Thai Health System: Prevention and Control of Diseases and Risk Factors

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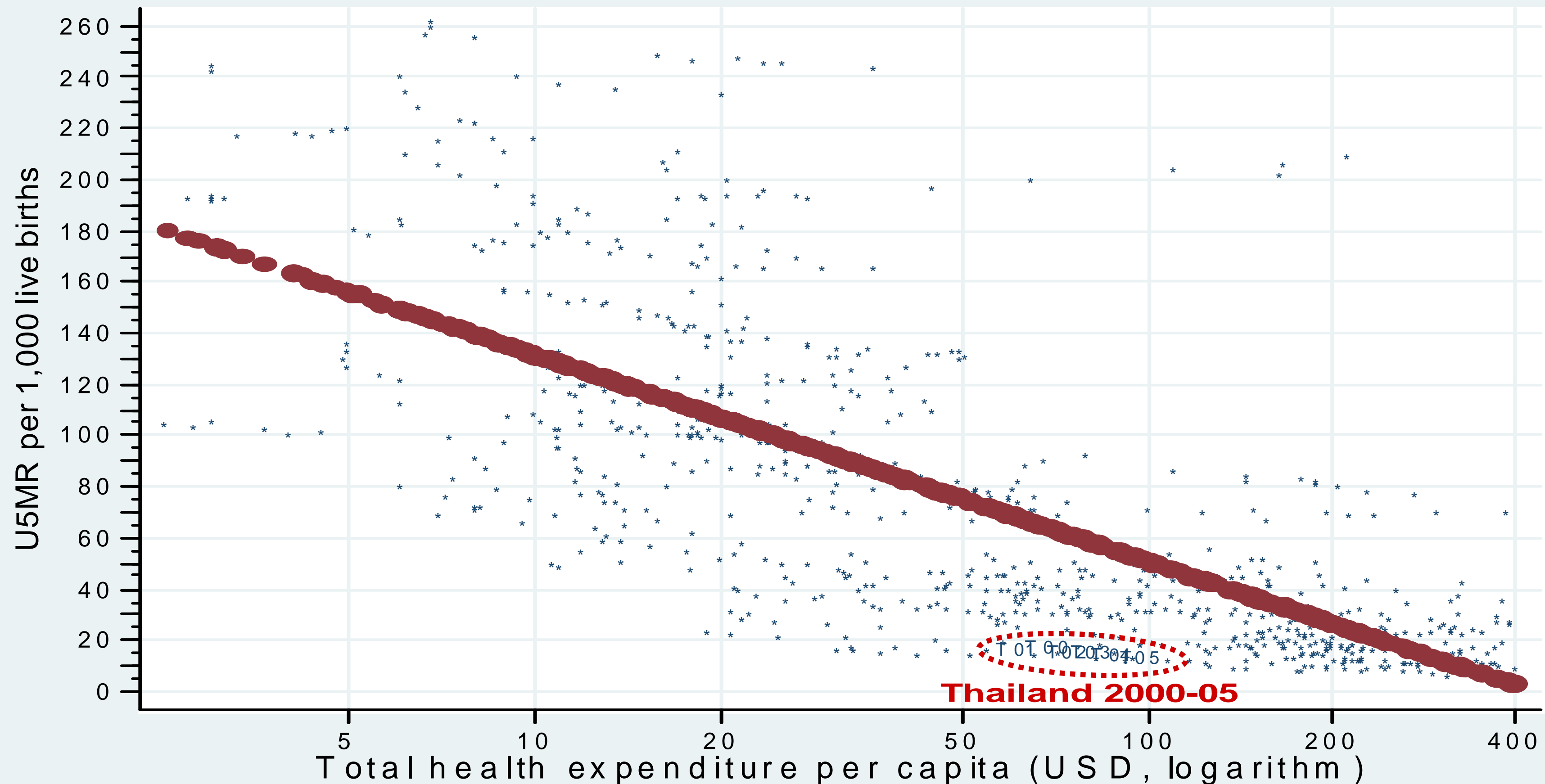
Thailand: good health at low cost



Source: Analysis of World Health Statistics

Outstanding health performance: lower *U5MR* in relation to total health spending per capita compared to international peers between 2000-2005

iHPP Thailand

Good child health outcome

- Under 5 mortality rate (U5MR)
  - The highest level of annual reduction in child mortality during 1996-2006

