THAILAND

FIND
Because diagnosis matters

HEALTHCARE PROFILE

HEALTHCARE STATUS

POPULATION (2017)

69M

LIFE EXPECTANCY AT BIRTH (2016)

75

AVG IN EAST ASIA & PACIFIC & IN THAILAND

TOP 3 CAUSES OF DEATH (2012)

19% CANCER

12% HEART DISEASE

10% STROKE

HEALTH INSURANCE COVERAGE (2011)*

~98% OF POP.

FINANCING AND EXPENSES

TOTAL HEALTHCARE EXPENDITURE (2014)

$15.3 BN
(3.8% OF GDP)

HEALTHCARE BUDGET PER CAPITA

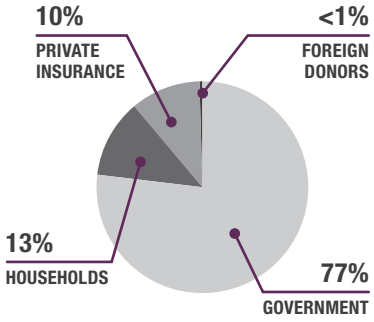
$217-225 $332

AVG IN EAST ASIA & PACIFIC**

DOMESTIC GOV. HEALTH EXPENDITURE AS % OF GOV. EXPENDITURE (2015)

16.6%

BREAKDOWN OF HEALTHCARE EXPENDITURE (2015)



INFRASTRUCTURE

UNIVERSAL HEALTH COVERAGE (UHC): SERVICE COVERAGE INDEX (2015)

75

DENSITY OF PHYSICIANS (PER 1,000 POP.)

~0.5 1

THAILAND WHO RECOMM.

DENSITY OF NURSING & MIDWIFERY (PER 1,000 POP.)

~2.3 2.5

THAILAND WHO RECOMM.

