security Board

Auditing Sub-committee

National Health Security Office 256 (150)
Secretary General

Deputy Secretary - General - 3

Senior expert - 6 / Expert - 1

32 Bureau of General Administration (22)

23 Bureau of Policy and Planning

12 Bureau of Public Relation & Information

23 Bangkok Branch of The National Health Security Office (67)

5 Bureau of Change Management (1)

25 Bureau of Financial Administration

20 Bureau of Claim Administration (3)

19 Bureau of Consumer Services (40)

5 Bureau of Audit Office

12 Khonkaen Branch of The National Health Security Office (4)

8 Bureau of Legal Affairs

21 Bureau of Insurance Information Technology (7)

17 Bureau of Service Quality Development

3 Bureau of Welfare and Service (2)

20 Bureau of Developing and Supporting Branch Office (1)

資料 8

プレー県保健事務所組織図

(タイ側作成資料)

ORGANIZATION CHART OF PHRAE PROVINCIAL HEALTH OFFICE

