

# **A study of the effects of receiving assistive devices using gold patents for the disabled T74 under the Rehabilitation Act of the Disabled B.E. 2534 and the Act on Promotion and Development of the Quality of Life of the Disabled B.E. Edit 2013)**

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## **Background and importance of the problem**

**Nowadays, technology and facilities day by day is more important It is part of daily life. even the handicapped or the elderly The advancement of technology helps to improve rehabilitation to be able to live a life similar to normal people. Reduce the burden on society and people around Assistive devices are an integral part of rehabilitation and are essential in improving the quality of life for people with disabilities. There are various types of assistive devices for the disabled. Each type has a different purpose of use, method of use, and care. The procurement and selection of assistive devices requires consideration of the disability condition, use, environment, economy, status and preferences of people with disabilities. The development of a support system for assistive devices with disabilities aims to create an appropriate model of service provision of assistive devices to persons with disabilities. and meet the satisfaction of people with disabilities the most**

**The United Nations (1994) issued a standard rule. on creating equal opportunities for people with disabilities and defines the creation of equality of opportunity for people with disabilities as "the**

**process by which social systems and the environment such as services, activities, information It has been prepared for all citizens, especially people with disabilities. in which people with disabilities are members of society as well as other people and have the right to live in their own community or locality and should be supported based on existing needs. under the normal structure of society in education, public health, employment and social services.”**

**For Thailand in the year 2534, the government has promulgated The Rehabilitation of Persons with Disabilities Act established. by focusing on people with disabilities to be self-reliant as a burden to society to a minimum. rights of persons with disabilities to have a better quality of life In order to be self-reliant, under section 30 paragraph 3, unfair discrimination against a person cannot be made on the ground of differences in origin, race, language, age, physical condition or health, status of the person. socioeconomic status Religious beliefs, education, or political opinions which are not contrary to the provisions of the Constitution, Section 55. Persons with disabilities or disabilities are entitled to access public facilities. and other state aid**

**At present, Thailand has revised the 2007 Disability Law, which is called the Promotion and Development of the Quality of Life of Persons with Disabilities Act 2007, focusing on the rehabilitation of the disabled. empowerment or the ability of people with disabilities to have better conditions or maintain the existing capacity or ability through medical, religious, educational, social, professional or any other procedures so that people with disabilities have the opportunity to work or live in society to their full potential and the promotion and development of quality of life Rehabilitation of people with disabilities welfare arrangement Promotion and protection of**

rights Supporting people with disabilities to live independently have human dignity and equality with the general public Fully socially involved and effective under an environment that people with disabilities can access and used by the Sirindhorn National Institute for Medical Rehabilitation Received budget support from the National Health Security Office (NHSO) as a core for developing and supporting the demonstration center of assistive devices for the disabled. with a total of 11 pilot hospitals across the country for 3 years and began to provide services to Persons with disabilities since October 2006, which has been a demonstration center for assistive devices in collecting, recruiting, and providing assistive devices according to the rights of the Act and the health insurance system (Thor.74) (October 2004) in the budget amount. 2,000,000 baht, divided into the year 2006 and 2008, amounting to 500,000 baht in the subsidy category, and 2007 received a budget of 1,000,000 baht to purchase assistive devices for the disabled. Provide support services for assistive devices by providing people with disabilities to receive assistive devices suitable for their condition. by providing assistive devices for the disabled in addition to the standard equipment so that people with disabilities can choose to buy according to their needs and suitability with a target group are disabled and visually impaired with one of the following qualifications:

- 1) *being a new disabled person who registered with a disability by bringing a disabled person's card to show their intention to obtain assistive devices The doctor agreed that the need for assistive devices for the disabled.*

**2) Being a new disabled person who is registered with a disability and receive assistive devices for the disabled It has been in use for at least 3-5 years.**

**3) A new handicapped person who holds a gold card T74 and the doctor decides that it is necessary to use assistive devices.**

**4) Persons with disabilities who hold gold card T74 and receive assistive devices It has been in use for at least 3-5 years.**

### **Types of participating devices**

**1) Wheelchairs for people with disabilities are divided into 3 types as follows:**

- **A wheelchair that is suitable for a standard disability.**
- **Wheelchairs for people with disabilities suitable for disabilities. self help**
- **Three sizes of adjustable anon-adjustable wheelchairs for cerebral palsy.**

