



# 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

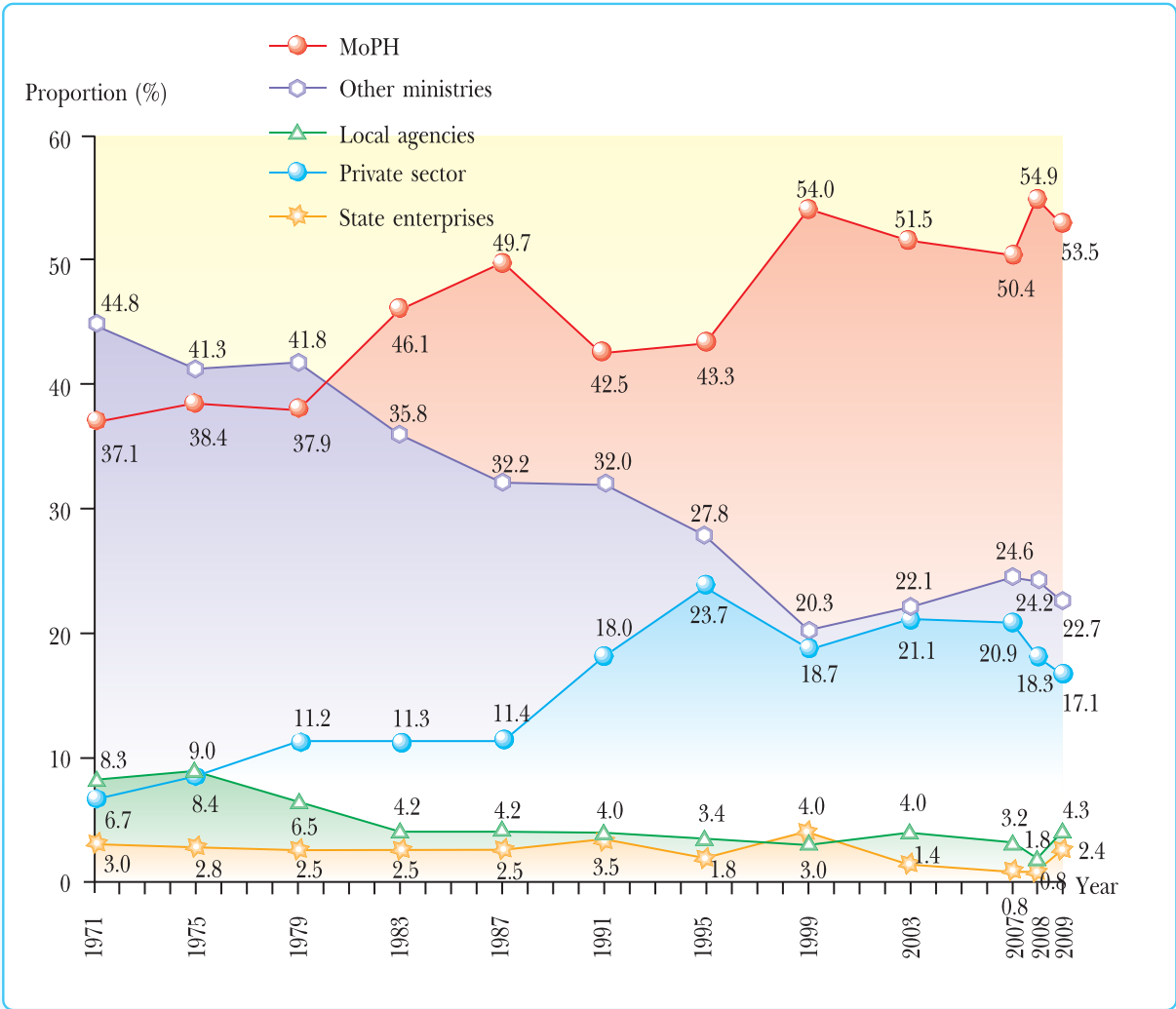
Infant mortality rate (per 1000 live birth) 9.504 (2016)

