



Learnings from the financing system of Thailand - Towards comprehensive primary health care

Background

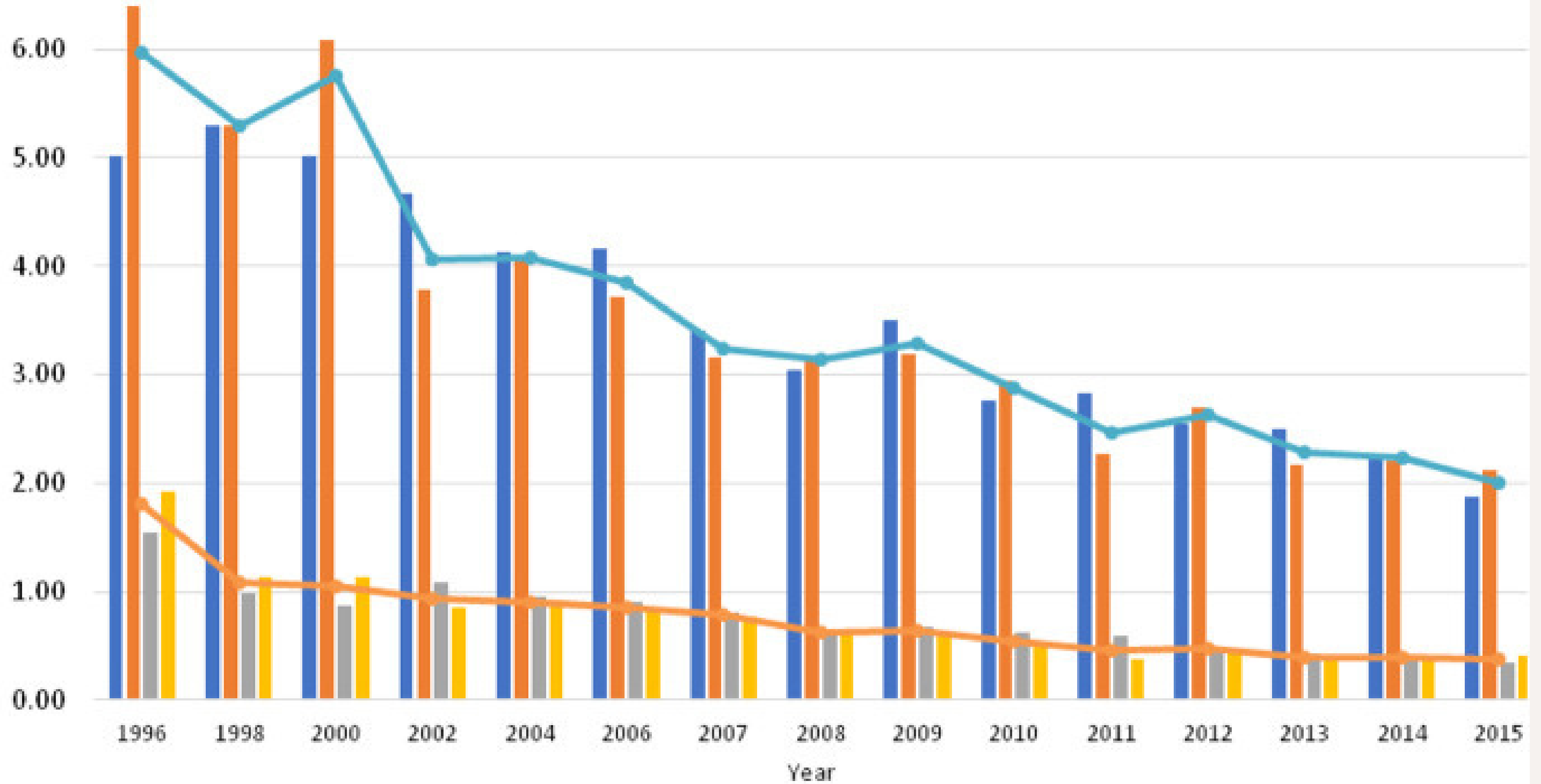
- GDP per capita is 8120 in PPP and 4150 in dollars.
- Total Health Expenditure (THE) as proportion of GDP is 4.5% and of this 76% is the total public health expenditure (about 3.42%).
- Public health expenditure is about 11% of its annual budget.

