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)

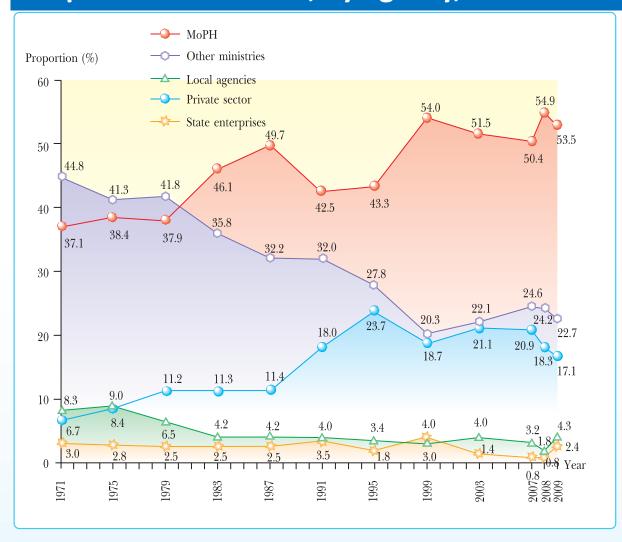
Life expectancy at birth 74.6 yrs M:F

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 %

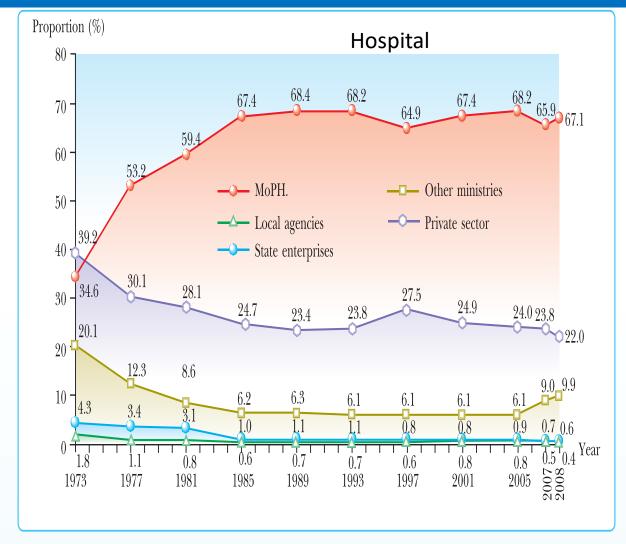
Children under 5 (2016) stunted 10.5, wasted 5.4, overweight 8.2

Proportion of Doctors, by agency, 1971-2009



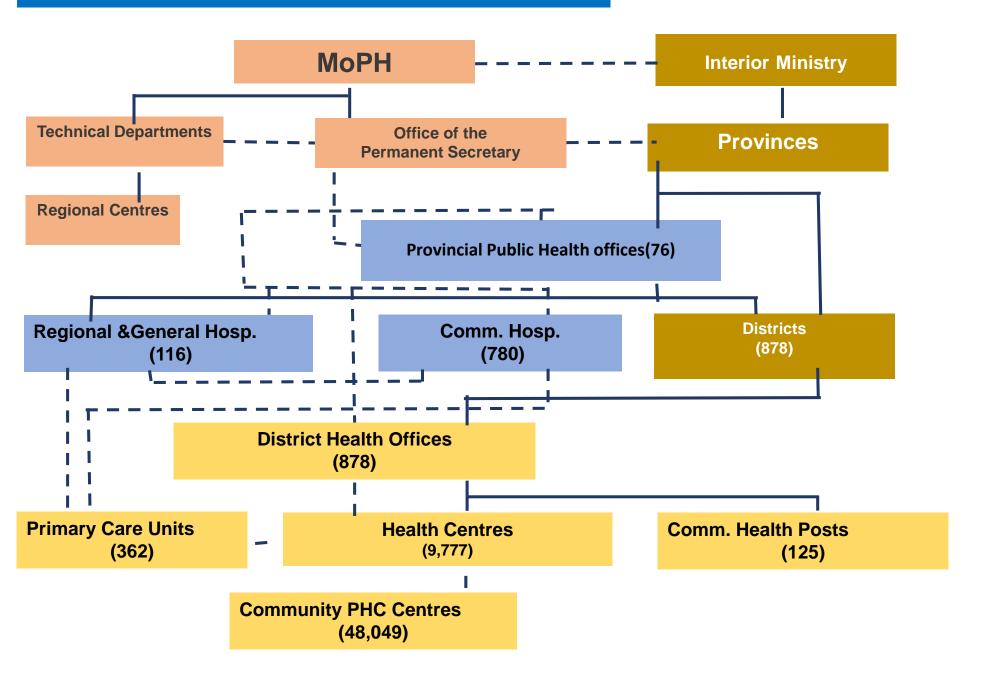
Source: Report on Health Resources Survey, Bureau of Policy and Strategy, MoPH.

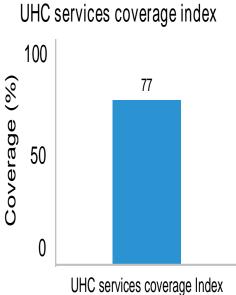
Proportion of Hospital, by agency, 1973-2008



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

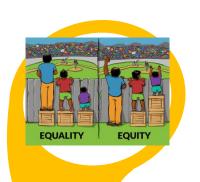
Structure of Public Health services under the MoPH





Understanding of PHC in Thailand

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



General public, Policy makers

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

Inter-sectoral **Collaboration**

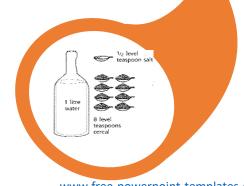






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Health Professions

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

Evolution of PHC in Thailand

ssppj

Changing patterns of Implementing PHC comparing to the other economic development





