## Web Annex 1 Legislative provisions on participatory and responsive governance

| Policy Document | Legislative Provision                                                                 | Interpretation                                                                 |
|-----------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| National Health Security Act | **Section 5** Right to a standard and efficient health service. | N/A | Citizens have the right to quality of basic amenities |
|                  | **Section 6** Registration for a choice of service unit, with regard given to the convenience and need of the person. | N/A | Citizens have the right of Choice of health facility |
|                  | **Section 7** Right to health at the service unit of their own choosing within the available network. Right to access any service facility, taking into consideration the convenience and necessity of the person in the case of justifiable cause, accident or emergency illness. | N/A | Citizens have the right of Choice of health facility |
|                  | **Section 8** A person not registered may access any service unit for the first service. In such case, the service unit providing service to the person shall arrange for the registration of a service unit of person’s choice | N/A | Facilities ensure prompt attention to citizens by allowing them access to any service for the first time if they had never been registered to any facility prior. Additionally citizens then have the right of Choice of health facility. |
|                  | **Section 13** “National Health Security Board” must consist of five representatives of the non-profit, non-governmental organizations elected and drawn from nominated representatives of the following fields: (A) children or youth; (B) women; (C) elderly; (D) disabled persons or mental health patients; (E) HIV infected persons or patients with other chronic diseases; (F) laborers; (G) populous communities; (H) farmers; and (I) ethnic minorities. | N/A | Citizens represented in the National Health Security Board empowers citizens to influence board decisions. Citizens have a voice and vote in ensuring their needs are met for: standard of health service facilities and services; governance and regulations of UCS; transparency and accountability of UCS performance and finances; increase general citizen participation through annual meetings. |
|                  | **Section 17** NHSB decisions must be made by majority of votes. Each member shall have one vote. | N/A | Citizens have the ability to be involved in NHSB decisions. Each member shall have one vote. |
| Section 18 | The NHSB’s power and duties. Including quality and standard of health service, effective implementation of the national health security scheme; implementation and management of the Fund; procedures and conditions for payment of preliminary aid; support and coordinate with local government organizations for the implementation and management of the health security system at the local level according to need of the population in the area, support community organization councils, non-governmental organizations, and the not-for-profit private sector to operate and manage the Fund at the local level according to their readiness, appropriateness and need by promoting the participatory processes in the establishment of the national health security for the population in such area as provided in Section 47; produce an annual report on performance and obstacles encountered in the operation of the Board, hold an annual meeting for the Board to receive general opinions from service providers and beneficiaries. | selecting audit sub-committee to ensure financial transparency and accountability. | The National Health Security Board must ensure quality of basic amenities, ensure the management of UCS according to the management of the health security system at the local level according to readiness, appropriateness and need of citizens and local population. |
| Section 19 | The NHSB power and duties to oversee and ensure NHSO function. | N/A | |
| Section 21 | The NHSB must appoint an audit sub-committee to review the financial management and the operation of the NHSO to ensure effectiveness, efficiency, transparency and accountability. | N/A | |
| Section 26 | NHSO power and duties. Including recording beneficiaries, service units, and networks of service units; managing the Fund, arrange for people to have regular service units and to change regular service units, and publicize information concerning service units; ensure that the health service complies with the standard and to facilitate the lodging of complaints; produce an annual report on performance and obstacles. | Citizens have the ability to lodge complaints on the standards and quality of health services | Citizens have the right know options for service units and their choice of Provider Doctor/Nurse/Care Provider or Facility as well as have the Autonomy to be told information concerning service facilities and have the option to change their choice when wanted. The National Health Security Office is required to ensure the standard of quality of services. |
| Section 38  | "National Health Security Fund" will support and promote the provision of health service to enable wide and efficient access to health service. Fund used for the development of health service in the areas where service units are inadequate or where service units are not properly decentralized. | N/A | The National Health Security Office ensures prompt attention of citizens needs in terms of ensuring health facilities are geographically accessible through funding provision to develop facilities in areas inadequately prepared. |
| Section 41 | The NHSB must allocate one percent of the budget to service units for financial assistance in the case where a beneficiary is damaged by the medical treatment provided by a service unit. | N/A | The National Health Security Board safeguards citizens dignity to adequate treatment and quality of care by financially assisting citizens that have been damaged by any treatment provided, as per the rules of the board which consists of citizens. |
| Section 42 | If a beneficiary is damaged by the medical treatment provided by a service unit, NHSO must take recourse with the wrongdoer following its payment of preliminary aid to the beneficiary. | N/A | |
| Section 43 | NHSB must submit the balance sheet and report on income and expenditures of the Fund to the Council of Ministers, Prime Minister, House of Representatives and the Senate and arrange for its publication in the Government Gazette. | N/A | Citizens are given the right to access information on the budget and expenses of the National Health Security Fund, which increases transparency and empowers citizens with knowledge to better actively participate and voice their concerns on UCS. |
| Section 44 | NHSO must arrange for the registration of service units and networks of service units and publicize information to the public to enable the people to register for regular service units of their choice. | N/A | Citizens have the right to know options for service units and their choice of Provider Doctor/Nurse/Care Provider or Facility. Access to information regarding health facilities to make informed decisions. |
| Section 45 | A service unit must provide health service of quality and standard in a manner of equality that respects personal rights, human dignity and religious beliefs; provide accurate health service information to individuals in respect to diagnosis, procedures, alternatives, and result of treatment including possible side-effects, to enable informed decision whether to utilize its service or to be referred; provide relatives with sufficient information, strictly maintain confidentiality of the beneficiaries, establish a system of health service data in order to facilitate the inspection of quality and service. | N/A | Health service units must ensure quality of basic amenities as per the rules of the board which consists of citizens, protect and respect citizens' dignity when accessing services, keep citizens informed on their health information to allow their autonomy in making health care decisions, provide for citizens' social needs through keeping their relatives informed, maintain citizens' confidentiality. |
| Section 47 | Ensure health needs for people in the local area are met by promoting the participatory process, and support and coordinate with local government organizations to implement and manage the national health security system at the local level. | Citizen participation in managing UCS is promoted through allowing local organizations and populations to implement UCS in the locality. | UCS is managed and implemented according to local citizens' needs. |
| Section 48 | "Quality and Standard Control Board” must consist of five representatives of non-profit, non-governmental organizations, elected among themselves, from a group of representatives, each of whom has been elected from the following fields: (A) children or youth; (B) women; (C) elderly; (D) disabled persons or mental health patients; (E) HIV infected persons or patients with other chronic diseases; (F) laborers; (G) populous communities; (H) farmers; and (I) ethnic minorities. | Citizens represented in Quality and Standard Control Board empowers citizens to influence board decisions on quality and regulation of services, rules for ensuring citizens' ability to file complaints if their rights are violated or damaged by health services and improve services based on citizen needs. | N/A |
### Section 50
QSB power and duties, including ensuring, controlling and promoting quality and standard control of service units, prescribing conditions for filing complaints by the persons whose rights are violated by the service; procedures for considering complaints; providing assistance to the persons whose rights are violated by the service; appointing a complaint unit where a complainant can conveniently submit complaints free from the complainee’s interference; report results of the inspection and the control of quality and standard of service units and networks of service units for improvement of the quality and standard, enhance public participation in the inspection and the control of service units and networks of service units; provide financial assistance to the beneficiaries who are damaged by the medical treatment, support an information dissemination system for use by the public in its decision making related to health service.

