

Chapter 7

Governance of Thailand's Health Systems

The enactment of the National Health Act, B.E. 2550 (2007), was a major turning point in the Thai health system in the movement towards its goal by expanding from the medical and public health sector to all sectors in society in an “All for Health and Health for All” approach as it has been generally recognized that “Health system Governance” is a major component in directing and monitoring the health system in a more desirable direction.

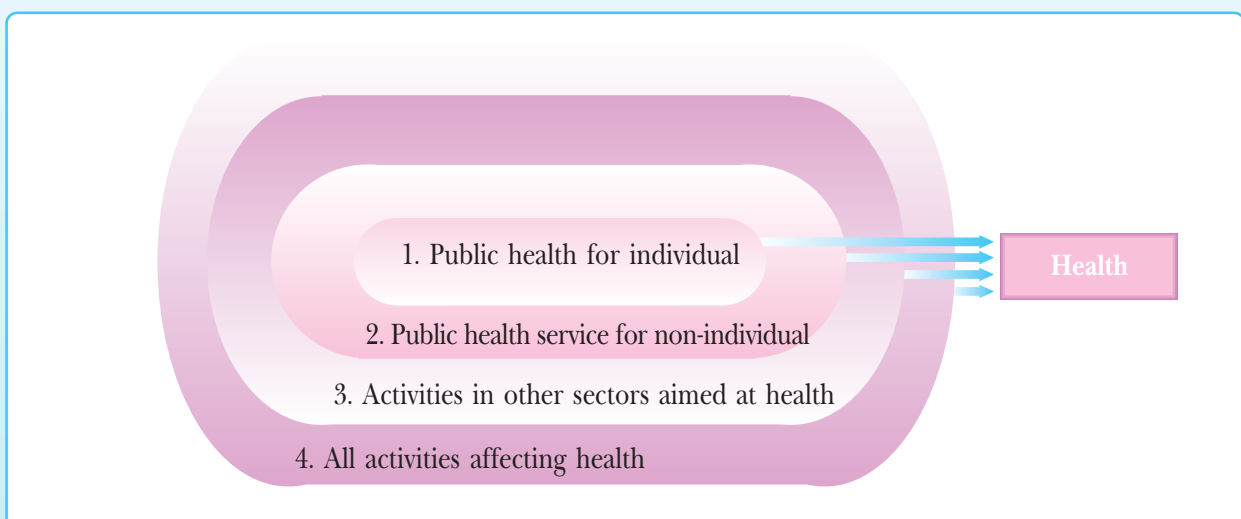
1. The National Health System

According to the 2007 National Health Act (Government Gazette, Vol. 124, Part 16 A, 19 March 2007), “**health means the state of human being which is perfect in physical, mental, intellectual and social aspects, all of which are holistic in balance,**” and “health system means overall relations in connection with health”.

“**Public health system**” means the management of activities related to disease prevention, curative care, health promotion and medical rehabilitation (Public Health Encyclopedia, 1988) and “**public health service**” means any service relating to health promotion, prevention and control of diseases and health threats, diagnosis and treatment of illness and rehabilitation of person, family and community.

In summary, the “**national health system**” means various systems that cover the operations of health activities in all dimensions, while the public health system and the public service system are parts of the national health system, as diagrammatically shown in the figure below.