Rank		Annual reduction U5MR (1990–2006)	U5MR 2006	MMR 2005
1	Thailand	8·5%	8	110
2	Vietnam	7·1%	17	150
5	Indonesia	6·2%	34	410
8	Sri Lanka	5·6%	13	58
9	Nepal	5·5%	59	830
15	Laos	4·9%	75	660
16	Bangladesh	4·8%	69	570
23	Philippines	4·1%	32	230
28	China	3·9%	24	45

Note: only countries with GNI US$ ≤5,000 per capita; Births ≥ 100,000/year
Source: Rohde et al in Lancet 2008

Changing context

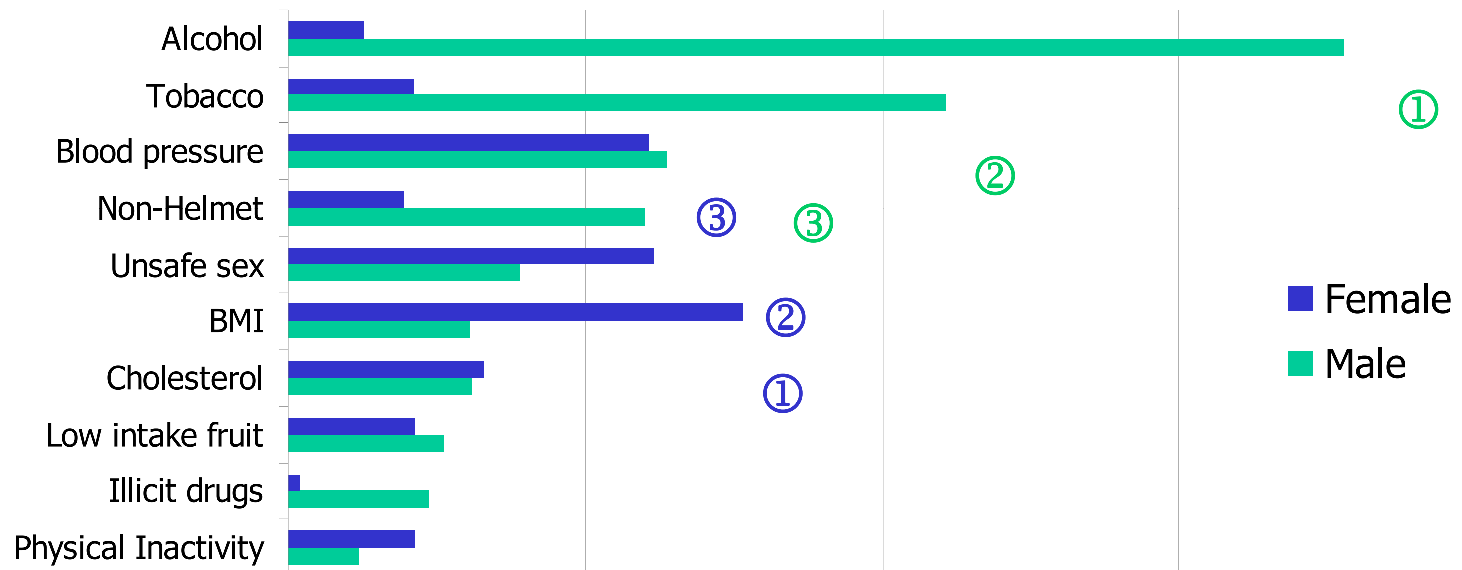
- Social and demographic change: aging, mobile people in AEC 2015 context, migration, teenage pregnancy etc
- Environmental change: climate change, higher energy requirement, pollution, natural disaster, urbanization etc
- Economic change: Trade & Health, medical tourism…
- Political and legal change: decentralization policy
- Technology change: hi-tech, social media

Thai burden of disease 2009

Diseases

	DALYs - Male	DALYs - Female
1	Alcohol dependence	Diabetes
2	Road traffic injuries	Stroke
3	Stroke	Depression
4	HIV/AIDS	Myocardial Infarction
5	Myocardial Infarction	Osteoarthritis