### Section 57
If inspection by NSHO reveals that a service unit fails to comply with the health service standard as required, QSB will be notified and appoint an Investigation Committee to investigate the matter.

### Section 58
If investigation indicates that a service unit fails to comply with standards: QSB may issue a warning to comply with the standard; issue an order for such service unit to pay an administrative fine; notify relevant agencies to investigate and decide against the health professional who may be responsible for the commission of the wrongful act or proceed with other disciplinary procedures.

| Quality of services must meet citizens needs through following decisions by the board that consists of citizens. Citizens dignity to adequate treatment and quality of care is safeguarded by being compensated if citizens that have been damaged by any treatment provided, as per the needs of citizens through following decisions by the board that consists of citizens. Additionally, citizens are given the right to access information on health services which increases transparency and empowers citizens knowledge to actively participate and voice their concerns as well as autonomy in making informed decisions. |
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| Quality and Standard Control Board which consists of citizens can punish facilities that do not comply with citizens needs for dignity, confidentiality, autonomy, quality of services and prompt attention to services. |
### Section 59
Beneficiary, who has not been facilitated by a service unit in a reasonable manner or according to his or her right to public health service is entitled to file a request with NHSO to conduct an investigation. If the investigation indicates wrongdoing QSB must take action: issue a letter of warning to the service unit to treat the complainant appropriately and properly in accordance with his or her rights and benefits, facilitate or observe the right of the complainant; issue a letter ordering the service unit to refund the surplus fee or the inapplicable fee to the complainant.