**2) buoyancy aids For people with mobility disabilities:**

- **Single-axis umbrella cane**
- **Three-legged walking stick**
- **Armpit crutches**
- **Walker**
- **Anterior Wheel Walker**

**3) White cane for the visually impaired**

- **White staff (in case of receiving a white staff for the first time Use a method to send people with disabilities who have already been assessed. to train at Rajasuda College and the Blind Association of Thailand)in the development of people with disabilities at present still**

***unclear and the overlap between the services of the Health Security Office Services of the Social Security Office and services received under the rights of persons with disabilities registration under the Rehabilitation of Persons with Disabilities Act B.E. 2534 which is about to be replaced. The Promotion and Development of the Quality of Life of Persons with Disabilities Act, B.E. 2550 (2007)***

**According to the results of a study by the Public Health Research Foundation. The Ministry of Public Health found that in Thailand, there are approximately 8.1 percent of the population with disabilities. which is lower than the results of the United Nations study. that have been estimated There are about 10% of the population with disabilities. In Thailand, there are more than 6 million people with disabilities who are required by the government to provide assistance services. If including the number of family members of persons with disabilities, approximately 2-3 people per family are affected by the burden of taking care of the disabled in the family. and need state aid services as well The State must provide assistance services related to persons with disabilities for the population of not less than 18-24 million people. He will be a burden on family, society and nation. on the contrary If people with disabilities are developed effectively and families of persons with disabilities receive appropriate assistance, they will be self-reliant "social costs" live independently and has dignity as well as being a human resource that creates benefits for society and the country is no less than the general public**

**From the above information The researcher therefore wanted to study and survey the satisfaction of people with disabilities who**

received assistive devices of each type. that is appropriate and meet the needs and in accordance with the lifestyle of the service recipients or not by studying information about receiving services of service recipients from people with disabilities who receive assistive devices to take advantage used to improve the equipment to assist the disabled to be appropriate and have a good quality of life able to live in society happily for people with disabilities

## 1. Research objectives

1. *To know the satisfaction of service recipients About assistive devices for people with disabilities received*
2. *To study the needs About assistive devices for people with disabilities To be suitable for the way of life of people with disabilities in each area*

## 2.Scope of research

Research study on "Impacts from receiving assistive devices using the Golden Patent for Persons with Disabilities 74 under the Rehabilitation Act of the Disabled B.E. and the Promotion and Development of the Quality of Life of the Disabled Act, B.E. Objectives for Analysis and Assessment Situation of the provision of services for receiving assistive devices that use gold patents for the disabled to identify problems in providing services that should has been developed and proposed guidelines for improving the health service system to be in line with Must receive assistive devices for the disabled using the golden patent for the disabled. The potential and quality of service as well as the organizational structure and processes. Organize service systems both inside and outside the hospital; linking the work between public and private hospitals. by

**studying and analyzing information from documents or documentary research**

### **3. Expected benefits**

- 1) To enable the agencies involved in the provision of assistive devices to know the satisfaction of the service recipients with the assistive devices allocated in each budget year.**
- 2) To make the agencies involved in the provision of assistive devices aware of the need for the use of assistive devices that affect the way of life of people with disabilities**
- 3) To enable agencies involved in the provision of assistive devices to be able to apply the knowledge gained, to improve, to change to be appropriate. in service Devices to assist the disabled in the future**

### **4. Methods of conducting the study**

**Review of research and situational information on the effects of receiving assistive devices that use gold patents for the disabled under the Rehabilitation Act of the Disabled, B.E. 2534 and the Promotion and Development of the Quality of Life of the Disabled Act, B.E. 2007(revised 2013) at present from relevant domestic agencies such as the Institute of Geriatric Medicine Health Systems Research Institute National Research Council, NHSO and other related agencies by the study Study from academic papers, research results and related academic articles. Both various types of academic documents within the country and various types of academic documents. from abroad including information on Academics obtained from searching through electronic media or websites. which consists of information Academics which are important**

## **5.The results of the study of satisfaction with medical rehabilitation services and assistive devices for the disabled**