Risks



Source: Boontamcharoen K et al, BOD working group, 2011

NCD: rise both burden and major risks

	M	F	Total
Mortality			
NCD mortality (thousand)	161.3	143.4	304.7
% NCD to total mortality	68.6	79.4	73.3
BOD			
DALYs (million)	3.7	3.4	7.1
% NCD DALYS total	67.7	80.4	73.3
Risks behavior (%)			
Daily smoker	32.1	1.3	18.4
Physical inactivity	17.1	21.4	19.2
Alcohol Drinker	51.0	8.8	30.0
Prevalence (%)			
High blood pressure	37.0	31.6	34.2
Hyperglycemia	7.3	7.1	7.2
Overweight	25.8	36.4	31.4
Obesity	4.9	11.8	8.5
High cholesterol	54.6	56.1	55.5

Source: Health Exam Survey and Health and Welfare Survey 2008-2009

Effective coverage of Diabetes

	1991	1996	2004		2009	
	total	total	M	F	M	F
Prevalence of DM in adults	2.3	4.6	6.4	7.3	6.0	7.7
Among DM pop (%)						
• Diagnosed	42.6	48.7	65.5	49.2	56.7	77.6
• Receiving treatment	7.5	n.a.	21.4	24.2	29.3	58.7
• Controlled	n.a.	n.a.	1.9	3.7	7.9	31.8

Sources: modified from Thailand Health Profile 2012 (primary sources: 1991 and 1998 from National Health Foundation, 2004 & 2009 National Health Exam Survey)

Who is doing what?

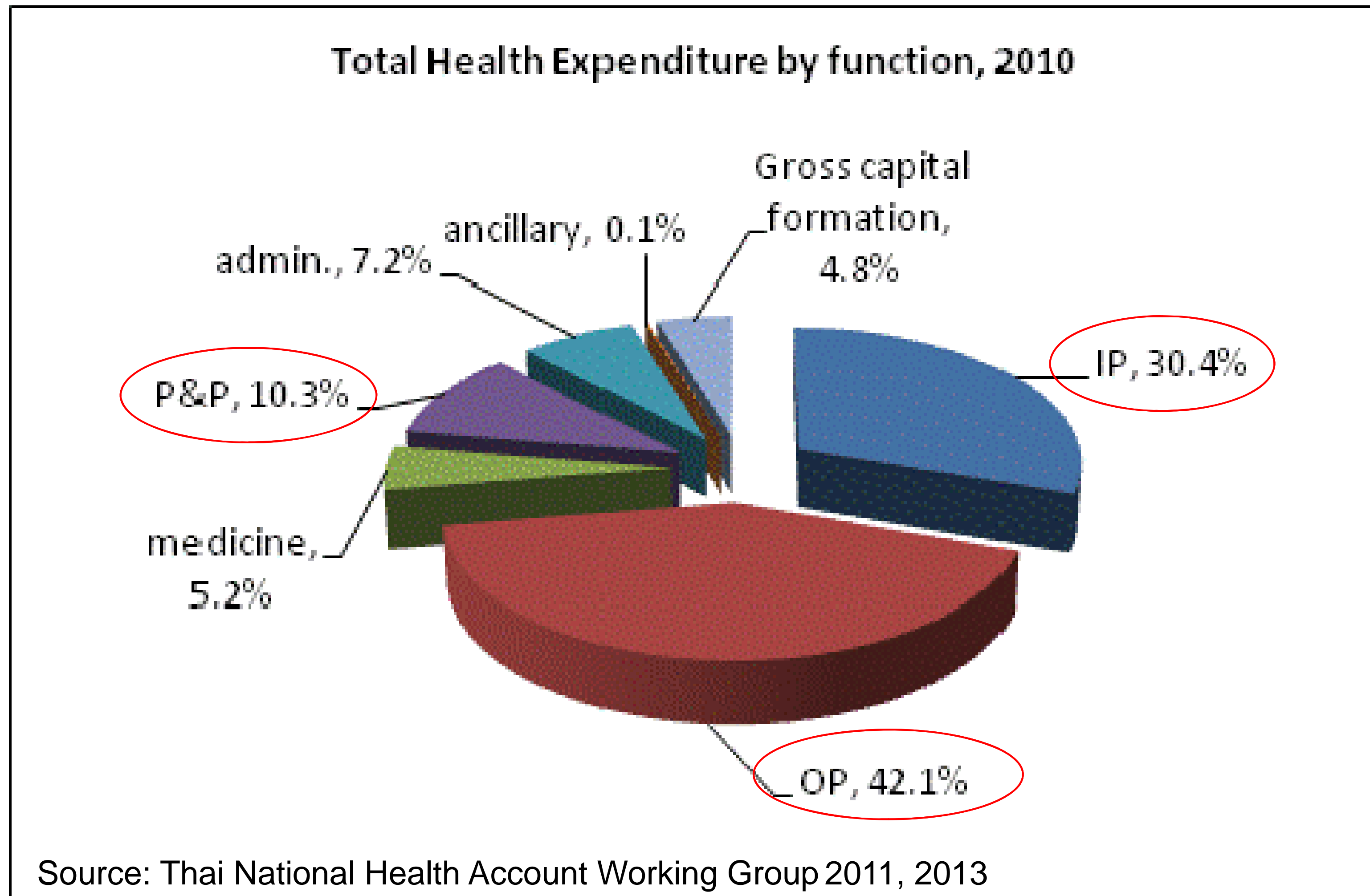
- Political commitment: Prime Minister to chair the Thailand Healthy Lifestyle Strategic Plan (2011-2020) which involved all government sectors
- Extensive geographical coverage of public primary healthcare system to delivery P&P interventions
- Financial commitment:
  - government budget for P&P interventions of the whole population through UC scheme
  - Community health fund for P&P about 1.5 USD/person