Citizens are able to file complaints for investigation of health facilities that do not meet citizen needs.

### Section 60
If wrongful act is committed by a service unit QSB may revoke the registration of such service unit; notify the governing Minister to undertake the disciplinary procedures, notify relevant agencies for the purpose of investigating the health professional who is responsible for the commission of the wrongful act or proceeding with other disciplinary procedures.

N/A

### Social Security Act

#### Section 7.
“Social Security Committee” must consist of five representatives of employers and five representatives of employees appointed by the Minister, as members. **SSA 2015 Amendment Section 7:** “Social Security Committee” must consist of seven representatives of employers and seven representatives of insured persons appointed by the Minister as members. The representatives of employers and the representatives of insured persons under paragraph one shall be selected from an election, taking into account actual participation by the employers and insured persons, male and female proportions and effective participation by disabled and disadvantaged persons.

Citizens represented in the Social Security Committee empowers citizens to influence committee decisions on regulations and finances of SHI

N/A
| Section 9 | The Committee has the powers and duties including submit opinions on policy and implementation of social security, issuance of Royal Decrees, Ministerial Regulations and other regulations, issue regulations in regard to receipts, payment and safekeeping of the Fund, and productive investment of the Fund; to review balance sheet and statement of the receipts and expenditures of the Fund and annual report on the performance of the Office, provide consultations and advices to other Committee or the Office. | N/A |
| --- | --- | --- |
| Section 13 | The resolution of the committee meetings shall be made by a majority of votes. Each member shall have one vote. | N/A |
| Section 59 | The Secretary – General shall publish in the Government Gazette the area of coverage and the names of hospitals at which an insured person is entitled to receive medical services. An insured person shall receive medical services at the hospital or places in such locality, except if no hospitals exist in the locality or if the insured person has justifiable reason that he or she is unable to receive medical services at the hospital or places prescribed. | Citizens have the right know options for service units and their choice of facility. |
| Section 63 | Benefits for non-occupational injury or sickness includes medical examination expense; (2) medical treatment expense; (3) lodging, meals and treatment expenses in hospital; (4) medicine and medical supplied expenses; (5) cost of ambulance or transportation for patient; (6) other necessary expenses. | Citizens dignity to adequate treatment and quality of care is safe guarded by being compensated if citizens that have been damaged by any treatment provided. |
| Section 85 | The employer, the insured person or other person who is dissatisfied with the order of the Secretary-General or of the competent official under this Act except the order under section 50, shall be entitled to lodge an appeal in writing to the Appeal Committee within thirty days from the date of receiving such order | Citizens to file complaints for investigation if dissatisfied. |
Royal Decree on Medical Benefits of Civil Servants

**Section 8** Government officers and dependents have the right to receive health services and treatment in: (1) Government hospitals; (2) Private hospitals under the regulation of the Ministry of Finance for in-patient services; (3) Private hospitals for possible emergency cases; (4) Private hospitals in cases where government hospital transfers the patient to the private hospital.

N/A

Beneficiaries have the right of **Choice** of healthcare facility and **prompt attention** to access facilities that are most convinent in cases where there may be emergencies or other necessary health situations may arise.

**Section 13** In cases where a medical facility does not provide access to necessary equipment, diagnostic and treatment tools needed, the beneficiaries can access other facilities, given consent by the health provider, and be reimbursed according to criteria, method, and rate defined by Ministry of Finance.

N/A

Beneficiary’s right to **quality** of care is protected by ensuring they have access to the necessary treatment in cases where the facility of choice cannot provide them.

**Section 16** Government officers performing duties in other countries can reimburse their healthcare costs for themselves and their dependents as indicated by the regulation of Ministry of Finance.

N/A

Beneficiaries working or studying abroad are ensured **prompt attention** to health services abroad, and reimbursed from the Comptroller General's Department.

**Section 17** Government officers, training or on temporary official duties in foreign countries have the rights to receive medical care according to the criteria and rate indicated by Ministry of Finance.

N/A