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 %

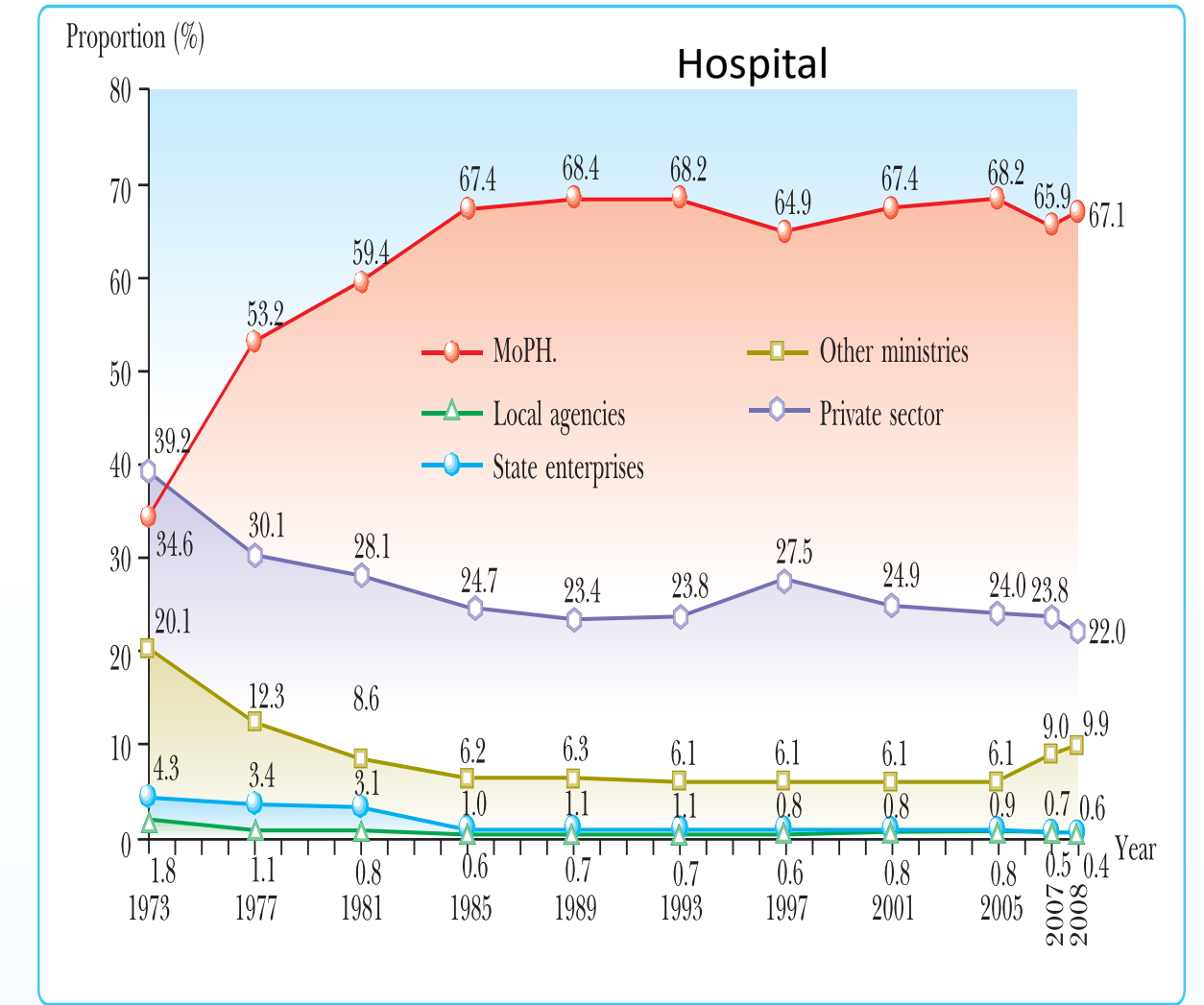
Children under 5 (2016) stunted 10.5, wasted 5.4 , overweight 8.2

