



5. Accessibility of Health Services

5.1 Coverage of Health Security

Thailand has been expanding health security or insurance coverage to all the people under major schemes: civil servants medical benefits (also for state enterprise employees), social security, medical services for the poor and society-supported groups, voluntary health insurance project, private health insurance, and vehicle accident victims protection. In 2001, all the schemes could cover 71.0% of the population. Since 2001, under the universal health-care policy, the coverage of health security had risen to 97.4% by 2009 (76.1% under the universal coverage scheme), leaving 2.6% without any health insurance (Table 6.18).

Table 6.18 Percentage of Thai people with health security, 1991, 1996, 2001 and 2003-2009

Health insurance scheme	Before the launch of the UC health-care scheme			After the launch of the UC health-care scheme					
	1991	1996	2001	2003	2004	2005	2006	2007	2009
1. Universal coverage health care	-	-	0.9	74.7	73.5	72.2	74.3	73.6	76.1
- Gold card with Tor (not paying 30 baht/visit)	-	-	-	} 74.7	30.6	28.1	28.6	42.8	} 76.1
- Gold card without Tor (paying 30 baht/visit)	-	-	0.9		42.9	44.1	45.7	30.9	
2. Medical welfare for the poor (Sor Por Ror)	12.7	12.6	31.5	-	-	-	-	-	-
3. Medical benefits for civil servants and state enterprise employees	15.3	10.2	8.5	8.9	9.4	9.8	8.9	9.1	7.7
- Civil servants	13.2	9.0	7.5	} 8.9	} 9.4	9.8	8.9	9.1	} 7.7
- State enterprise employees	2.1	1.2	1.0						
4. Social security and workers' compensation fund	-	5.6	7.2	9.6	10.7	11.0	11.4	12.1	12.3
5. Voluntary health insurance	4.5	16.1	22.1	1.7	0.8	1.0	0.7	1.1	0.9
- Health card, MoPH	1.4	15.3	20.8	-	-	-	-	-	-
- Private insurance	3.1	0.8	1.3	1.7	0.8	1.0	0.7	1.1	0.9
6. Others	0.9	1.0	0.8	-	-	1.1	0.7	0.5	0.4
Population with health insurance	33.5	45.5	71.0	94.9	94.3	95.1	96.0	96.3	97.4
Population without health insurance	66.5	54.5	29.0	5.1	5.7	4.9	4.0	3.7	2.6

Sources: 1. Reports on Health and Welfare Surveys, 1991, 1996, 2001, 2003, 2004, 2007 and 2009. National Statistical Office.

2. Viroj Tangcharoensathien, et al. An analysis of data from the Reports on Health and Welfare Surveys, 2003-2009. National Statistical Office.

Note: The number of insured persons with private health insurance companies in 2004 was 2.88 million, or 4.4% of total population, but some of them had coverage from more than one scheme.

In addition, it was found that, in 2009, the proportion of rural residents with universal health-care cards was higher than that for urban residents. But more urban residents had health-care coverage under the social security scheme and the medical benefits scheme for civil servants than did rural residents (Table 6.19).

Table 6.19 Percentage of people with health insurance coverage in municipal and non-municipal areas, 1991, 1996, 2001, 2003, 2004, 2006, 2007 and 2009

Health insurance coverage	Municipal areas								Non-municipal areas							
	1991	1996	2001	2003	2004	2006	2007	2009	1991	1996	2001	2003	2004	2006	2007	2009
No insurance	65	58	42	9	10.1	7.7	7.3	5.3	68	52	22	3	3.5	2.5	2.1	1.4
Civil servants and state enterprise employees	22	17	16	15	15.3	14.1	14.6	12.1	6	7	9	6	6.5	6.6	6.6	5.8
Universal health care	-	-	-	56	54.6	56.3	55.3	60.3	-	-	-	84	82.8	82.1	81.6	83.1
Social security	-	11	13	18	18.2	19.8	20.2	19.7	-	3	4	6	7.0	7.7	8.6	9.1
Medical welfare for the poor	7	5	15	-	-	-	-	-	21	16	39	-	-	-	-	-
Health card	1	6	10	-	-	-	-	-	2	20	27	-	-	-	-	-
Private health insurance	5	2	3	3	1.8	1.6	2.5	2.1	1	1	1	1	0.3	0.3	0.5	0.2
Others	1	1	1	-	-	0.6	0.2	0.5	1	1	1	-	-	0.7	0.6	0.4

Sources: 1. Reports on Health and Welfare Surveys, 1991, 1996, 2001, 2003, 2006, 2007 and 2009. National Statistical Office.