Figure 7.1 Scope and meaning of health system



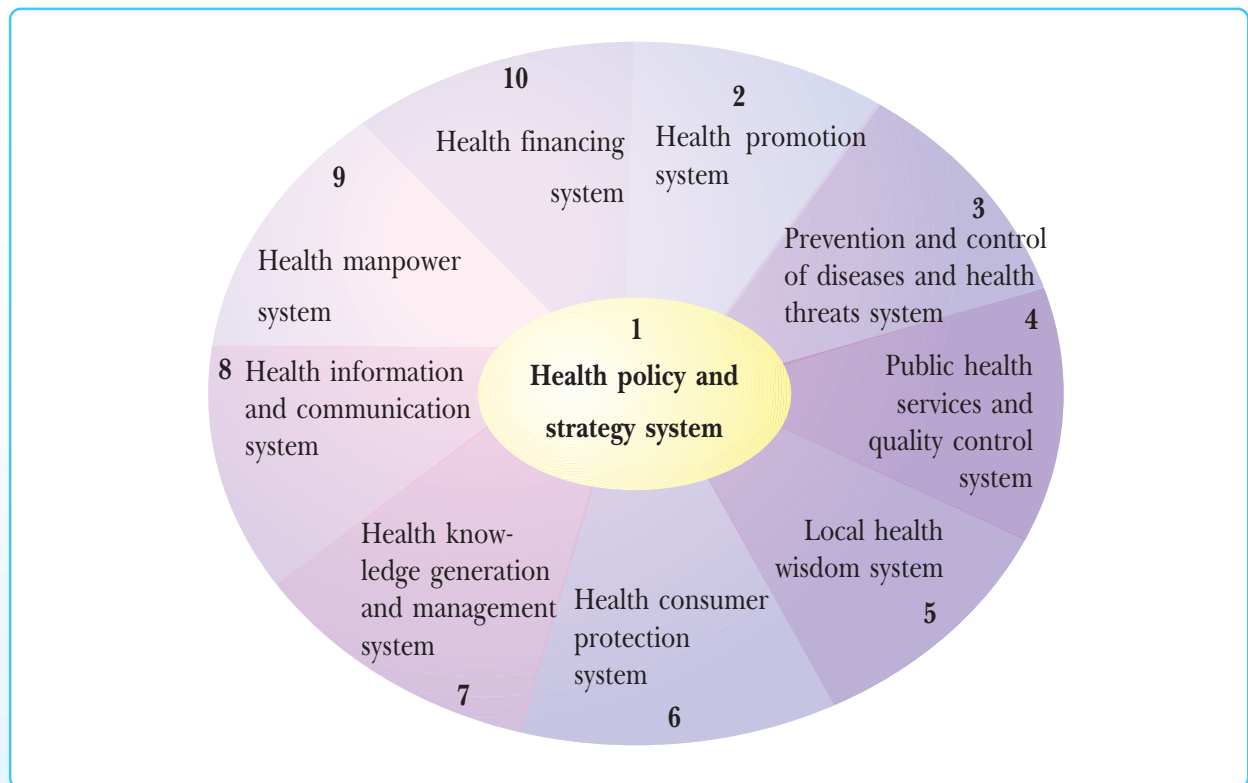
Source: National Health Act, B.E. 2550 (2007).

As prescribed in the National Health Act, “Health Systems” cover the definitions in the 1st through 4th levels, while “Public Health System”, which is a subsystem, covers the 1st, 2nd and 3rd levels, and “Health Care/Service Systems” cover the 1st and 2nd levels.

2. Components of the National Health System

In drafting the National Health Bill, efforts were made to set up components of the health system in a comprehensive and coordinated fashion so as to obtain a desirable national health system. The components of the overall health system are divided into 10 sub-systems as shown in Figure 7.2:

Figure 7.2 Components of health system



Source: Modified from the National Health Act, B.E. 2550 (2007).

2.1 Health Policy and Strategy System

Health policy and strategy include healthy public policy and public health policy. For empowering individuals, families, communities and society, and reducing social inequalities and injustice, the formulation process requires cooperation of all partners concerned; and all sectors in society are to be encouraged to take responsibility for health, integrating interdisciplinary knowledge and technology.

Regarding the mechanism for developing health policies and strategies, the National Health Commission will coordinate with the government's policy and strategy formulation agency as well as other public and private health agencies and ensure that collaborative efforts are made at the health policy-making and strategic planning levels.

2.2 Health Promotion System

A health promotion system means a system established according to the broad definition as per the Ottawa Charter which views health promotion as a role of all sectors in society to develop healthy public policy, develop environments conducive to health, strengthen the community, develop personal skills, and reorient health service systems.