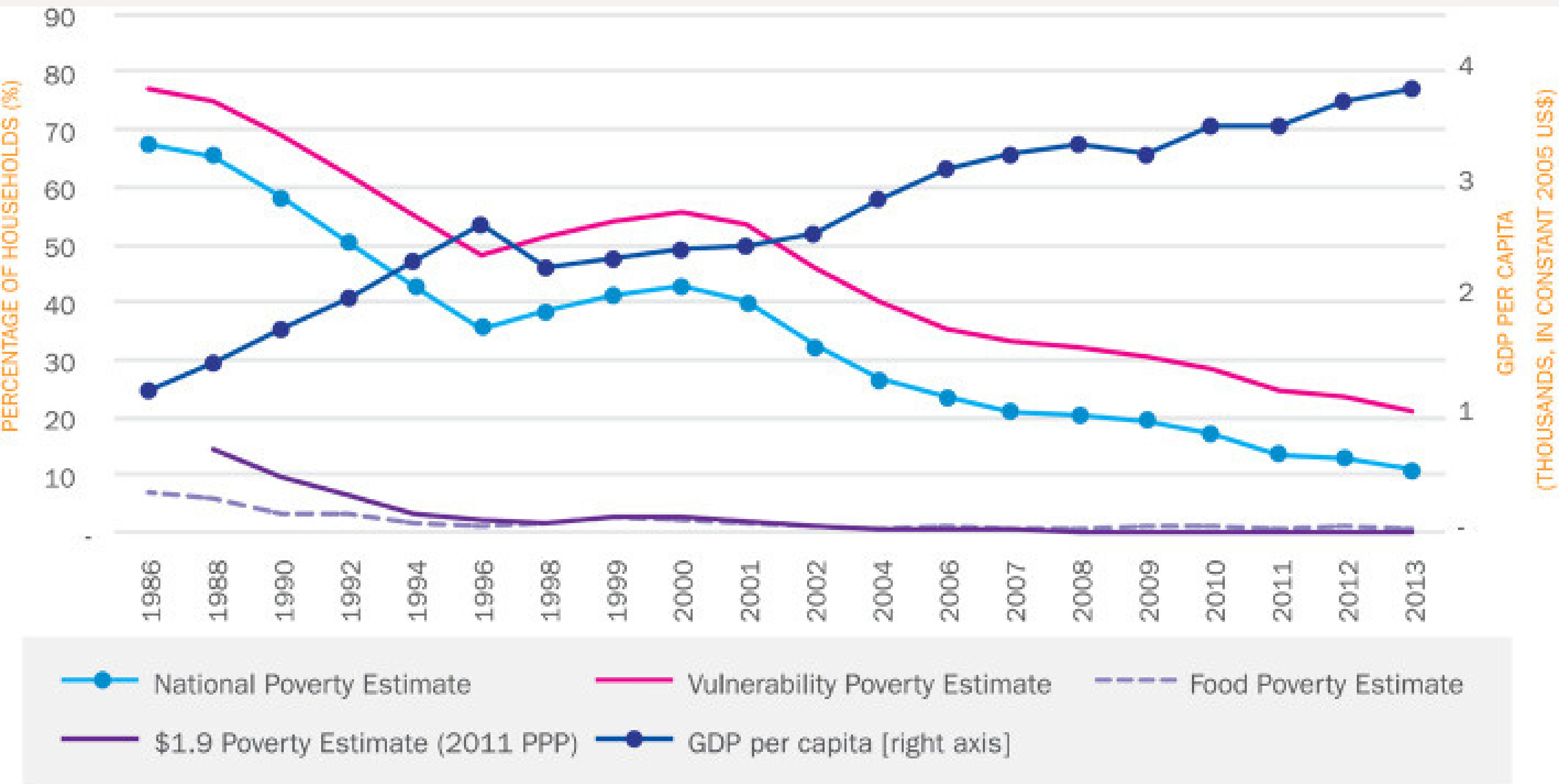
CSMBS: 15,000 baht per capita (7% pop);

SSS: 3,500 baht per capita (20% pop);