2. Viroj Tangcharoensathien et al. An analysis of data from the Reports on Health and Welfare Surveys, 2003, 2004, 2006, 2007 and 2009. National Statistical Office.

Note: The number of insured persons with private health insurance companies in 2004 was 2.88 million, or 4.4% of total population, but some of them had coverage from more than one scheme.

5.2 Rate of Health Service Utilization

The utilization of health services at hospitals (health facilities with inpatient beds) is on the rise; the rate of service utilization at hospitals (visits/person/year) rose from 1.8 in 2001 to 3.4 in 2009, the rate being highest in Bangkok (4–6 visits) and lowest in the Northeast (1.2–3 visits). That reflects the rate of access to outpatient services being highest in Bangkok (including for outpatients coming from other provinces) (Figure 6.20). Similarly, the rate of hospitalizations or inpatient service utilization also rose from 10% in 1995 to 14.7% in 2007, but dropped slightly in 2009 due to incomplete survey coverage, the rate being highest in Bangkok and lowest in the Northeast (Figure 6.21).



An analysis of the relationship between service utilization and provincial health resources reveals that the outpatient service rate is associated with the population/doctor ratio and the inpatient service rate and the population/bed ratio (Figure 6.55 and Figure 6.56). This reflects the fact that the provinces with a lot of health resources (low population/doctor and population/bed ratios) will have higher utilization rates, and confirms the influence of health resources on the chances of people's service utilization.

Table 6.20 Rate of outpatient service utilization by region, 2001–2009

Region	Utilization rate (visits/person/year)								
	2001	2002	2003	2004	2005	2006	2007	2008	2009
Bangkok	4.0	3.9	4.4	4.4	5.1	5.4	6.4	4.1	3.7
Central	2.0	2.1	2.3	2.3	2.5	2.7	2.9	3.3	4.2
North	1.6	1.6	1.7	1.8	2.0	2.0	2.1	2.2	3.1
Northeast	1.2	1.3	1.3	1.3	1.4	1.5	1.6	1.5	3.1
South	1.7	1.7	1.7	1.8	1.9	1.9	2.1	2.1	3.2
Total	1.8	1.8	1.9	2.0	2.2	2.3	2.5	2.4	3.4

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

Note: Incomplete survey coverage.