**From the study "Review of the benefits package and access to assistive devices services for people with disabilities Benefit Pack Review Program and access to assistive devices services for people with disabilities Ministry of Public Health 2014" found that there were 244 persons with disabilities who provided satisfaction data that could be analyzed, with an average age of 48 years. Nearly 90 percent of them were disabled with mobility. On the day of the survey respondents traveled an average of 34 kilometers from home to hospital and spent an average of 2.4 hours at the hospital from arrival to completion of the service. Respondents rated their satisfaction across all dimensions. Representing an average score of 3.77 points out of a full score of 5, with the highest satisfaction with the service provider's manners and service results. (Each dimension has an average score of 4.14 points)**

### **a. Service provider**

**Courtesy of staff was the highest score (4.25 points), followed by the care of staff providing rehabilitation services to people with disabilities (4.20 points). Service personnel's competency scored the highest (4.38 points) and service wait time scored only 3.10 points. (Only one question was asked, namely willingness to pay for rehabilitation services) was the dimension that received the lowest satisfaction score of 3.15, but neither dimension nor any point received an average satisfaction score of less than 3 points.**



## **b. Quality of life and ability to live with people with disabilities**

**People with disabilities** The respondents in the interview were 308 people who had access to devices and 295 people who did not have access to devices. Groups that do not have access to the device Slightly older than the device access group, both groups had incomes of themselves and their families before disability.

They are similar, but their incomes after disabilities are different. There were 85 persons with disabilities who did not receive the device. The reasons for not receiving the device were lack of information and lack of assistance in coordination (36% and 31%, respectively). Persons with disabilities who receive equipment but did not use the equipment received by the device damaged/damaged (36%) and the equipment is not suitable for living conditions and daily activities (34%). device access group The overall quality of life was better than those who did not have access to the equipment. significantly The group that has access to the device They had better quality of life than other groups in three dimensions, namely physical, mental health and social relationships. (Except environmental dimensions) and also found that the group that accesses the device have the ability to live better than those who do not have access to equipment significant in all aspects, including movement Self-empowerment, finding a job/maintaining the current job and economic self-reliance The study showed that the factors affecting access to equipment were age, health insurance, Registration of people with disabilities, occupation and family care The important issues are as follows: (1) when people with disabilities get older, they have fewer opportunities to access equipment; (2) people with disabilities who use civil servants' medical benefits have

**the greatest opportunity to have access to equipment, followed by Persons with disabilities who use the rights of the universal health insurance system and people with disabilities who use social security rights have the least chance of accessing the devices; More than people with disabilities who are not registered. (4) Persons with disabilities who are employees of contract companies and farmers have the opportunity to access equipment. than those with non-professional disabilities; and (5) the need for family care is more likely to have access to equipment.**

### **c. Results from stakeholder group discussions**

**Group discussion of representatives of disabled people's organizations, service providers and policy makers. In this project, five key areas were covered. The data partially supported or aligned with findings from other sections of the study, such as differences in health insurance benefits between funds. obtaining the equipment that are not suitable for the environment and daily life There is no place to repair damaged equipment, while another piece of information helps to enhance understanding of the situation with people with disabilities in Thailand. including the recognition of rights service received and problems that arise affecting access to the equipment. The recommendations of the three stakeholder groups reflect problems that should be urgently addressed from the perspective of the participants. can be summarized as follows:**

**1) Persons with disabilities do not have the information necessary to access services provided by government agencies partly due to lack of information sharing links between agencies. In addition, each type of handicapped person and people with disabilities living in urban and rural areas Still need information that is transmitted through the media in different formats.**

2) **Disparities in benefits, services and disbursement mechanisms for equipment of the public health insurance system** It is an important factor in accessing rehabilitation services. obtaining the equipment and use the equipment received regularly **Disadvantages from transferring/transferring rights between funds** is one of the issues that people with disabilities and representatives of disability organizations focus on.

3) **There are insufficient health personnel to support the need for rehabilitation services. and services related to the provision of equipment** This is a major obstacle to accessing the device. and having a good quality of life for people with disabilities **In this regard, local governments should NGOs and people with disabilities take part in providing services. Some of the group discussion participants suggested adjusting the service provider's attitude in order to provide quality service. non-discriminatory** This will help reduce inequality.