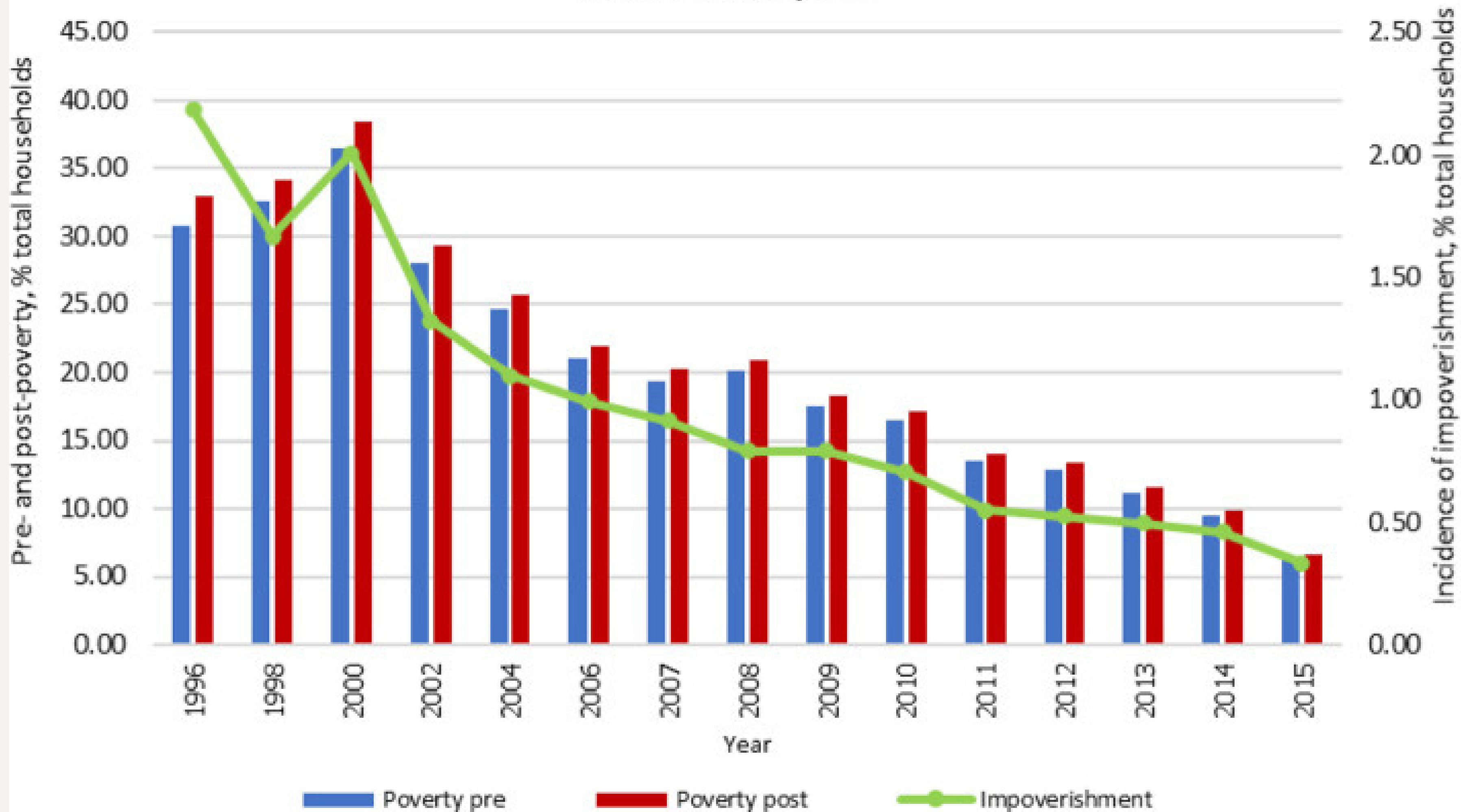
UCS: 3,500 baht per capital (73% pop)

Incidence of catastrophic health expenditure, % of households





National Poverty Line



REFLECTIONS FROM THE FIELD

Health financing is political

- Consistent political commitment to free healthcare.
- Influence of civil society, and trade unions while limiting private sector representation.

Revenue Collection

- Progressive taxes
- Non-reliance on external funding
- General taxes as the main source of revenue (except SSS).

REFLECTIONS FROM THE FIELD

Payment aspects

- No premium and co-payments on the point of care.
- No maximum limit of financial coverage under the schemes.
- Comprehensive list of services provided, and not a selective list of services; investment in prevention, early diagnosis, and treatment allows for cost containment.
- Capitation for outpatient care, DRG (as against case by case basis) under in-patient care is used (closed-end provider payment); reduces profit-motive (in the private sector) and allows for cost containment.