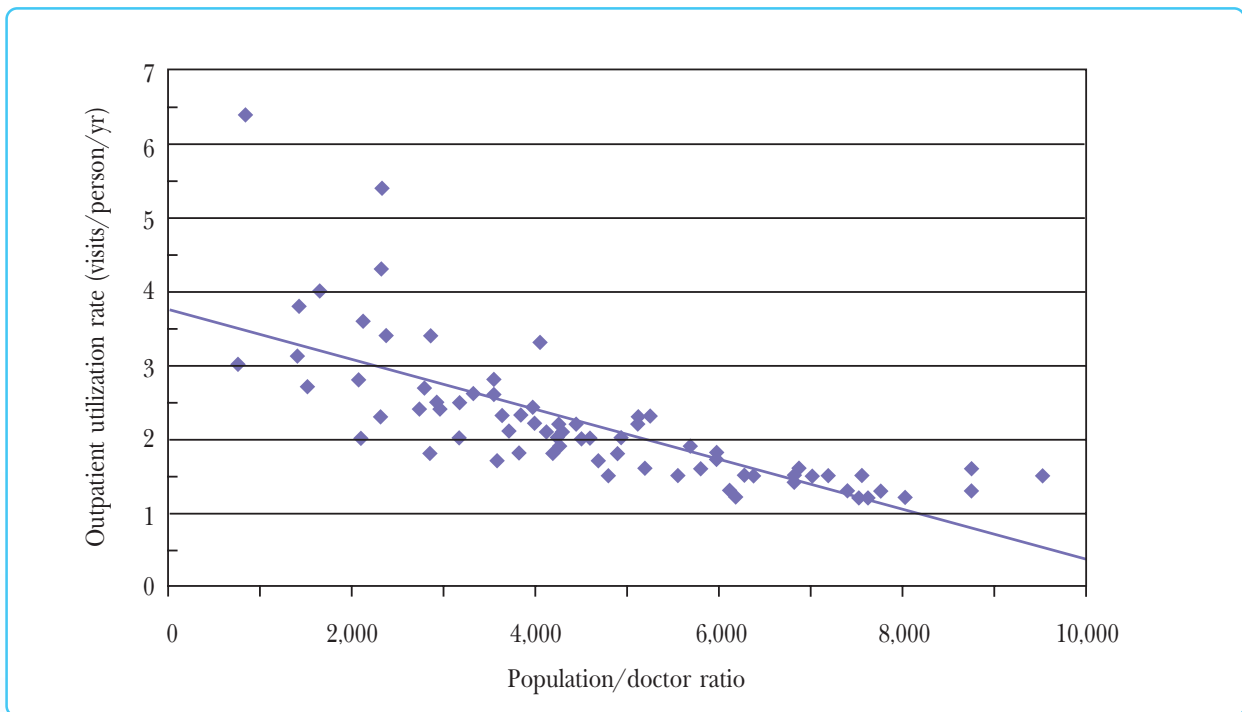
Table 6.21 Rate of inpatient service utilization by region, 1995–2009

Region	Utilization rate (visits/person/year)									
	1995	1997	1999	2001	2003	2005	2006	2007	2008	2009
Bangkok	11.6	15.5	19.9	22.3	20.3	21.7	20.1	26.2	14.4	11.0
Central	12.4	13.8	15.0	15.7	14.4	15.6	16.1	15.9	15.3	15.2
North	9.4	11.9	12.7	15.0	13.1	12.8	13.3	13.5	13.2	10.9
Northeast	8.4	11.0	10.4	10.7	10.7	10.6	10.9	11.3	11.2	11.3
South	10.7	12.3	12.0	13.9	13.5	13.8	14.6	15.0	16.6	15.7
Total	10.1	12.4	13.0	14.2	13.3	13.7	14.0	14.7	13.6	12.8

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

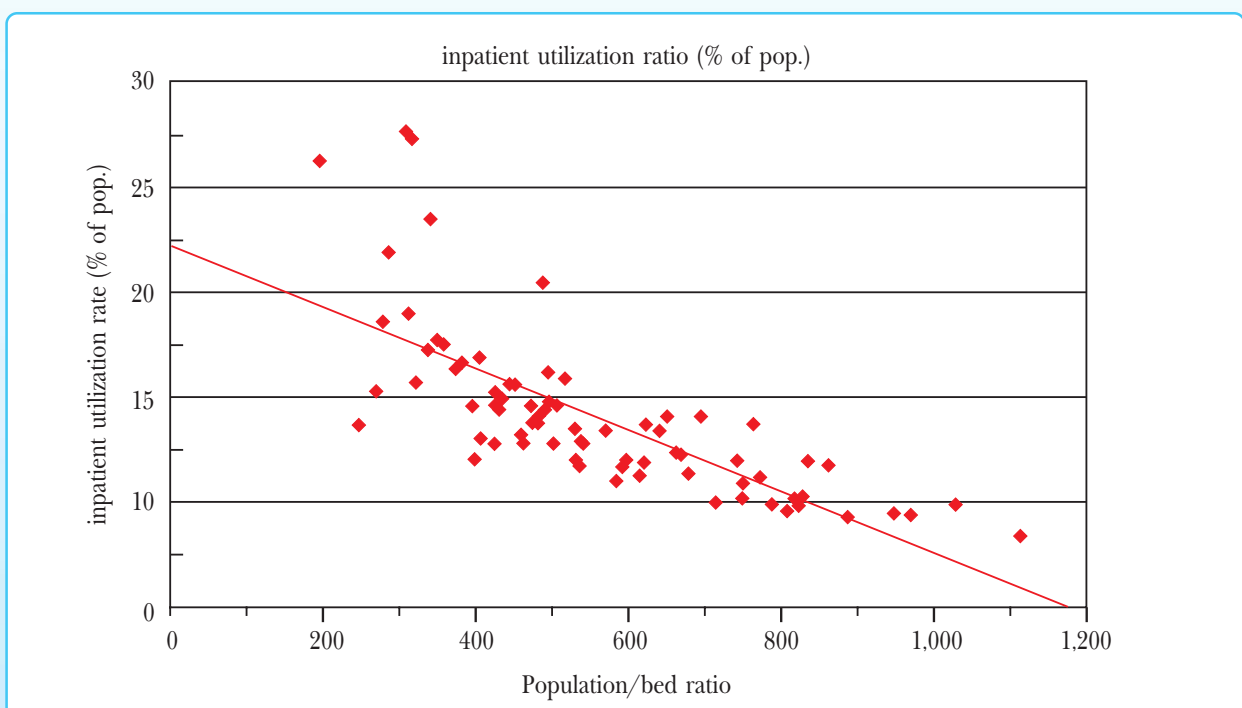
Note: Incomplete survey coverage.