1970-1980

PHC as the main Policy

1980-1990

Expansion for rural developmen

Grass-root development PHC-workers, NEWSITEM VHVs, community funds

Restructure Health system HCs, DHs at every sub-district and district

Inter-sectoral Co-ordination Beyond Health sectors Quality of Life policy Basic Minimum Needs (BMN)



1990-2000

Health system
Reform

Continued as routine programs
Start decentralization

Decade of HCs

- Health Reformproject : 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

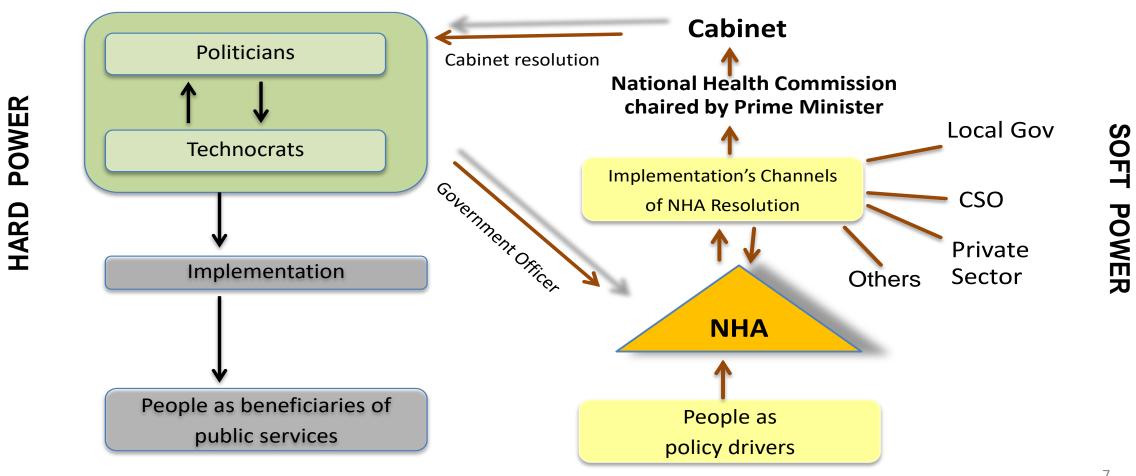
Pluralistic Actors, PCs, specialization, economic growth

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

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





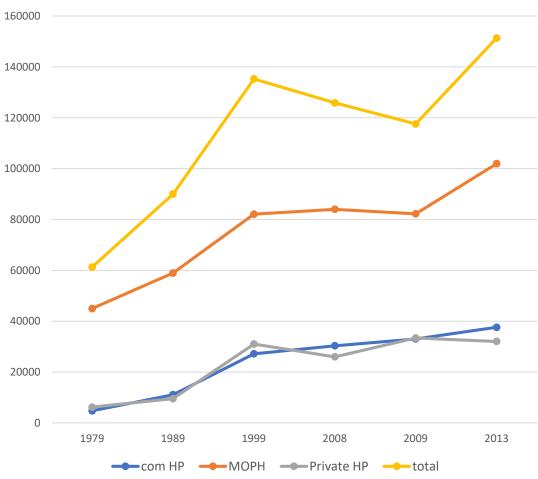
Thai Health Promotion Foundation

- 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

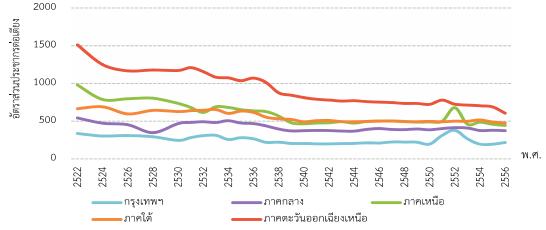


Pace of special care growth faster than primary care and community hospitals



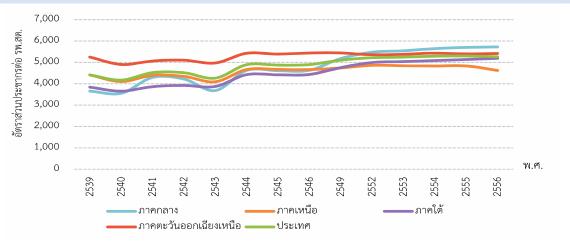


Ratio of population per hospital bed, by regions, 1979 - 2013



ที่มา: รายงานทรัพยากรสาธารณสุข สำนักนโยบายและยุทธศาสตร์ สำนักงานปลัดกระทรวงสาธารณสุข

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



ที่มา: พ.ศ. 2522 - 2544 กองสาธารณสุขภูมิภาค สำนักงานปลัดกระทรวงสาธารณสุข พ.ศ. 2546 - 2549 สำนักบริหารกลาง สำนักงานปลัดกระทรวงสาธารณสข

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PHC Thailand: Strengths



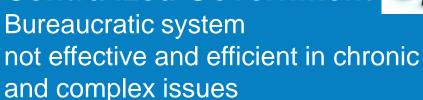
Non-governmental Health Actors, volunteers, civil society and various forms of mechanism beside MOPH to support people participation in health Financial health scheme, protect the poor, proceed to UHC

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

Rural recruitment, 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



Gaps in Translation from policy to implementations

Imbalance of the investment and growth for PC comparing to hospitals and specialties and excellent centres

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

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 Foood

- The National Food Management Strategy
- National and Local Policies on Promoting Healthy Food







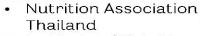












Institute of Nutrition



 Fruit & Vegetable consumption Survey



Healthy Food Plan









- Low Salt Network
- Low fat Network
- Green Markets Network
- Thailand Pesticide Alert Network
- Thai City Farm





เด็กไทยไม่ก็นหวาน