# Proportion of **Doctors**, by agency, 1971-2009



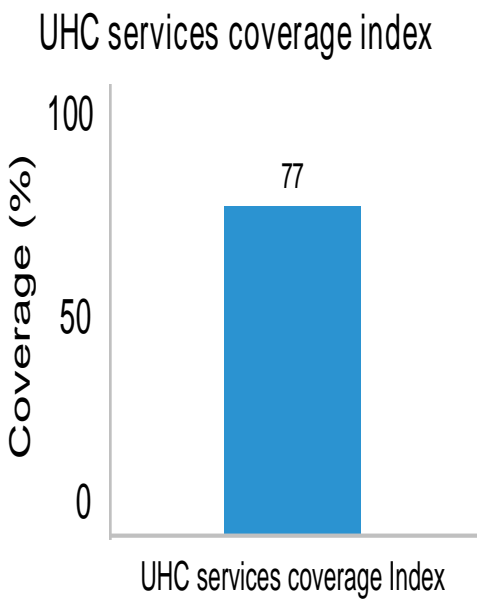
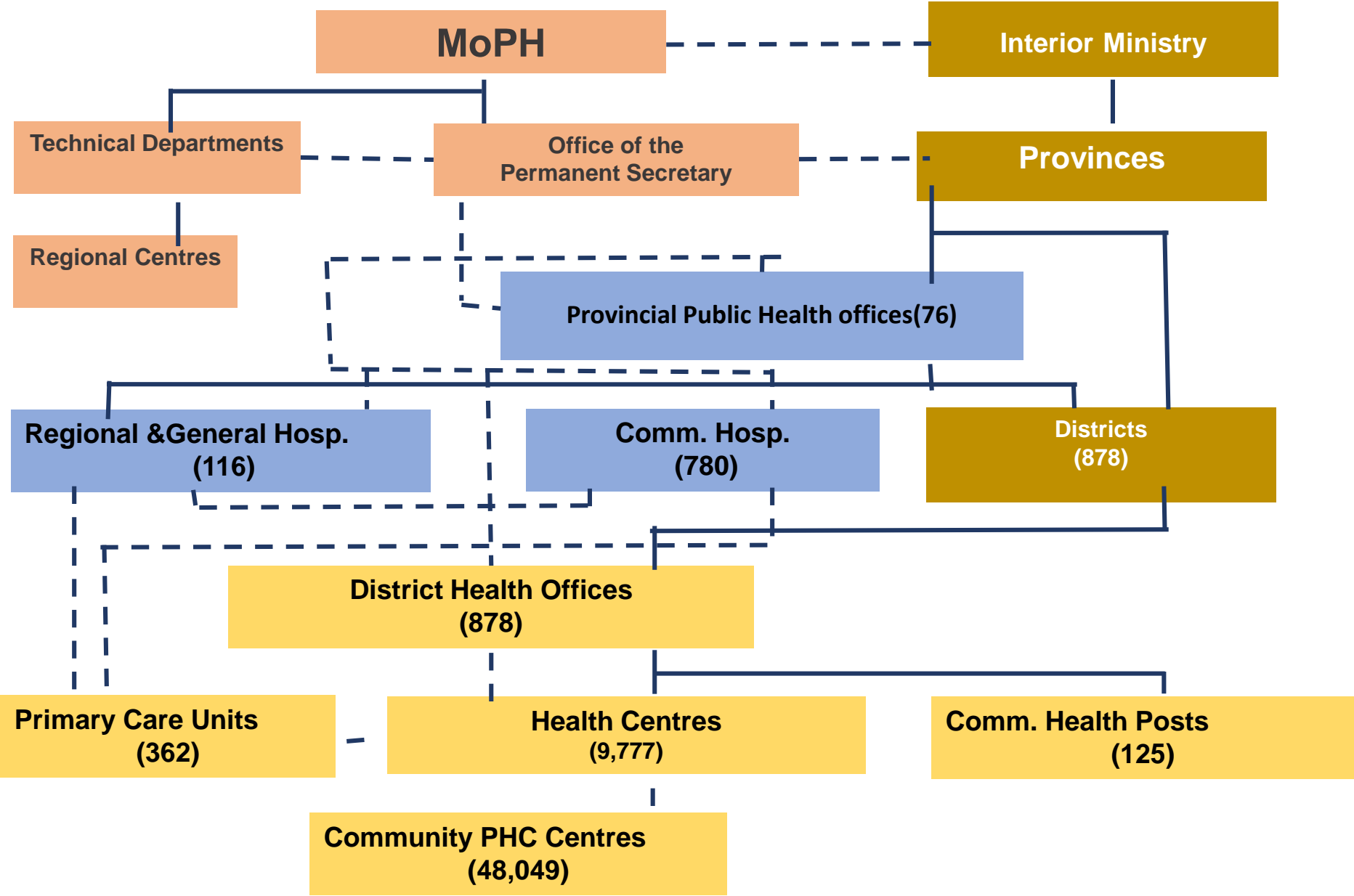
Source: Report on Health Resources Survey, Bureau of Policy and Strategy, MoPH.