Figure 6.55 Relationship between the rate of outpatient service utilization and population/doctor ratio at provincial level, 2007



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

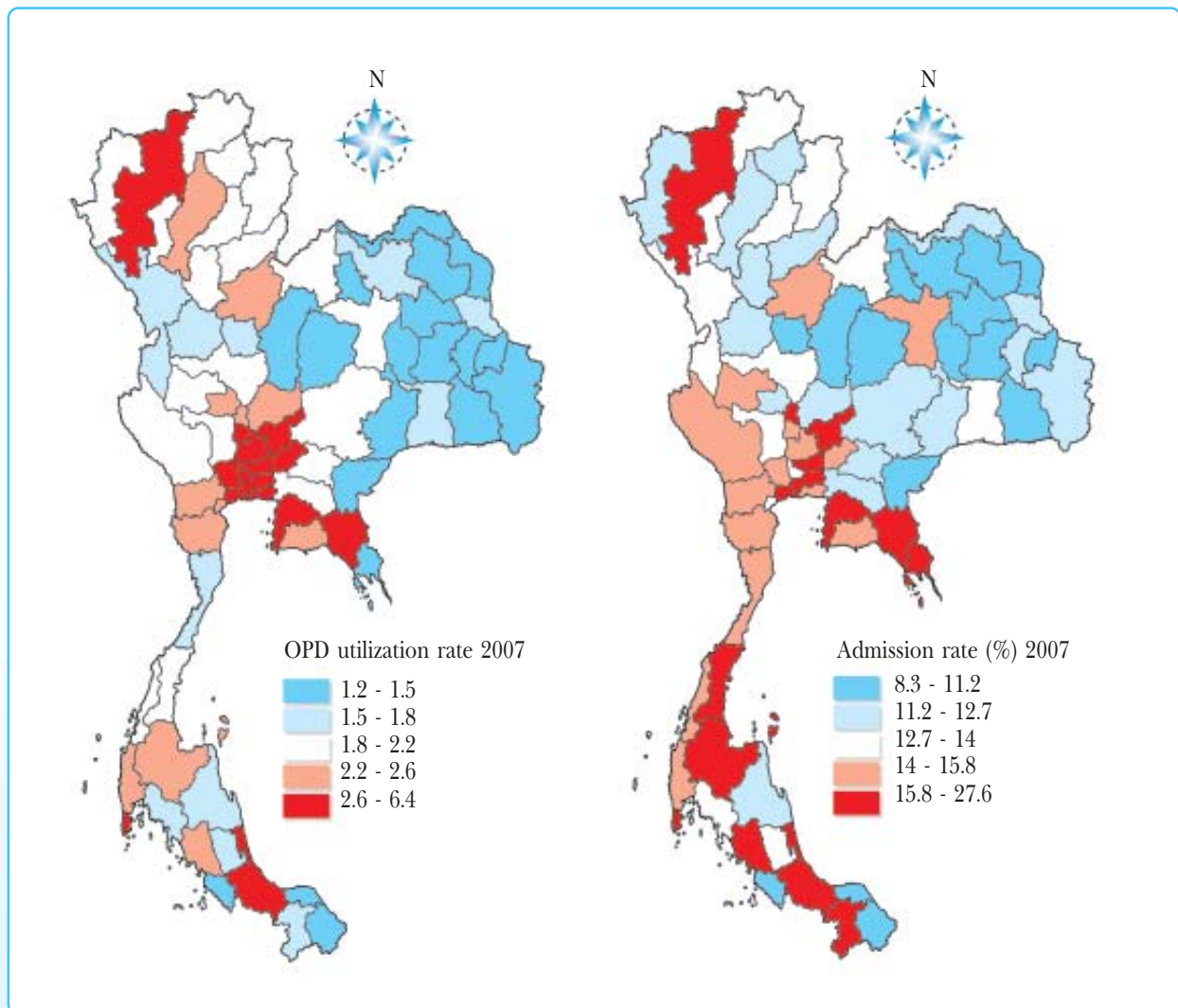
Figure 6.56 Relationship between the rate of inpatient service utilization and population/bed ratio at provincial level, 2007