NUMBER OF SPECIALIZED & GENERAL HOSPITALS

~120

NUMBER OF DISTRICT HOSPITALS

~750

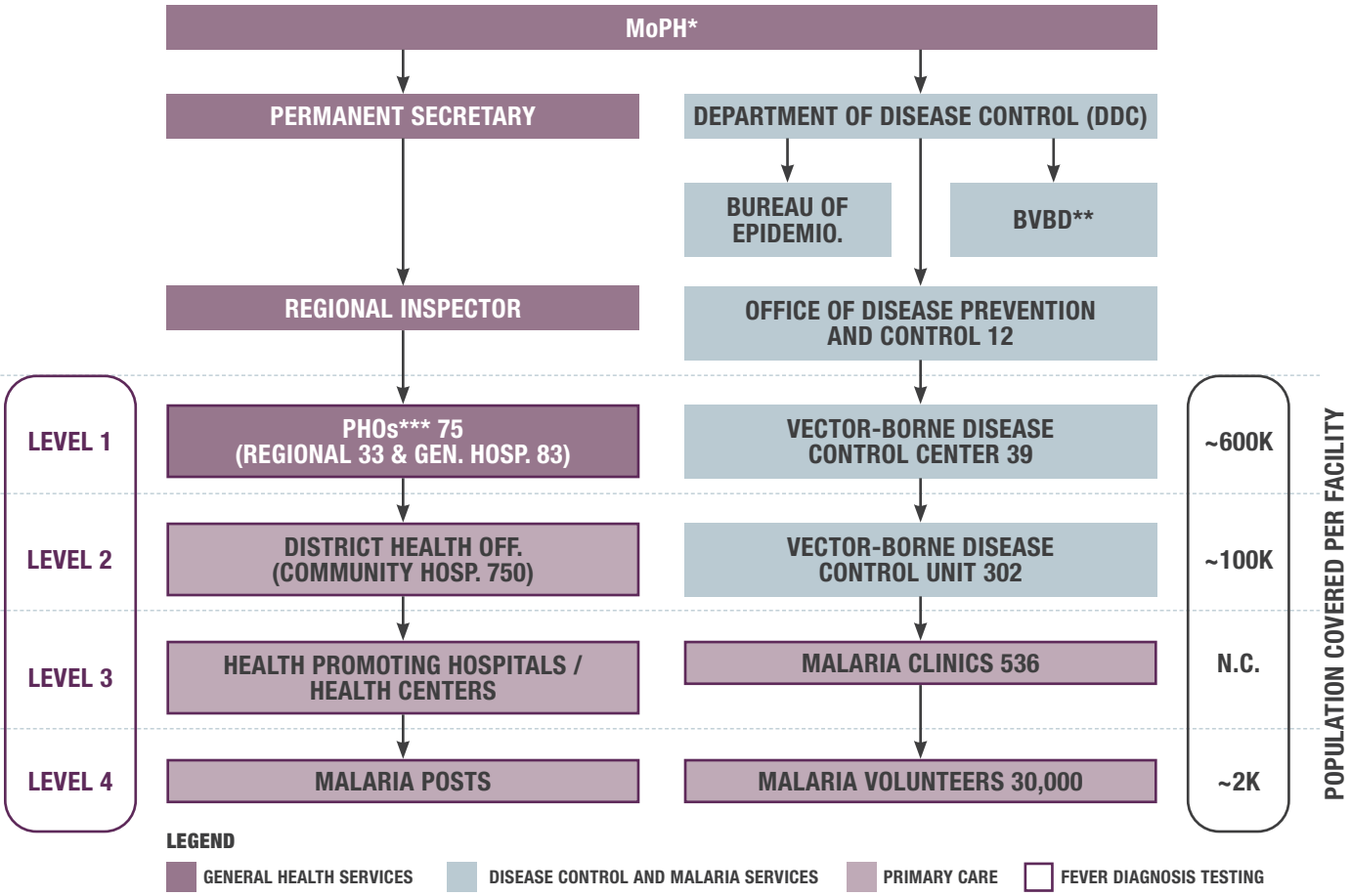
NUMBER OF HEALTH CENTERS & HEALTH POSTS

>500

Health in Thailand is strongly government-funded, with a lower healthcare budget per capita than the region average, while UHC and life expectancy are good

Notes: (*) Public and private; (**) Excluding high income countries. Sources: WHO, World Bank, Advention

PUBLIC HEALTHCARE INFRASTRUCTURE



COMMENTS

General Healthcare infrastructure:

- Thailand has a high level of health insurance and health services are dominated by the public sector (~75%)
- The public health facilities network is quite widespread and offers good quality care
- Thailand has hospitals able to deliver secondary and tertiary care

Malaria specifics:

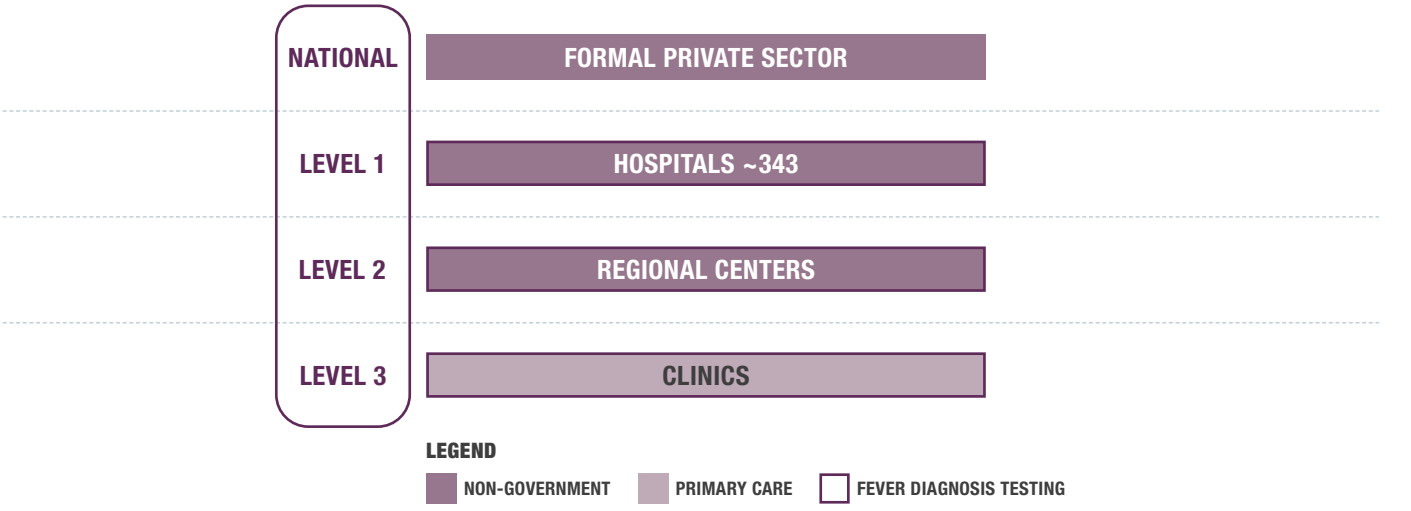
- As the malaria burden continues to decline, malaria services are progressively getting integrated within the general health system.
  - Community and health promotion hospitals are offering primary care and will transition to provide malaria diagnosis with RDTs, treatment, and refer, if necessary
  - Until now malaria clinics and malaria posts provided most of the malaria diagnostic services and treatment
- Thailand's network of vertical malaria clinics and malaria posts remains the bulwark of service delivery in endemic areas:
  - Malaria clinics are usually along the borders and equipped with microscopes, a minimal set of laboratory supplies and a well-trained microscopist and provide free of charge treatment
  - Malaria posts are operated by villagers – Malaria Post Workers (MPW) - using light microscopes or RDTs and also provide free of charge treatment
- Migrant Health Volunteers (MHV)/NGOs: have been introduced to complement the MPWs operating in villages where malaria is endemic at least 6 months per year. Some NGOs provide primary healthcare services to the 100,000 refugees along the Thai-Burma border as well as active and reactive case detection using microscopy or RDTs