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

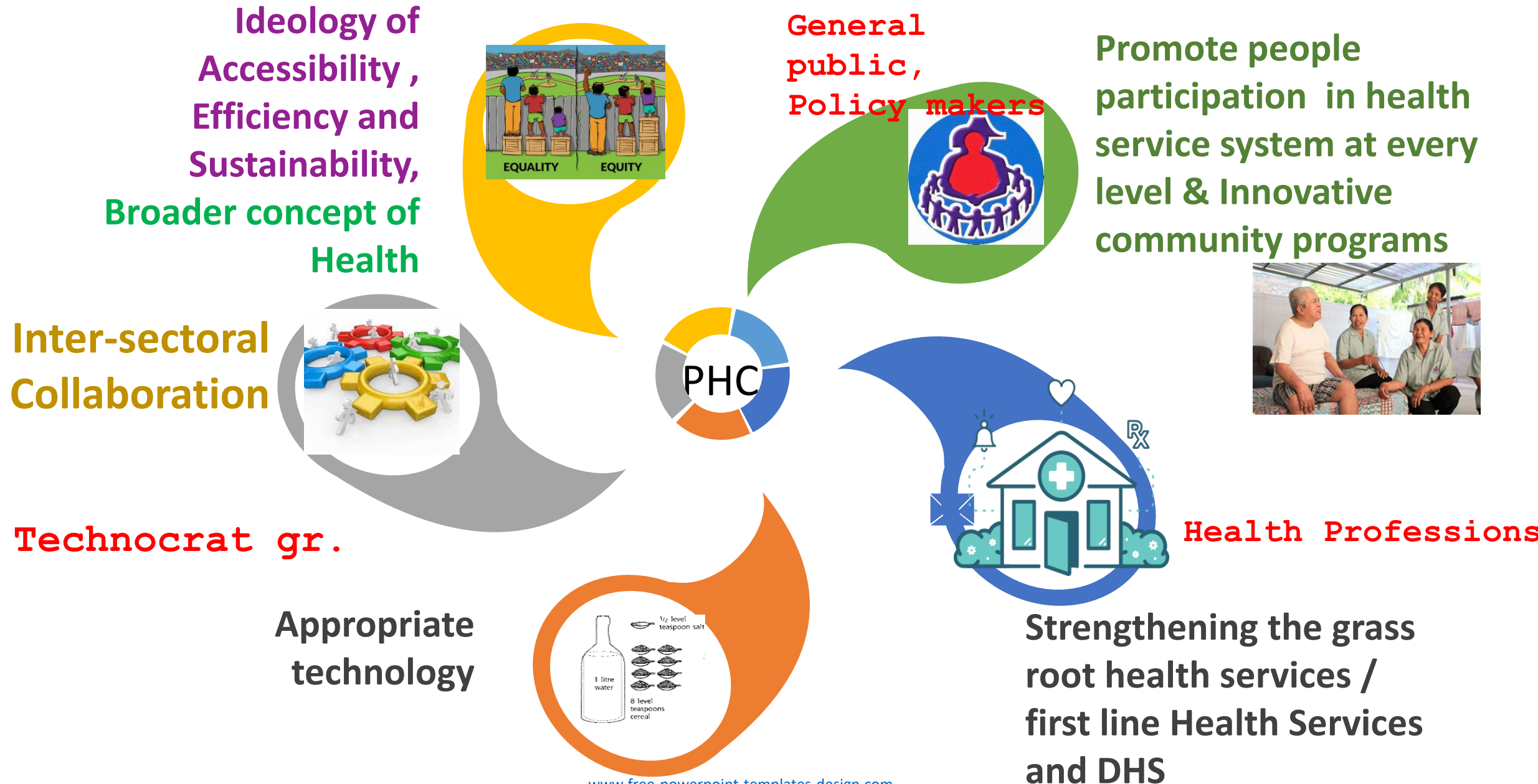


Source: Report on Health Resources, Bureau of Policy and Strategy, MoPH.