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

A geographical distribution analysis of service utilization rates at provincial level reveals that the provinces that are the centres of regions and the provinces in the Central region have a high utilization rate, while most provinces in the Northeast have a lower utilization rate than other provinces (Figure 6.57).

Figure 6.57 Geographical distribution of outpatient (OPD) service utilization rates and inpatient service (admission) rates at provincial level, 2007

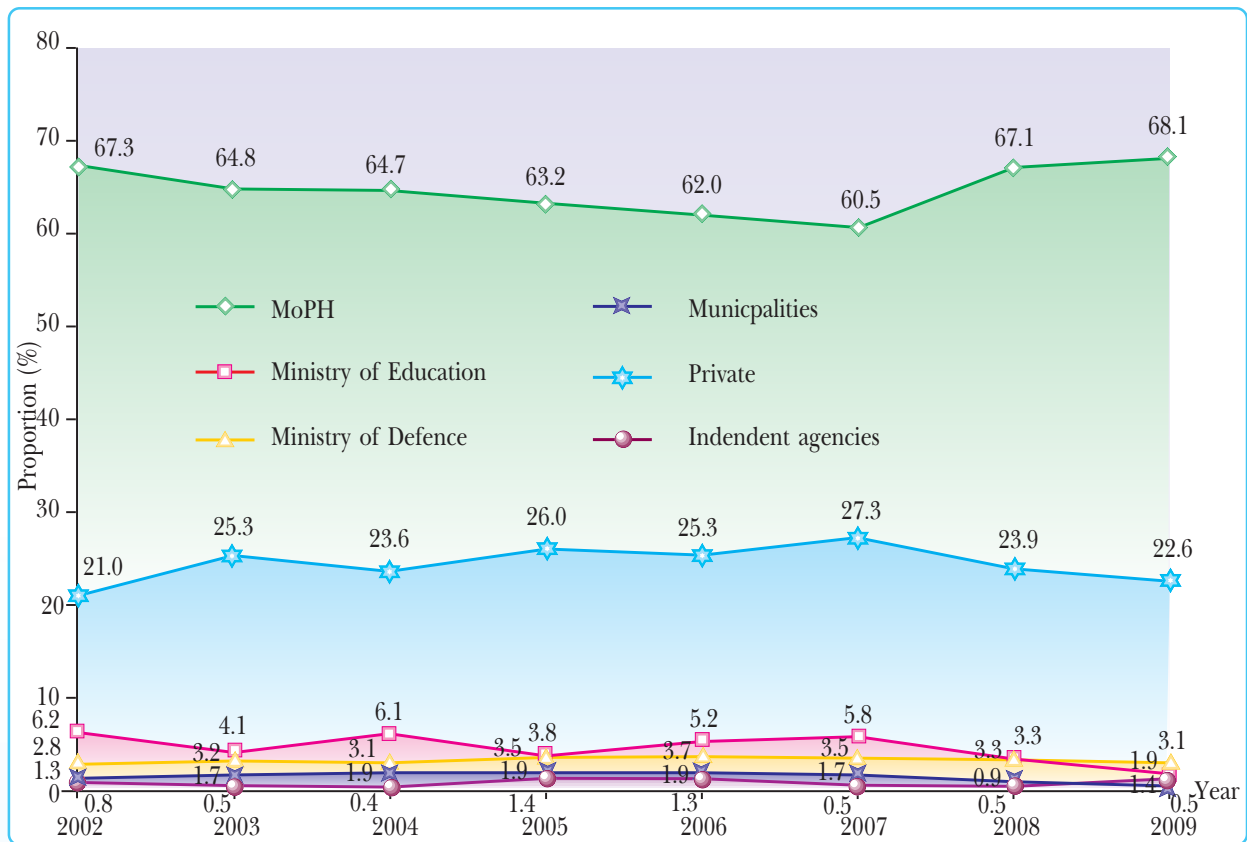


Source: Report on Health Resources, Bureau of Policy and Strategy, MoPH.

5.3 Utilization of Health Services by Agency and Service Level

