



# Is universal coverage a solution for disparities in health care? Findings from three low-income provinces of Thailand

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## Abstract

The policy on universal coverage (UC) of health care has been adopted and implemented incrementally by the government of Thailand since April 2001 with the aim of providing the access to care for the uninsured population. The success of UC, however, depends on how effective its design and implementation arrangements are in reaching population and affecting households' health seeking behavior and abilities to take up benefits of UC. The results from the household survey of 1834 respondents conducted in three low-income provinces (Tak, Sakol Nakorn, Narathiwat) show that the Gold card with exemption scheme was pro-poor while other insurance schemes tended to favor the rich with 2.6% of respondents reported having more than one type of health insurance coverage and 8.9% without health insurance. The insurance status had statistically significant association with health care use, and knowledge on family planning method and sexually transmitted diseases. Additionally, consumer preferences and socioeconomics factors are a key to disparities in health care utilization.

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## 1. Introduction

Thailand has addressed the national policy on poverty reduction and health care since the Third National Economic Development Plan (1972–1976). During the same period, the policy on free medical care was first started and has been recognized as the main national mechanism to ensure an access to care among the poor. In spite of government efforts in expanding

the coverage of benefit schemes through various health insurance schemes from 1970s to 2001, a considerable proportion of Thai population still lacks an access to health insurance with the poor disproportionately unprotected [1]. An estimated size of the uninsured population was about 20–31% in 1995–1998 [2]. The above estimate was confirmed by a survey conducted in 12 provinces, excluding Bangkok Metropolis, which revealed that 33.1% of population was uninsured [3].

Prior to October 2001, the Medical Welfare Scheme (MWS) and Type B Fee Exemption Scheme (Type B) were two major publicly subsidized health insurance schemes targeting the poor in Thailand. The MWS, the social welfare scheme started in 1975, was originally

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