4) **The management of the whole system of equipment, from the national level down to the regional and local level, should be developed, for example, in the selection of the equipment list. Establishment of a procurement coordination center Exchange and return equipment as well as to manage maintenance efficiently Reduce redundancy and unnecessary waste of resources.**

## **6.Summary of study results**

**This study highlights the situation regarding access to devices. of people with disabilities in Thailand, including the lack of necessary information inaccessibility of rehabilitation services that people with disabilities who need equipment Many people with disabilities do not use the devices they receive, while some people with disabilities receive the devices. repeated from hospitals and**

other departments both in the government and civil society sectors All of these problems are the result of policies and practices of many agencies such as the Ministry of Public Health. Ministry of Social Development and Human Security public health insurance system Hospitals, local administrative organizations, etc. are important issues that should be considered for improvement. The disparity of benefits under the health insurance system Providing rehabilitation services and equipment that cannot meet the needs in some areas (Partly due to the shortage of personnel in specific fields) Lack of cooperation and coordination between relevant departments and lack of equipment management system

## 7. Policy proposal

**1. Create mechanisms and links of work between different departments. both public and private including creating a database that can be shared among the relevant departments**

**2. Determine the direction of creating equality and equality in terms of benefits for people with disabilities in each health insurance system.**

**3. Improve the structure and duties of government agencies in terms of policy development and academics to be clear and strong.**

**4. Follow up and check the disbursement of equipment To prevent duplication and to be effective for both the public and private sectors**

**5. Develop innovations to increase awareness and access to information related to specific people with disabilities.**

## Bibliography

***The Promotion and Development of the Quality of Life of Persons with Disabilities Act, 2007 Government Gazette Volume 124, Section 81 Kor (27 September 2007) Pages 8-24.***

***World Health Organization. World report on disability 2011 Geneva: World Health Organization; 2011 xxiii, 325 p. p.***

***National Statistical Office. Disability Survey 2020.***

***National Office for Promotion and Development of the Quality of Life of Persons with Disabilities. Statistics of people with disabilities with a disability identification card Classified by region and gender from November 1, 2004 - January 11, 2020 Available from: <http://nep.go.th/index.php?mod=tmpstat>.***

***National Health Security Office. Annual Report 2011 cited 25 February 2013, Available from: [http://www.nhso.go.th/FrontEnd/page-about\\_result.aspx](http://www.nhso.go.th/FrontEnd/page-about_result.aspx).***

***Health Systems Research Institute. To the fairness of the health system for people with disabilities. HSRI FORUM. 2012.***

***Resource Portal of Assistive Technology, the Ministry of health and welfare, Republic of China (Taiwan). Center for assistive technology resources and popularization [cited 3 Jun 2014]. Available from: 2013 [http://repat.sfaa.gov.tw/english/about\\_main.asp?id=42](http://repat.sfaa.gov.tw/english/about_main.asp?id=42).***

***Ministry of Social and Family Development, Singapore. Assistive technology for people with disabilities 2013, cited 27 Feb 2013, Available from: <http://app.msf.gov.sg/Policies/>***

***DisabilitiesPeoplewithDisabilities/AssistiveTechnologyforPeop  
lewithDisabilities.aspx.***

***Ministry of Social and Family Development, Singapore. The enabling masterplan 2007-2011 of programs and services in the disability sector for the next years 2013[cited 25 Feb 2013.Available from: [http://app.msf.gov.sg/Portals/0/Files/EM\\_ExecutiveSummary .pdf](http://app.msf.gov.sg/Portals/0/Files/EM_ExecutiveSummary.pdf).***

***Infopankki. Services for the Disabled2013] cited 10 Feb2013 [. Available from: [http://www.infopankki.fi/en-gb/disabled\\_people/](http://www.infopankki.fi/en-gb/disabled_people/).***

***Ministry of Social Affairs and Health, Finland. Services for people with disabilities2013 ]cited10 Feb 2013 [.Available from : [http://www.stm.fi/en/social\\_and\\_health\\_services/disability \\_services](http://www.stm.fi/en/social_and_health_services/disability_services).***

***World Health Organization. Disabilities and rehabilitation: assistive devices/technology [cited11 December 2013 Available from: <http://www.who.int/disabilities/technology/en/>.***

***World Health Organization. Assessment of compulsory treatment of people who use drugs in Cambodia, China, Malaysia and Viet Nam: An application of selected human rights principles. 2009.***

***Bigdeli M, Jacobs B, Tomson G, Laing R, Ghaffar A, Dujardin B, et al. Access to medicines from a health system perspective. Health Policy Plan. 2012 Nov 22 .PubMed PMID: 23174879 .Epub 2012/11/24 .English***

***Frost LJ, Reich M, Harvard Center for Population and Development Studies. Access : how do good health technologies get to poor people in poor countries? Cambridge, Mass.: Harvard Center***