# Structure of Public Health services under the MoPH

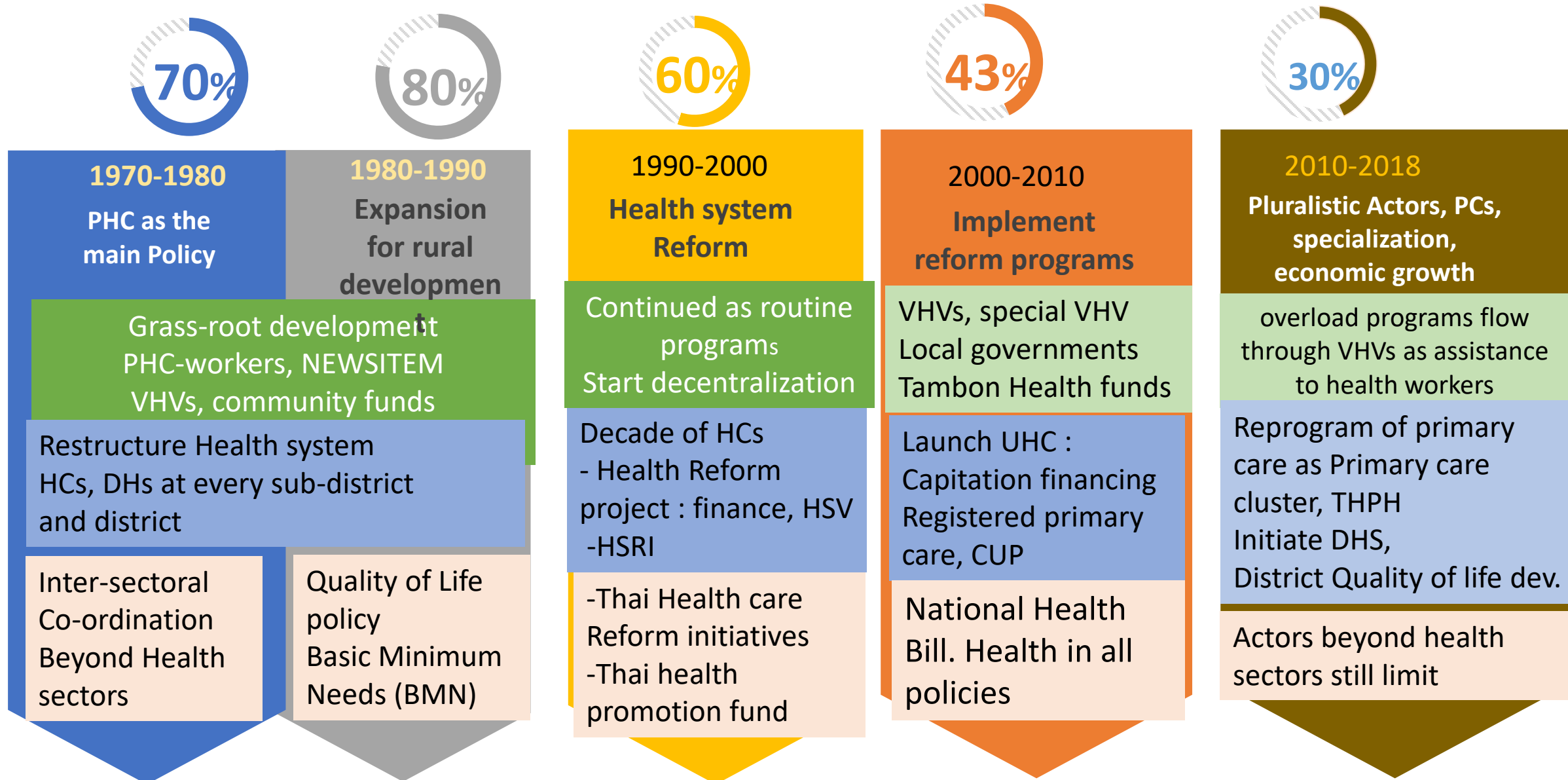


# Understanding of PHC in Thailand