Health services of NCDs in UHC context

Interventions	Finance	Payment methods	Comments
1. Community based prevention	Sin tax (ThaiHealth Foundation) + MOPH annual budget	Grants to partners and civil society to conduct a program e.g. awareness campaign	Effectiveness of program???
2. Clinical preventive services	Tax for whole population, special "P&P" item managed by NHSO	Capitation to primary care providers, output based payment for certain services	High coverage e.g. screening but doubtful on follow up
3. Curative of NCDs	UHC under 3 schemes	UC scheme: capitation + DRG SHI: capitation CSMBS: fee for services + DRG Special payment e.g. "Stroke Fast Track" by 3 schemes	Expensive and low effective coverage

Total health expenditure, 2011

- 434,237 Million Baht, 4% of GDP, 222 USD/person or 6,777 Baht/person
- Public : private sources = 75 : 25



Source: Thai National Health Account Working Group 2011, 2013

Various innovations

- Thai Health Foundation
  - Dedicated 2% surcharge of tobacco and alcohol excise tax (USD120 million/year or 2.5% of MOPH budget), independent from annual budget political decision
  - Focus on primary P&P interventions through broad base partners, major risks e.g. alcohol, tobacco, diet
- National Health Commission – multi stakeholders:
  - Health Statue, promote multi-sector engagement through annual National Health Assembly
- Networking: NCD net, other networks
  - Cross sectoral coordinating role (academic, professionals, public, non-COI private, Business Interested NGO, BINGO, and Public Interested NGO, PINGO), whole-of-society approach

Strengths and weaknesses

Strengths

- Multiple agencies aware and responsible for P&P and control with clear roles, national strategic plan in place;
- Separated budget line 'prevention and promotion', at national and local levels

Weaknesses

- Balancing between treatment and prevention funding???
- Doubtful on "using money wisely"??? Esp effective coverage of interventions
- Neglected on investment for collective structure, system and capacity to seriously deal with Social Determinant of Health

Challenges

- To streamline the system toward more cost effective interventions
  - Tackle at behavioral risk factors with Best-buys and Good-buys interventions
  - Non-health sector interventions are important
- To strengthen the role of health care system
  - Screening, early detection and treatment for population at risks
- To promote and sustain "health in all policies" and "whole-of-government" approach, in particular to ensure coherence of trade and health policies as well as with other key stakeholders e.g. private companies, BINGO, PINGO, communities

Major challenges

1. Need to maintain Good Maternal & Child Health
2. How to achieve and maintain good ADULT health at low cost?

Cost	Adult health (esp NCD)	
	Good	Poor
Low	Good Health Low Cost	Poor Health Low Cost (unlikely)
High	Good Health High Cost	Poor Health High Cost • If lack of national policy on major contributors to adult mortality

Source: Patcharanarumol W. et al,. Why and how did Thailand achieve good health at low cost? (chapter 7). In 'Good health at low cost', LSHTM, 2011.

Thank you for your attention

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THAILAND