*for Population and Development Studies: Distributed by Harvard University Press; 2003. xiv, 249 p. p.*

**Jacobs B, Ir P, Bigdeli M, Annear PL, Van Damme W. Addressing access barriers to health services: an analytical framework for selecting appropriate interventions in low-income Asian countries. Health Policy Plan. 2012 Jul;27(4) 288-300. PubMed PMID:21565839 Epub 2014-05-14 .eng.**

**Peters D, Garg A, Bloom G, Walker D, Brieger W, Rahman M. Poverty and access to health care in developing countries. Ann N Y Acad Sci. 2008,1136: 181-71 PubMed PMID: 179546799. Epub 2007/12/24 .eng.**

**Aday LA, Andersen R. A framework for the study of access to medical care. Health Serv Res. 1974 Fall;9(3)208-20 PubMed PMID: 4436074 Pubmed Central PMCID: 1071804 Epub 1974-01-01 .eng.**

**Tanahashi T. Health service coverage and its evaluation. Bull World Health Organ. 1978;56(2):295-303. PubMed PMID: 96953. Pubmed Central PMCID: 2395571. Epub 1978-01-01. eng.**

**Ministry of Community and Social Services-Ontario. About the accessibility for ontarians with disabilities act, 2005(AODA). 2008.**

**Youth Action and Policy Association. Access & equity guide for services working with young people Surry Hills: Youth Action and Policy Association (NSW) Inc; 2002[cited 11 Feb 2013]. Available from: <http://www.opendoors.net.au/wpcontent/uploads/2009/10/access-equity-guide.pdf>.**

**Legal and Fiscal Information Systems The Comptroller General's Department, Ministry of Finance. Guidelines on disbursement**

**of types and rates of prosthetic organs and equipment for the treatment of diseases of government hospitals**[cited 2 July 2013]. Available from :

**<http://sarabanlaw.cgd.go.th/CGDWeb/attdetail/showattach2.jsp?ctn=BCS&blobid=CGD.A.2212&blobpart=1&ocTypeName=%E1%BF%E9%C1%C0%D2%BE%20%28.tif,%20.pdf%29>**.

**Disability Rights Network of Pennsylvania. Assistive technology for persons with disabilities: an overview**2012[cited 9 Feb 2013]. Available from :

**<http://drnpa.org/File/publications/assistivetechonology-for-persons-with-disabilities---an-overview.pdf>**.

**United States Congress. Assistive technology act 2004**, cited 9 Feb 2012 Available from:

**Office of the Auditor General of Ontario. Assistive device program. 2009 annual report of the office of the auditor general of ontario. 9 Feb 2013. Ontario: Queen's Printer for Ontario; 2009. p. 52-79.**

**Gulley SP, Altman BM. Disability in two health care systems: access, quality, satisfaction, and physician contacts among working-age Canadians and Americans with disabilities. *Disabil Health J.* 2008 Oct;1(4):196-208. PubMed PMID: 21122730. Epub 2008/10-01. eng.**

**Spillman BC. Changes in elderly disability rates and the implications for health care utilization and cost. *Milbank Q.* 2004;82(1):157-94.**

**World Health Organization. Center for Health Development. Consultation on advancing technological innovation for older persons in Asia. Summary report. Kobe: WHO Center for Health Development; 2013.**



- Summerfield AQ, Marshall DH, Barton GR, Bloor KE. A cost-utility scenario analysis of bilateral cochlear implantation. Arch Otolaryngol Head Neck Surg. 2002 Nov;128(11):1255-62. PubMed PMID: 12431166. Epub 2002/11/15. eng.**
- Taylor R, Blair S. Financing health care: Singapore's innovative approach. The World Bank: Viewpoint policy. May 2003;Note number 261:1-4.**
- Ministry of Social and Family Development. Enabling master plan 2012-2016 [cited 1 Jun 2014 Available from: <http://app.msf.gov.sg/Portals/0/Topic/Issues/EDGD/Enabling%20Masterplan%202012-2016%20Full%20Report.pdf>.**
- Handicaps Welfare Association. Social Service [cited 2 Jun 2014]. Available from: <http://hwa.org.sg/services/social-service/>.**
- Infocomm Development Authority of Singapore. Factsheet: infocomm accessibility center; assistive technology (AT) loanlibrarys 2013 [cited 2 Jun 2014]. Available from: [http://www.ida.gov.sg/~media/Files/Archive/Programmes/Programmes\\_Level2/20060419133409/Factsheet-IAC.pdf](http://www.ida.gov.sg/~media/Files/Archive/Programmes/Programmes_Level2/20060419133409/Factsheet-IAC.pdf).**
- National statistics, Republic of China (Taiwan). Latest indicators: total population-both sexes [3 Jun 2014]. Available from: <http://eng.stat.gov.tw/mp.asp?mp=5>.**
- Yen CF, Lin JD, Wu JL, Kang SW. Institutional care for people with disabilities in Taiwan: a national report between 2002 and 2007. Res Dev Disabil. 2009 Mar-Apr;30(2):323-9. PubMed PMID: 18656326. Epub 2008-07-29. eng.**
- Cheng T.M. Taiwan's new national health insurance program: genesis and experience so far. Health Aff (Millwood). 2003 May-**

