Dynamic of Primary Health Care In Thailand

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Population (2016) : 68.147 millions
0.4 % growth rate

Rural/Urban (2015) 49.6/50.4 (%)

GDP per capita USD (2014) 5977.4

Total health expenditure 7 % of GDP (2014)
Out-of-pocket payments  8 % of total expenditure on health (2014)

Life expectancy at birth 74.6 yrs  M:F

Infant mortality rate (per 1000 live birth) 9.504 (2016)
Under 5 mortality rate (per 1000 live birth) 10 (2014)

Proportion of death of total mortality (2015) :
from NCDs 71.3  CDs 18.3  Injuries  10.4 %

Children under 5 (2016) stunted 10.5, wasted 5.4 , overweight 8.2
Proportion of **Doctors**, by agency, 1971-2009

Proportion of **Hospital**, by agency, 1973-2008

**Source:** Report on Health Resources Survey, Bureau of Policy and Strategy, MoPH.
Understanding of PHC in Thailand

Ideology of Accessibility, Efficiency and Sustainability, Broader concept of Health

Inter-sectoral Collaboration

Technocrat gr.

Appropriate technology

General public, Policy makers

Promote people participation in health service system at every level & Innovative community programs

Strengthening the grass root health services / first line Health Services and DHS

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Evolution of PHC in Thailand

Changing patterns of implementing PHC comparing to the other economic development

1970-1980
PHC as the main Policy
- Grass-root development
- PHC-workers, NEWSITEM VHV, community funds
- Restructure Health system
  - HCs, DHs at every sub-district and district
- Inter-sectoral Co-ordination
- Beyond Health sectors

1980-1990
Expansion for rural development
- Quality of Life policy
- Basic Minimum Needs (BMN)
- Decade of HCs
  - Health Reform project: finance, HSV - HSRI
  - Thai Health care Reform initiatives
  - Thai health promotion fund

1990-2000
Health system Reform
- Continued as routine programs
- Start decentralization
- Decade of HCs
  - Health Reform project: finance, HSV - HSRI
  - Thai Health care Reform initiatives
  - Thai health promotion fund

2000-2010
Implement reform programs
- VHVs, special VHV
- Local governments
- Tambon Health funds
- Launch UHC: Capitation financing
  - Registered primary care, CUP
  - National Health Bill. Health in all policies

2010-2018
Pluralistic Actors, PCs, specialization, economic growth
- Overload programs flow through VHVs as assistance to health workers
- Reprogram of primary care as Primary care cluster, THPH
- Initiate DHS, District Quality of life dev.
- Actors beyond health sectors still limit
New Mechanisms for policy process with people participation by the NHA, implemented by the National Health Commission Office

National Health Assembly (NHA): A Combination of Hard Power and Soft Power
Thai Health Promotion Foundation

- Founded in 2001 by Thai Health Promotion Foundation Act 2001
- Acts as a catalyst or lubricant, not the main fuel. “filling the systematic gaps”
- 2% Surcharge Excise Tax (Tobacco & Alcohol)
- Revenue: Approx. 120 million USD/year
Pace of special care growth faster than primary care and community hospitals

Number of Beds by type of Hospital

Ratio of population per hospital bed, by regions, 1979 - 2013

Ratio of population per 1 health center, by region, 1996 - 2013
Collective Public Health Technocrat Leaders, inspired of PHC ideology and principles atmosphere of working of the seniors with younger generations as critical mass.

Non-governmental Health Actors, volunteers, civil society and various forms of mechanism beside MOPH to support people participation in health.

Financial health scheme, protect the poor, proceed to UHC.

Extensive geographical coverage of functioning comprehensive first line health services support PHC implementation including support VHVs continuously.

Rural recruitment, hometown placement, financial, non-financial incentives improve the availability of health workers in underserved areas, strengthen primary health care.

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PHC Thailand: Gaps & weaknesses

**Centralized Government**

Bureaucratic system not effective and efficient in chronic and complex issues

Gaps in Translation from policy to implementations

**Limited People empowerment**

to be self managed and involve in decision-making
people mainly engaged in prearranged activities based on a universally standardized

**Imbalance of the investment and growth**

for PC comparing to hospitals and specialties and excellent centres

**Imbalance of Investment**

in health promotions and prevention and curative services.
CHALLENGES

Complex social and health problems:

NCDs, Injuries, emerging communicable diseases, unwanted pregnancies, addictions.

Ageing population
Migrant population
Internal, external

Urbanized population
Globalization, new market strategy, increased consumerism

Needs for:
New ways of people participation
Adaptive public management
New public policies and processes
Improve health services to be relevant to context and more holistic
Balance of Economic growth and social development/protection
Lessons Learnt

- Strategic Approach for change complex issues: “Triangle move the mountain”
- Institutionalize the mechanism and financial support
- Capacity Building of key actors

"Triangle that Moves the Mountain” Strategy for Driving Thailand on Healthy Food

- The National Food Management Strategy
- National and Local Policies on Promoting Healthy Food
- Nutrition Association Thailand
- Institute of Nutrition
- Food and Nutrition Policy for Health Promotion (FHP)
- Fruit & Vegetable consumption Survey
- Sweet Enough Network
- Low Salt Network
- Low fat Network
- Green Markets Network
- Thailand Pesticide Alert Network
- Thai City Farm
- Jomsin City Farm
- Thai Food Promotion Network