During the last seven-year period (2002–2009), the proportion of outpatients by agency of hospitals was highest for hospitals under MoPH or about two-thirds (65%) of all patients, followed by private hospitals with about one-fifth (24%) of all patients, and university hospitals (4%) (Figure 6.58). Similarly, the proportion of inpatients or admissions, for the same period, was highest in MoPH hospitals (73%), followed by private hospitals (20%) and university hospitals (3%) (Figure 6.59).

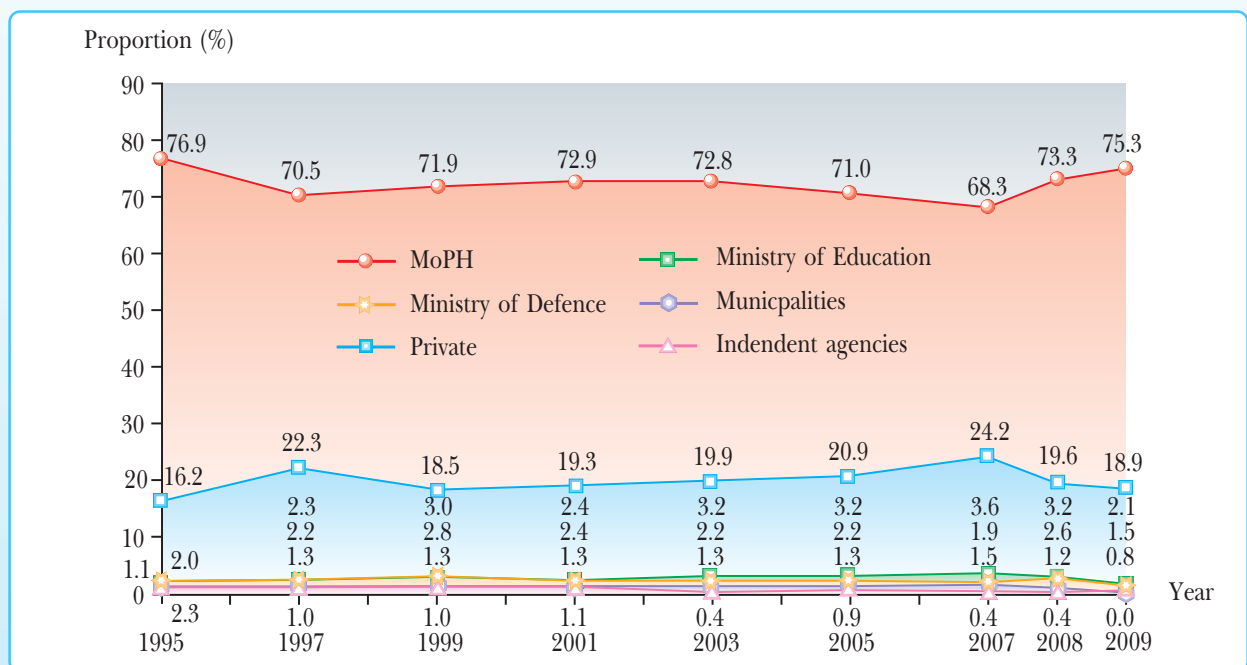
Figure 6.58 Proportions of outpatients (visits) by agency of hospitals, 2002–2009



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

Note: Data on coverage was incomplete.