*Jun;22(3):61-76. PubMed PMID: 12757273. Epub 2003-05-22. eng.*

*Lex Data Information Inc. Lawbank: people with disabilities rightsprotection act [cited 1 June 2013]. Available from: <http://db.lawbank.com.tw/Eng/FLAW/FLAWDAT0201.asp>.*

*Ministry of the Interior, Republic of China (Taiwan). Laws and regulations : Public Assistance Act [1 Sep 2013]. Available from: [http://www.moi.gov.tw/english/english\\_law/law\\_detail.aspx?sn=36](http://www.moi.gov.tw/english/english_law/law_detail.aspx?sn=36).*

*Lee SJ, Yang YH, Huang PC, Cheng YT, Lee CH, Wang TJ. Establishment of resource portal of assistive technology in Taiwan. Disabil Rehabil Assist Technol. 2008 Nov;3(6):344-50. PubMed PMID:19117195. Epub 2009-01-02. eng.*

*Nordisk eTax. General information on Nordisk eTax: Finland [cited 30 May 2014]. Available from: <https://www.nordisketax.net/main.asp?url=/hem.asp&c=suo&l=eng>.*

*Sosiaali- ja terveystieteiden ministerio. Government Report on Disability Policy 2006. Helsinki: Ministry of Social Affairs and Health : distribution: Helsinki University Press; 2006. 41 s. p.*

*Hilma, the Support Center for Disabled Immigrants, Finnish Disability Forum. Guide for Disabled Immigrants 2011 [cited 28 May 2014]. Available from: [http://www.tukikeskus.hilma.fi/tiedosto/palveluopas\\_englanti.pdf](http://www.tukikeskus.hilma.fi/tiedosto/palveluopas_englanti.pdf).*

*Office of Policy and Strategy Ministry of Public Health. The role of government in promoting and improving the quality of life of the disabled. Bangkok: Sam Charoen Panich (Bangkok); 2011.*

*Announcement of the Ministry of Public Health Re: Service Enhanced performance by medical procedures and medical expenses*

***Cost of assistive devices and development promotion media for people with disabilities, 2009.***

***National Health Security Office. National Health Security Rights for Persons with Disabilities (Thor.74XXXXXXXXX). Social Security Office. Benefits: Terms and Conditions [cited 27 September 2013]. Availablefrom:***

***<http://www.sso.go.th/wpr/content.jsp?lang=th&cat=868&id=3628>.***

***Social Security Office. Benefit : In the case of Thapu Phap [cited 10 October 2013]. Availablefrom:***

***<http://www.sso.go.th/wpr/category.jsp?lang=th&cat=879>.***

***Manager Online. Disability rights paid 147 million Rehabilitation [cited 10 October 2013]. Available from:***

***<http://www.manager.co.th/Qol/ViewNews.aspx?NewsID=9560000098254>.***

***National Health Security Office. National Health Security Fund Management Manual, Volume 1 : Budgeting of medical services for per capita, October 2013.***

***The work group determines the rate of contributions to the compensation fund. Compensation Fund Office. Annual Report 2012 Compensation Fund. Nonthaburi, October 2013.***

***Social Security Office A. 2012 Annual Report: The Agricultural Cooperative Association of Thailand Co., Ltd.; 2013.***

***Health Technology and Policy Assessment Project. complete report Proposal development program to improve the benefits package and the service system***

***Health promotion and disease prevention for adults/working people under universal health insurance. 2014.***