- Use of HTA at national and regional levels to slowly include interventions cost-effectively (taking QALY into account) and weighing for aging.
- Budget impact assessments: need-based, predicting expenditure based on utilization while relating it to the state's fiscal capacity.
- Well-paid manpower (progressively increasing payment adjusting for labor inflation) ensures better retention of workers in the public health system and decentralized recruitment processes.
- Low reliance on the import of medicines, utilizing the capacity of the public sector: cost-efficient.
- Massive geographical coverage: 9800 centres (HPH) at sub-district level, 780 District Hospitals and 116 provincial hospitals- allows for a strong base of primary healthcare, community health funds (prevents cost escalations to secondary and tertiary levels).

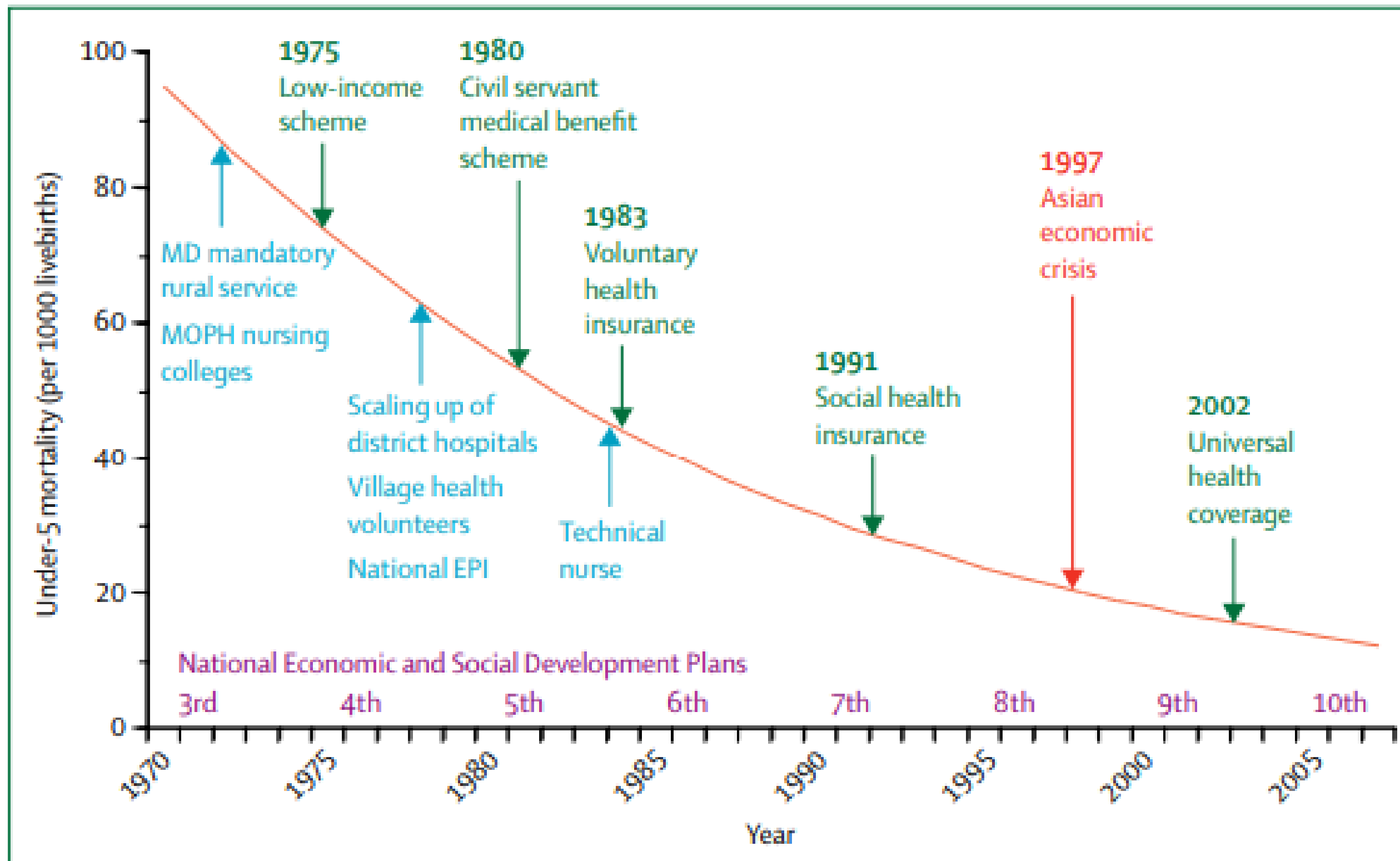
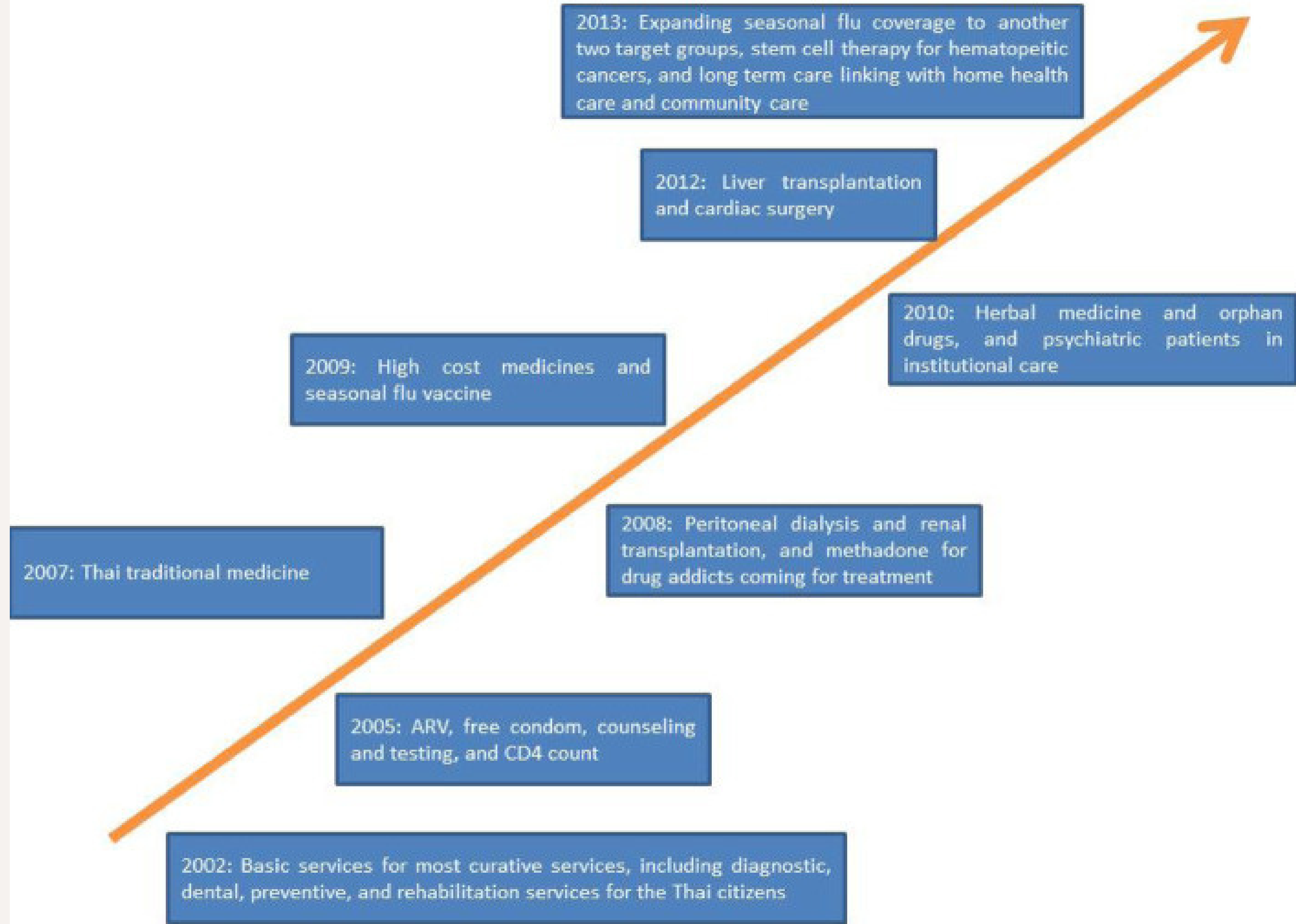