Figure 6.59 Proportions of inpatients by agency of hospitals, 1995–2009

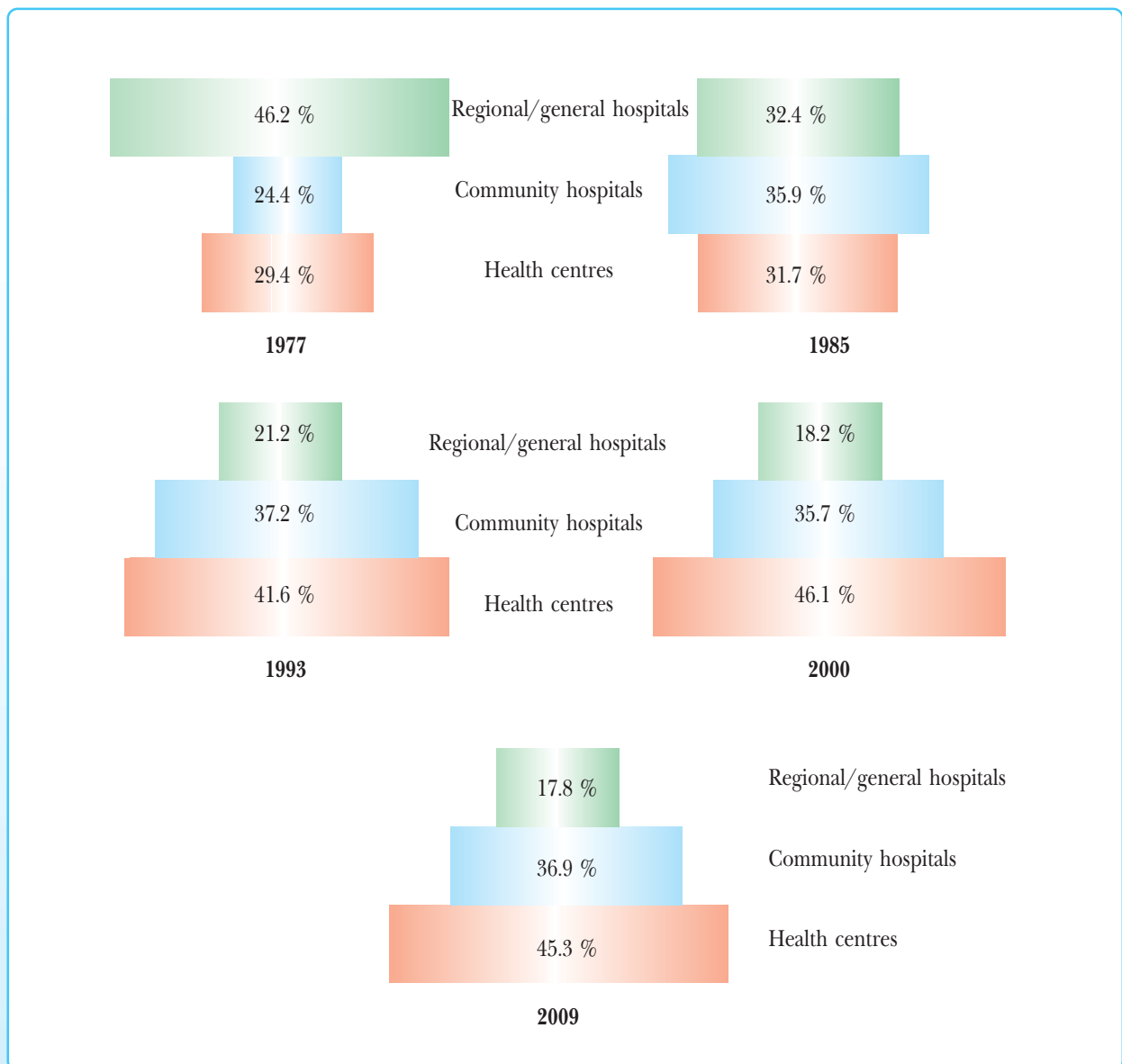


Source: Report on Health Resources, Bureau of Policy and Strategy, MoPH.

