

Health systems development in Thailand: a solid platform for successful implementation of universal health coverage



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Thailand's health development since the 1970s has been focused on investment in the health delivery infrastructure at the district level and below and on training the health workforce. Deliberate policies increased domestic training capacities for all cadres of health personnel and distributed them to rural and underserved areas. Since 1975, targeted insurance schemes for different population groups have improved financial access to health care until universal health coverage was implemented in 2002. Despite its low gross national income per capita in Thailand, a bold decision was made to use general taxation to finance the Universal Health Coverage Scheme without relying on contributions from members. Empirical evidence shows substantial reduction in levels of out-of-pocket payments, the incidence of catastrophic health spending, and in medical impoverishment. The scheme has also greatly reduced provincial gaps in child mortality. Certain interventions such as antiretroviral therapy and renal replacement therapy have saved the lives of adults. Well designed strategic purchasing contributed to efficiency, cost containment, and equity. Remaining challenges include preparing for an ageing society, primary prevention of non-communicable diseases, law enforcement to prevent road traffic mortality, and effective coverage of diabetes and tuberculosis control.

Thailand: context, health achievements, and challenges

Thailand has become internationally known for its success with universal health coverage (UHC) policy and health development.¹ In this Review, we analyse the historical evolution of health systems development that culminated in the implementation of UHC in 2002, focusing on the primary health-care infrastructure, health workforce training and distribution, and the extension of financial risk protection to different target populations. We also analyse the achievements of UHC and factors contributing to these achievements. Although the six building blocks of health systems² are interlinked and contribute collectively to the successful implementation of UHC, here we focus on the important elements of the health delivery system, health workforce development, and financing reforms towards UHC.

We draw on an extensive review, analysis, and synthesis of evidence from published and grey literature (eg, government reports) in the areas of health systems development, health workforce, financial risk protection, outcomes of UHC, and health and health systems challenges. Lessons drawn from this Review will aid policy makers in low-income and middle-income countries in their quest to achieve UHC as part of their commitment to the Sustainable Development Goals (SDGs).

The Kingdom of Thailand is at the centre of the Indochina peninsula, with land bordered by Myanmar, Laos, Cambodia, and Malaysia (figure 1). In 2017, the total surface area of 513 120 km² hosted a population of 68·9 million people.^{3,4} Politics have been quite unstable, with frequent military takeovers since the 1932 democratic revolution. The current military government has been in power since 2014. According to the Worldwide Governance Indicators, political stability has deteriorated, with the percentile rank down from 58% in 1996, to 16% in 2015 (the higher the rank, the better the governance). Ranking for control of

corruption is low and deteriorated from 55% to 43% between 1996 and 2015. Although the Thai Government has been relatively stable, the ranking of its effectiveness only increased from 60% to 65% during the same period.⁵

Economic and health development

Periods of rapid economic growth between the 1960s and 1990s resulted in a 7·5% per annum increase in gross domestic product (GDP). However, Thailand had three macroeconomic crises and related structural adjustments

Search strategy and selection criteria

We searched the scientific literature systematically and within the framework of this Review's main objectives: how health systems development has contributed to the implementation of universal health coverage, what are the outcomes of universal health coverage, what were the processes of expansion of financial risk protection to different population groups until the whole population was covered. We searched Google Scholar for literature relating to health systems development, with a specific focus on health delivery systems, primary health-care development, and health workforce training and retention. We retrieved both published and grey literature in English and Thai. Literature related to socioeconomic development, burden of disease, challenges associated with non-communicable diseases, alcohol, and road safety, adult mortality, and the contextual background were searched for and synthesised from World Health Statistics and from global reports on tuberculosis, road safety, and non-communicable diseases. World Development Indicators were used for international comparisons. Evidence related to outcomes of universal health coverage and the Universal Health Coverage Scheme was retrieved only from peer-reviewed, published literature that was scrutinised for quality of analysis before use.

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