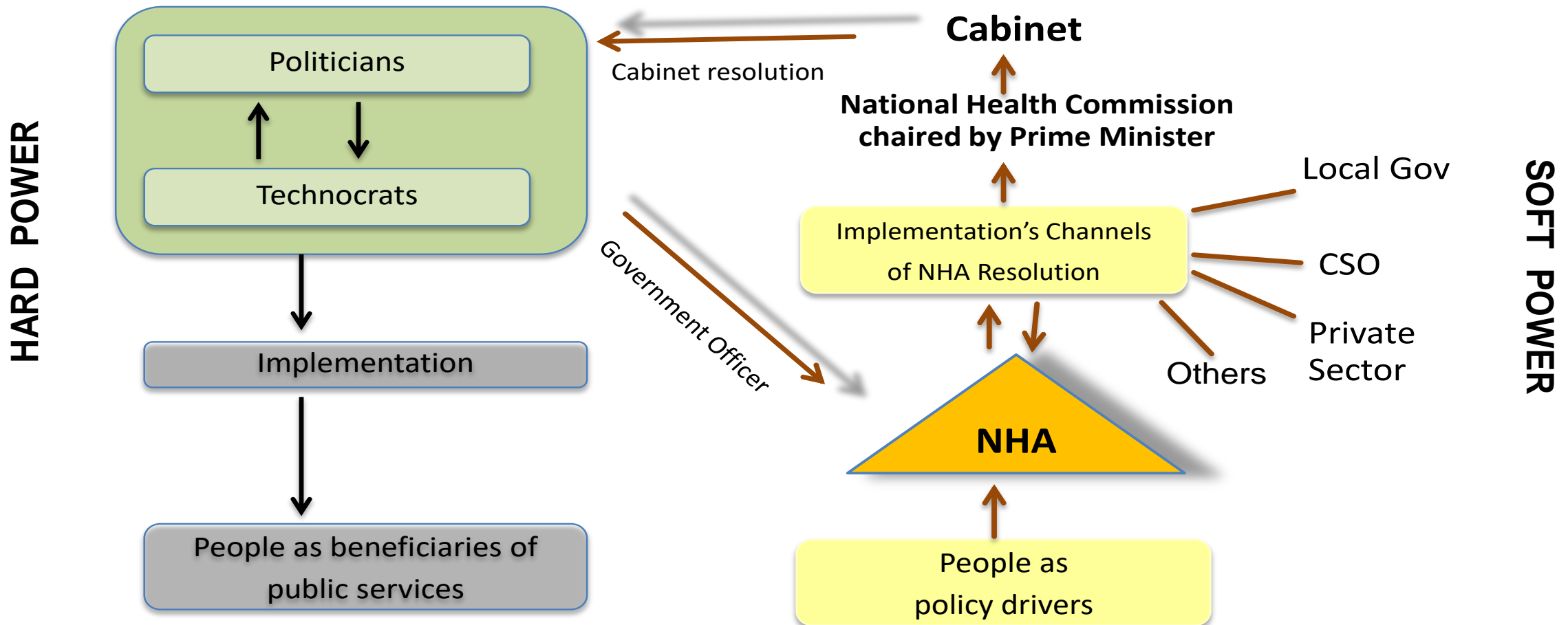
# Evolution of PHC in Thailand

Changing patterns of Implementing PHC comparing to the other economic development