The Thai healthcare infrastructure dominated by the public sector is well structured

Malaria vertical programme is getting merged with the general health system

Notes: (*) Ministry of Public Health; (**) Bureau of Vector Borne Diseases; (***) Provincial Health Offices. Sources: USAID / PMI, MoPH, Advention

PRIVATE HEALTHCARE INFRASTRUCTURE



COMMENTS

General Healthcare infrastructure:

- Private sector health expenditure represents ~20% of total healthcare expenditure (HCE) in the country
- The share of the private sector has been growing over the past years:
  - Private hospitals have benefited from government efforts to provide universal health coverage. As public local hospitals have seen sharp increases in patient numbers, patients who could afford it were more inclined to seek treatment at privately run establishments
  - The medical tourism industry is one of the key economic drivers in Thailand; it is heavily incentivized by the Thai government, notably through loosening visa restrictions. This sector is largely driven by private hospitals
- In 2015, 343 private hospitals were operating in Thailand. Around 40% of these were in the Bangkok metropolitan area and 30% in surrounding provinces
- Most private hospitals are small; 69% having fewer than 100 beds

Malaria specifics:

- Since 1995, Thailand has banned the sale of antimalarials in the private sector, a key strategy to control the unregulated use of drugs and reduce drug resistance pressure

The Thai private sector accounts for 20% of healthcare expenditure but a lower share of malaria diagnostics

Note: (*) data from 2015. Sources: MoPH, Advention

MALARIA DIAGNOSIS PROVIDERS' BUSINESS MODEL

PUBLIC HEALTHCARE FACILITIES

Thailand's UHC (Universal Health Coverage) is considered as one of the best models available for low-cost healthcare systems

- The entire population is covered by the three public health insurance schemes – civil servants and their dependents by Civil Servant Medical Benefit Scheme (CSMBS), private-sector employees by the Social Health Insurance scheme (SHI), and the rest of the population by the Universal Coverage Scheme (UCS)
- All three public insurance schemes apply a negative-list concept, in which all services are included except those defined on the negative list
- UHC covers outpatient, inpatient and accident and emergency services; dental and other high-cost care; and diagnostics, special investigations, medicines (those included in the National List of Essential Medicines) and medical supplies

The major sources of funds come from a general tax, followed by direct OOP payment, social health insurance and private insurance premiums.

Thailand instituted a purchasing provider split to reduce costs and the National Health Security Office (NHSO) act as purchaser on behalf of UCS beneficiaries.

Curative expenditure dominates total health spending (about 70% of total), of which 30% is for inpatient services and 40% for outpatient services (including drugs).

Beneficiaries are entitled to free services only from the registered provider network (public or private) plus referrals, otherwise patients pay OOP fees.

PRIVATE HEALTHCARE FACILITIES

Government policies to support the development of Thailand as a medical hub helped the private hospital market to grow. This trend should continue over the years even though private hospitals face fierce competition from neighboring countries such as Malaysia.

Middle-class consumers are increasingly buying services from private hospitals even though their services are more expensive than state hospitals.

Voluntary private insurance provides insurance coverage to the high-income earners.

