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## Universal Coverage and Its Impact on Reproductive Health Services in Thailand

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**Abstract** Thailand has recently introduced universal health care coverage for 45 million of its people, financed by general tax revenue. A capitation contract model was adopted to purchase ambulatory and hospital care, and preventive care and promotion, including reproductive health services, from public and private service providers. This paper describes the health financing system prior to universal coverage, and the extent to which Thailand has achieved reproductive health objectives prior to this reform. It then analyses the potential impact of universal coverage on reproductive health services. Whether there are positive or negative effects on reproductive health services will depend on the interaction between three key aspects: awareness of entitlement on the part of intended beneficiaries of services, the response of health care providers to capitation, and the capacity of purchasers to monitor and enforce contracts. In rural areas, the district public health system is the sole service provider and the contractual relationship requires trust and positive engagement with purchasers. We recommend an evidence-based approach to fine-tune the reproductive health services benefits package under universal coverage, as well as improved institutional capacity for purchasers and the active participation of civil society and other partners to empower beneficiaries. © 2002 Reproductive Health Matters. Published by Elsevier Science Ltd. All rights reserved.

**Keywords:** health sector reform; public health insurance; reproductive health services; Thailand

**W**ITH the backing of strong political support, Thailand adopted universal health care coverage (UC) for the entire population in October 2001. Prior to universal coverage, a range of insurance schemes, which at least partially covered some 70% of the population, were fragmented, inefficient and inequitable, and left 30% of the population without any coverage at all [1].

For more than 15 years, reproductive health services have been fully integrated into the national health system, with the Department of Health (DOH) of the Ministry of Public Health (MOPH) as the programme coordinator. Sub-district health centres, district and provincial hospitals and non-MOPH and private hospitals are the major providers of a range of reproductive health services.

The negative impact of health sector reforms, especially devolution, on disease control (e.g. for tuberculosis) is well documented in several countries [2,3] and occurs when local government officials have little capacity or interest in handling public health programmes. In decentralised health systems, where local government is responsible for local health care provision, if poorer areas receive too little financial support from central government, public health programmes will deteriorate. Furthermore, local governments tend to give higher priority to curative hospital services than to preventive public health programmes [4]. Thus, in rural China, basic reproductive health services were adversely affected, especially for the poor, when local government did not adequately finance them [5].