# 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

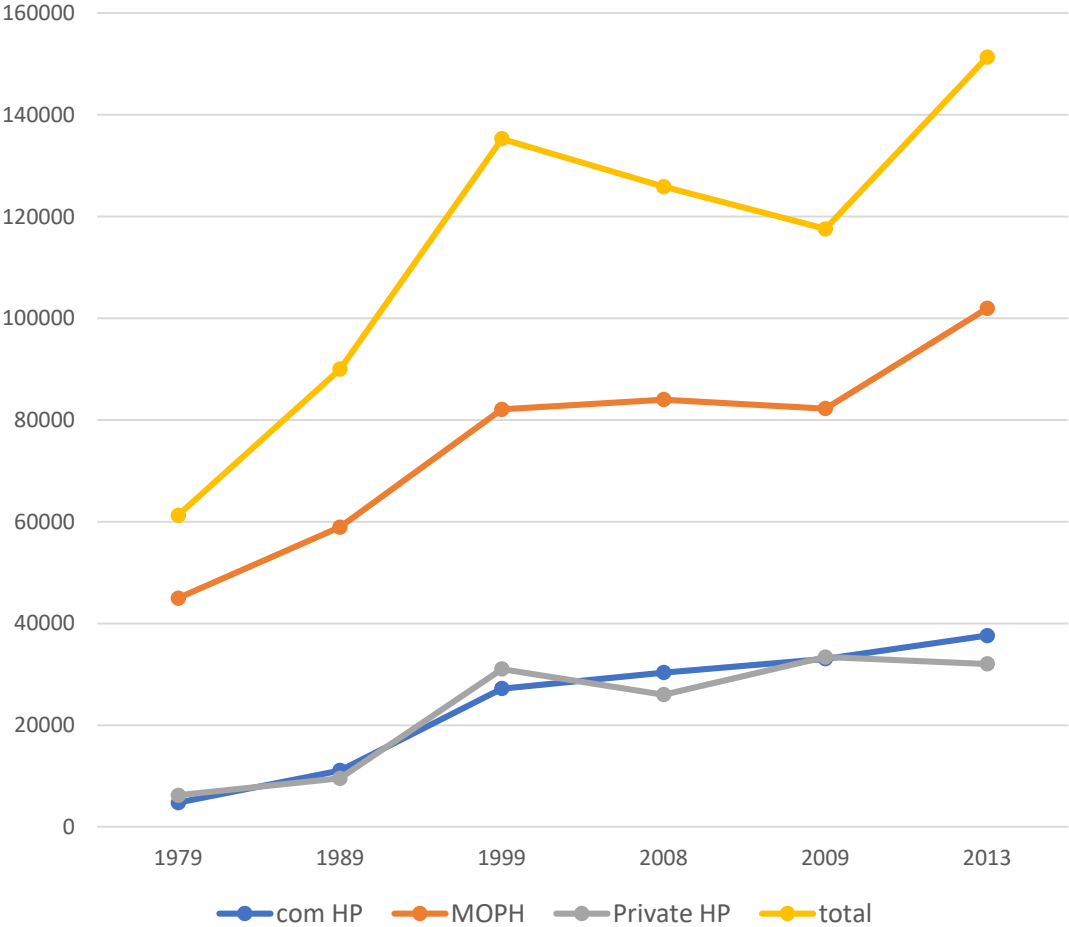
- Founded in **2001** by Thai **Health Promotion Foundation Act 2001**
- Acts as a **catalyst or lubricant**, *not* the main fuel.  
**“filling the systematic gaps”**
- **2% Surcharge Excise Tax** (Tobacco & Alcohol)
- Revenue: Approx. 120 million USD/year