Only few private facilities are registered within the UHC network

> "Universal Health Coverage does not usually include using private hospital facilities." SMIU, Thailand, Researcher

In 2011, sale of medicines and pharmaceuticals was the largest source of income of private hospitals (32.5%), followed by medical treatment (20.0%), and laboratory tests and x-rays (13.7%).

UHC is mainly financed by the general tax and entitles its beneficiaries to free services from their registered provider network (mostly public)

Sources: Asia Pacific Observatory in Health Systems and Policies, interviews, Advention

HEALTHCARE STAFF AND TRAINING

	PHYSICIANS	MICROSCOPIST	VILLAGE CHWs
GENERAL JOB DESCRIPTION	Examine in and out patients in line with standard medical procedures using various types of diagnostic mechanisms Administer and prescribe drugs based on examination, test reports and findings, and provide counselling services	Diagnose diseases through microscopy	Perform prevention and control activities
MALARIA SPECIFIC TASKS	Use IMCA and IMAI approaches to diagnose through clinical examination and microscopy confirmation for severe cases	Use iCCM approach to diagnose through microscopy	Use iCCM approach to diagnose through clinical examination and RDTs, and treat
MEDICAL TRAINING	6-11 years	<1 Year (+ External Competency Assessments)	<1 Year
RDT USE KNOWLEDGE	✓	✓	✓
BLOOD SAMPLING KNOWLEDGE	✓	✓	✓

LEGEND

✓ COMPLETE KNOWLEDGE − INCOMPLETE / PARTIAL KNOWLEDGE ✗ NO / VERY LIMITED KNOWLEDGE

With support from PMI, Thailand has been able to organize the flagship MMFO (Malaria Management Field Officer) training course for mid-level programme managers in malaria programmes from Greater Mekong Subregion (GMS) countries

- Several GMS national malaria programme managers are alumni of the MMFO training course

As the malaria burden continues to decline, the BVBD* will face many challenges, including shortages of skilled health workers and technical staff, high staff turnover, and lack of motivation among trained staff in remote and inaccessible areas

- Microscopists will require additional training and accreditation renewal work to maintain their skills

Thailand is the region's best-practice in malaria training

As the malaria burden declines, Thailand will nonetheless face training challenges in remote areas

Note: (*) Bureau of Vector Borne Diseases. Sources: PMI, Advention

ACCESS TO CARE

UNIVERSAL HEALTH COVERAGE INDEX (SOUTH EAST ASIA, UHC)*, 2015	
NO. OF HOSPITAL BEDS FOR 1K POPULATION, 2010	~2.1
NO. OF PHYSICIANS FOR 1K POPULATION, 2016	~0.5

Since 1975, health services in Thailand have been available to the poor free of charge.

Between 1982-1986, funding was reallocated to rural district hospitals and health centers, country MoH doctors and community health workers were trained, and village volunteers were recruited and trained to strengthen primary care.

By 2002, Thailand achieved universal health coverage (UHC) with public health insurance schemes covering the entire population:

- the Civil Servant Medical Benefit Scheme (CSMBS) for public sector employees and their dependents
- the Social Health Insurance (SHI) scheme for private sector employees
- the Universal Coverage Scheme (UCS) for the rest of the population

UHC in Thailand covers Thai nationals free of charge. Certain classes of documented migrants have the option to "opt in" to the insurance scheme.

ADDITIONAL COMMENTS ON ACCESS TO CARE DYNAMICS, SPECIALLY IN RELATION TO FEBRILE ILLNESSES

The healthcare facilities network is dense in Thailand

"In all major villages/small cities, there is a public clinic offering care. They are generally staffed with at least a nurse. A care-seeker should be able to find a health facility within a 10-20 Km radius, regardless of its location." S.M.R.U, Thailand, Lab technician

Malaria is close to elimination in Thailand and every clinics would probably not be equipped with mRDTs, especially in low endemicity provinces

"I think not every clinic would be equipped with mRDTs in Thailand. The disease has almost been eliminated in most provinces. I'm sure you would find mRDTs close to the borders but probably not in the center of the country, where no cases have been reported for a while." S.M.R.U, Thailand, Lab technician

Thailand had pro-poor health policies for decades; the Universal Health Coverage achieved in 2002 continues to foster this orientation

Note: (*) UHC index is made of 16 indicators such as child treatment, malaria prevention, hospital access, health worker density.
Sources: Center for Global Development, World Bank, PMI, Advention