

# Designing a reproductive health services package in the universal health insurance scheme in Thailand: match and mismatch of need, demand and supply

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In October 2001 Thailand introduced universal healthcare coverage (UC) financed by general tax revenue. This paper aims to assess the design and content of the UC benefit package, focusing on the part of the package concerned with sexual and reproductive health (SRH). The economic concept of need, demand and supply in the process of developing the SRH package was applied to the analysis.

The analysis indicated that SRH constitutes a major part of the package, including the control of communicable and non-communicable diseases, the promotion and maintenance of reproductive health, and early detection and management of reproductive health problems. In addition, the authors identified seven areas within three overlapping spheres; namely need, demand and supply. The burden of disease on reproductive conditions was used as a proxy indicator of health needs in the population; the findings of a study of private obstetric practice in public hospitals as a proxy of patients' demands; and the SRH services offered in the UC package as a proxy of general healthcare supply.

The authors recommend that in order to ensure that healthcare needs match consumer demand, the inclusion of SRH services not currently offered in the package (e.g. treatment of HIV infection, abortion services) should be considered, if additional resources can be made available. Where health needs exist but consumers do not express demand, and the appropriate SRH services would provide external benefits to society (e.g. the programme for prevention of sexual and gender-related violence), policymakers are encouraged to expand and offer these services. Efforts should be made to create consumer awareness and stimulate demand.

Research can play an important role in identifying the services in which supply matches demand but does not necessarily reflect the health needs of the population (e.g. unnecessary investigations and prescriptions). Where only demand or supply exists (e.g. breast cosmetic procedures and unproven effective interventions), these SRH services should be excluded from the package and left to private financing and providers, the government playing a regulatory role.

**Key words:** sexual and reproductive health services, health need and demand, universal coverage, health service package, healthcare rationing, Thailand

## Introduction

No country in the world can afford to provide health services to meet all the possible needs of the population. The national healthcare package is a key entry point in assuring that highest priority services are not neglected. Governments should ensure adequate access to the national health service package by providing adequate financing, either through general taxation or through social insurance contributions. Where public resources are inadequate, governments may promote more private expenditure on clinical interventions, while focusing mainly on supporting other public health interventions such as immunization or screening of disease. Governments have a responsibility to ensure that the poor are protected from having to pay for essential healthcare services (Bobadilla et al. 1994).

Defining a package of high priority health services can help

to clarify the distinction between what should be financed by government and what by private sources. Without such a clear distinction, many governments may try to finance all services, which could lead to all being poorly financed. A well-planned package of services enables governments to concentrate on financing priority services only, leaving the rest to the private sector.

The service package can also help to identify and coordinate the required technical, administrative and educational resources. At the same time, this approach can help to improve the use of specialized resources at a higher level of care, through screening patients at lower levels and ensuring proper referrals are made.

The 1993 World Development Report (World Bank 1993) recommends applying two basic criteria to the design of an essential national package of health services; one, the size of