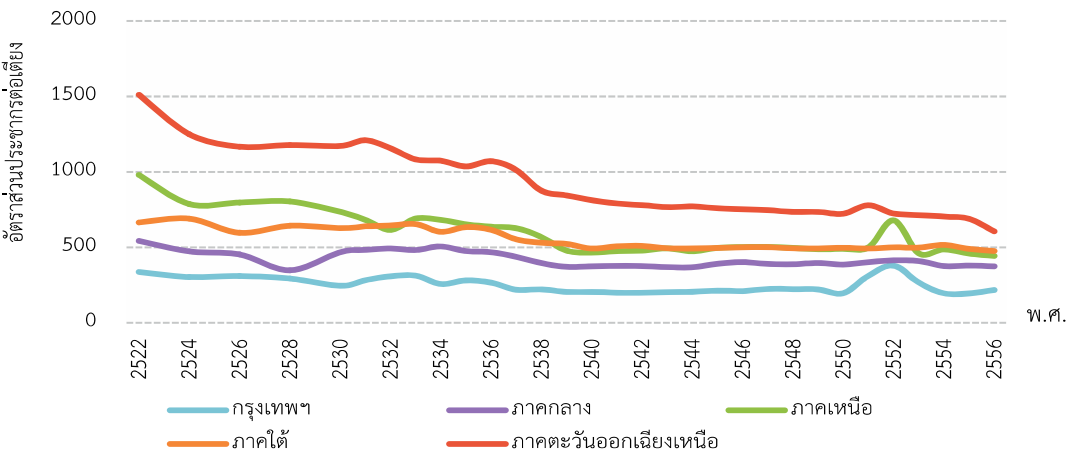


# Pace of special care growth faster than primary care and community hospitals

Number of Beds by type of Hospital

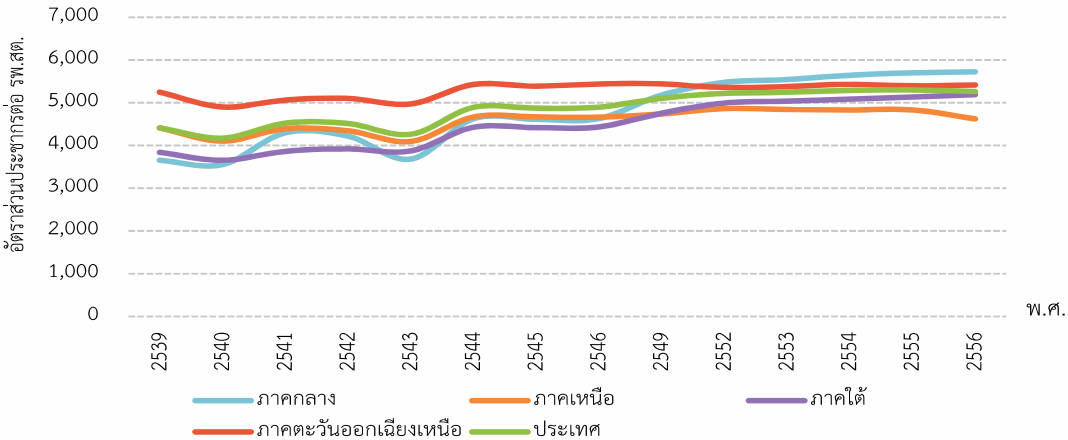


Ratio of population per hospital bed, by regions, 1979 - 2013



ที่มา: รายงานทรัพยากรสาธารณสุข สำนักนโยบายและยุทธศาสตร์ สำนักงานปลัดกระทรวงสาธารณสุข

Ratio of population per 1 health center, by region, 1996 - 2013



ที่มา: พ.ศ. 2522 - 2544 กองสาธารณสุขภูมิภาค สำนักงานปลัดกระทรวงสาธารณสุข  
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# PHC Thailand : Strengths

## **Collective Public Health Technocrat Leaders,**

inspired of PHC ideology and principles

atmosphere of working of the seniors with younger generations as critical mass d.



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



Financial health scheme, protect the poor, proceed to UHC

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

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

# 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 main 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.



**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



## Ageing population

Migrant population  
Internal, external



## Urbanized population

Globalization, new market strategy,  
Increased consumerism



# 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