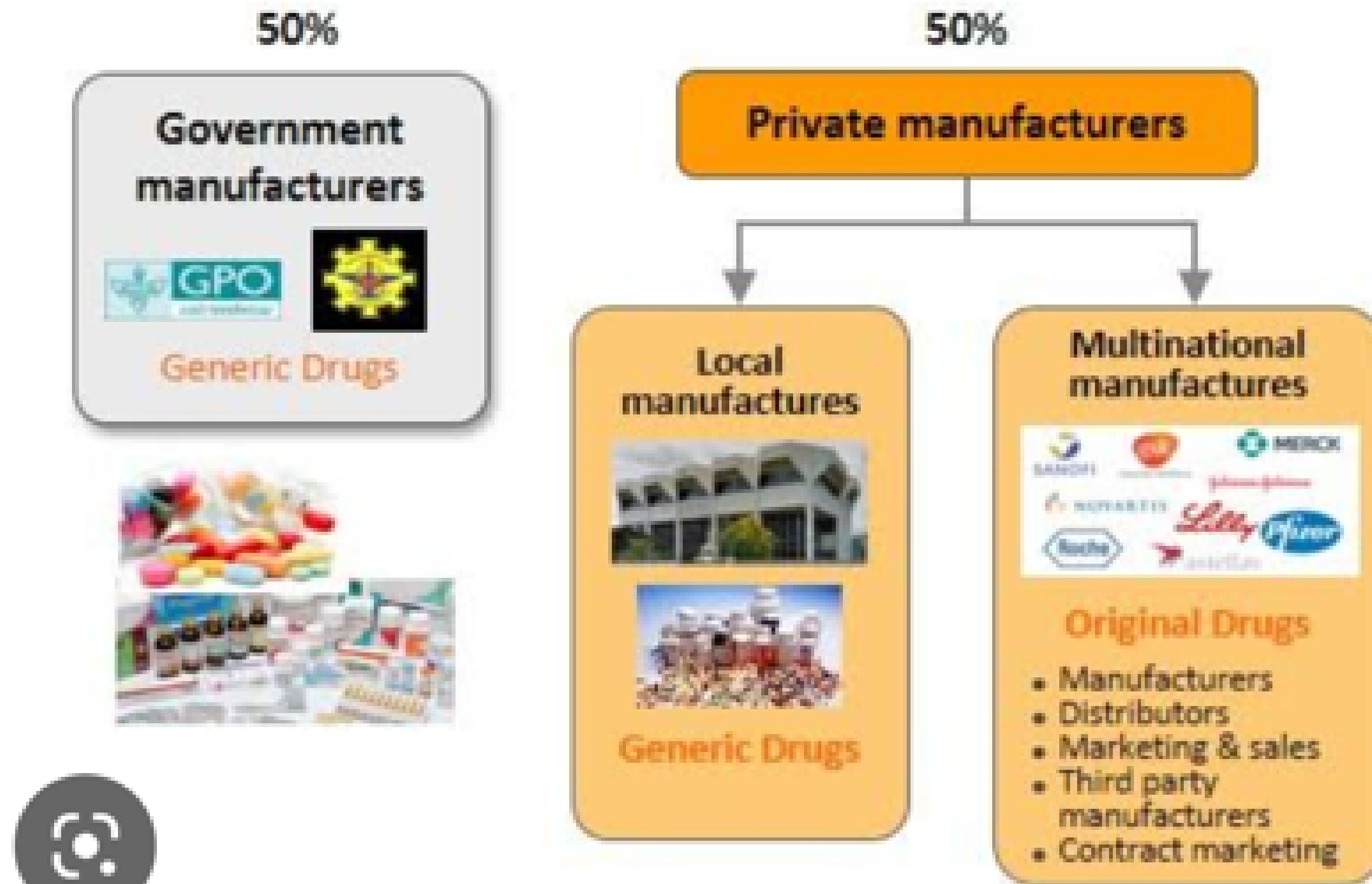
Figure 3: Health system development in delivery and health workforce and financial protection, 1970–2010, and trend in under-5 mortality reduction

Under-5 mortality was analysed from Institute of Health Metrics and Evaluation data. MOPH=Ministry of Public Health. MD=medical doctor. EPI=Expanded Programme of Immunisation. Adapted from Patcharanarumol et al (2011),²³ by permission of The London School of Hygiene & Tropical Medicine.



Historical evolution of the extension scope of the UCS benefits package

Figure 3: Pharmaceuticals Manufacturers in Thailand



Source: Government Pharmaceutical Organization (GPO)



THANK YOU

REFERENCES

Financial risk protection of Thailand's universal health coverage: results from series of national household surveys between 1996 and 2015
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