The analysis of the data on outpatient care subsidy at public health facilities from the 2004 health and welfare survey revealed that at the health centre and community hospital level, the CI was negative. That means the proportion of subsidy for the low-income group was higher than that for the high-income group (CI -0.357 for health centres and CI -0.276 for community hospitals). For state tertiary hospitals, the healthcare subsidy for the low-income group was close to that for the high-income group (CI 0.003, the concentration line was close to the diagonal or the equity line).

The subsidy of healthcare expenditure for inpatients at community hospitals was similar to that for outpatients, i.e. the low-income group received a higher proportion of benefits than the high-income group (CI -0.272). Regarding the subsidy of inpatient care at provincial hospitals and other state hospitals, the benefit for the low-income group was also higher than that for the high-income group, but at a lower level than that at community hospitals (CI -0.087).

On the contrary, the health care subsidy at private hospitals was mostly concentrated among the high-income group (CI 0.184 for outpatients and 0.256 for inpatients). It is noteworthy that even though the CI values for private hospitals were positive, the concentration curve was closer to the equity line than the income distribution Lorenz curve was. So it can be stated that financing and health services in Thailand have helped reduce relative economic inequity even at private hospitals: Kakwani index being -0.352 for outpatients and -0.277 for inpatients.

5. The Outlook

The review of the achievements of the universal health care scheme has revealed that it is a good project and beneficial for the people, especially those in income quintiles 1 (the poorest) and 2 (the poor). The district health services system comprising the community hospital and health centres in its network has translated policies into action in a concrete manner effectively for eligible persons as it is easily accessible, near their houses, and of good quality to a certain extent. To maintain the role and expand the services at the district level to increase equality in the health system, it is necessary that the budget and human resources be adequately allocated and suitable for their operations.

In 2007, kidney replacement services (haemodialysis, perinatal dialysis and kidney transplantation) are not part of the benefit package of the universal health care scheme despite the fact that such services are available under the civil servants Medical Benefits Scheme and the Social Security Scheme. This is due to the high costs of services, approximately 200,000 to 300,000 baht per year and the government is not in a financial position to provide such services to all the patients. However, if any eligible person under the universal healthcare scheme struggles to buy such services out of pocket, his/her family will become penniless as the service fee is very high and they have to borrow some money from other people or sell their property or production factors to cover the expenses. So the government should make a decision to do something to help relieve the financial burden of the needy family. For example, the kidney replacement services may be provided to some patients with potentially high
returns, such as someone who is young and the head of household; or various financing sources should be sought for this purpose from such agencies as the state, foundations, or donations with some co-payments from the patients. Providing or not providing services to a patient has drawn some criticism about social fairness and ethics of resource allocation.