Note: Data on coverage was incomplete.

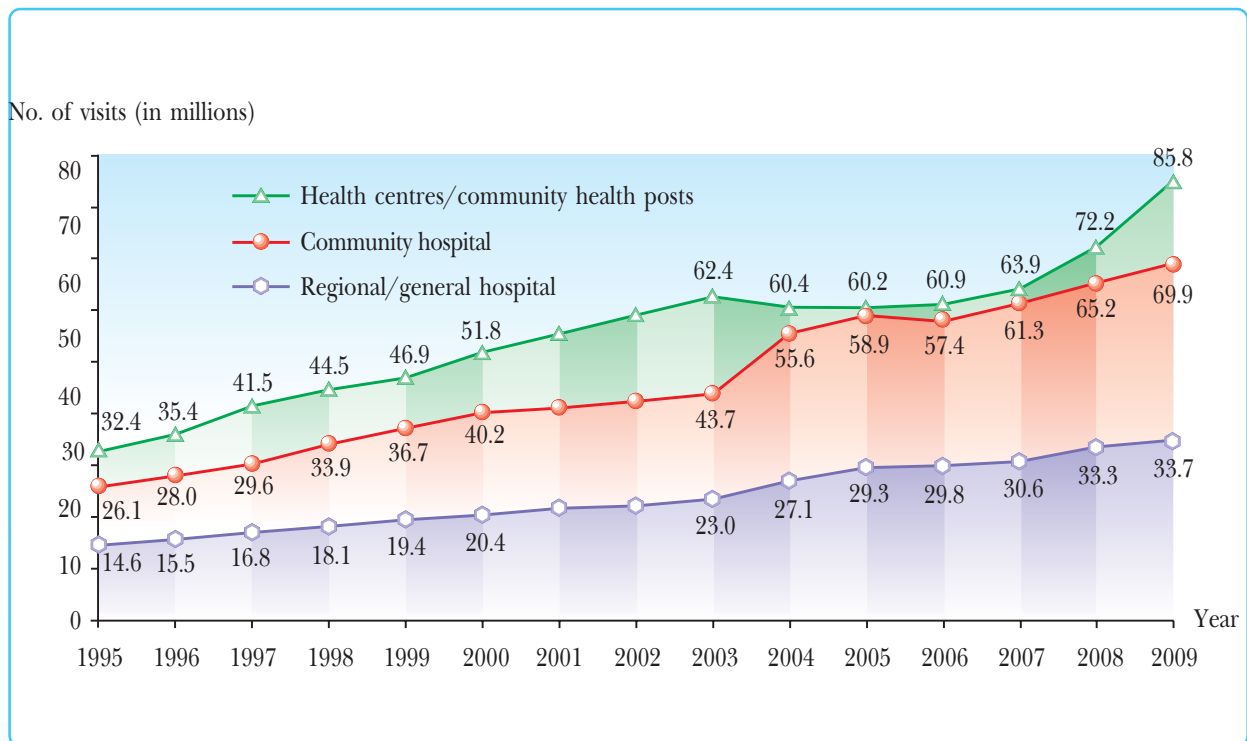
In analyzing the proportions of outpatient service utilization, including the services at sub-district health centres, only in MoPH hospitals (community, general and regional hospitals) to see the trends in service utilization by level of health facilities, it was found that the major change that had occurred was the rising trend in the number of outpatient visits at the aforementioned hospitals, especially the increase rate was highest for subdistrict and community health centres followed by community hospitals. The increase was lowest for regional hospitals. So, the structure of patients is gradually changing from an inverted triangle to a regular triangle (Figures 6.60 and 6.61).

Figure 6.60 Proportions of outpatients by level of MoPH health facilities, 1977–2009



Source: Bureau of Policy and Strategy, MoPH.

Figure 6.61 Numbers of outpatients (OPD visits) by level of MoPH health facilities, 1995–2009



Sources: Bureau of Policy and Strategy and Bureau of Health Service System Development, MoPH.