2.3 System for Prevention and Control of Diseases and Health Threats

This system aims to decrease morbidity, mortality and disability, and to eliminate health threats, in an effective and timely manner, based on current knowledge and facts as well as the systematic approach of integrated technical and managerial operations. It focuses on the prevention and control of health threats that cause illnesses in minimizing health impacts from physical, biological and chemical factors (including infectious agents) in society.

2.4 System of Public Health Services and Quality Control

The system of public health services and quality control in Thailand has been developed based on the concept of state-funded universal health care and the concept of risk-sharing health insurance, aimed at preventing catastrophic health spending, as well as the concept of people's self-reliance and participation. It aims to make all the people get access to basic/essential health services in an equitable manner, or universal coverage of health care. This is to provide health services in a thorough and equitable manner with a mechanism for ensuring efficiency and cost-containment. Moreover, the system has to cover self-care at the individual, family and community levels, emergency services, primary care, secondary services and tertiary services, specialized services and emergency medical services. Besides, there must be systems for development and accreditation of service standards and quality, and for assessment of health technologies that will be appropriately used in health services delivery.

2.5 System for Promotion, Support, Utilization and Development of Local Health Wisdom including Thai Traditional, Indigenous and other Alternative Medicine

In the past, local health wisdom was not systematically organized whereas present-day medical and health technologies have considerably advanced, resulting in local health wisdom being given less importance or missing. But when the health situation has changed, local health wisdom or non-mainstream medical care has been revised and become a new alternative. The local health wisdom system includes knowledge, thoughts, beliefs, and expertise in health care accumulated from practices and experiences. The promotion and support of the utilization and development of local health wisdom have to be in line with local



lifestyle, tradition and culture in response to the self-reliance principle or that there will be several health-care options.

2.6 Consumer Protection System

Consumer health protection means any operation undertaken to provide protection for the people as consumers of health services/products in a safe and fair manner. So, there must be comprehensive systems for all relevant operations in this regard which include the systems for: health professional standard development, public health service standard development, health product standard development, information dissemination, complaint acceptance, inspection, mediation, and remedies in case of damage. The designs of such systems must be based on people's rights so that they will live together in harmony, which is a significant characteristic of Thai society.

In addition to the aforementioned systems, the promotion and support of people's system of consumer protection is essential through empowerment of non-governmental organizations working on consumer health protection in parallel with public sector's efforts. This is to supplement each other and set up a system of checks and balances.

2.7 Health Knowledge Generation and Dissemination

Over the past two decades, Thailand has placed importance on the generation and dissemination of knowledge about health. Several agencies have been established such as the Thailand Research Fund (TRF), the National Science and Technology Development Agency (NSTDA), the Health Systems Research institute (HSRI), the Thai Health Promotion Foundation (ThaiHealth), and the National Health Security Office (NHSO). As a result, there has been a paradigm shift in health research in a systematic manner. More initiatives have been undertaken for health promotion. Therefore, in the future there should be a mechanism for setting directions, and policies for research and knowledge management in a systematic manner so that the capacity of health system will be enhanced with decreased costs and more efficient results.

2.8 Health Information Dissemination System

A system for dissemination of health information is to be designed and developed in such a way that it is adequate and easily accessible to the people; and the information system has to be developed so that it is up to date, thorough, timely and easily accessible to the public in an easily understandable fashion.

2.9 System for Production and Development of Public Health Personnel

This system covers subsystems of policy and production planning, production operations, development, and retention of public health personnel: and the system requires specific knowledge and management so that it is efficient, of good quality, and able to produce personnel according to the needs of the health system.

Much of the public health personnel production is under the national educational system, partly under the Ministry of Public Health and the private sector. Thus, a national system and mechanism

should be established to coordinate the formulation of policies and plans in this regard.

2.10 Health Financing System

Health financing means the financial management for health such as the use of tax measures to promote elderly care in the family, the promotion of private businesses to take care of their employees' health, the promotion of healthy environments, and the use of tax measures for tobacco and alcohol consumption control. It also includes the management of public finance for the provision of universal coverage of health services.

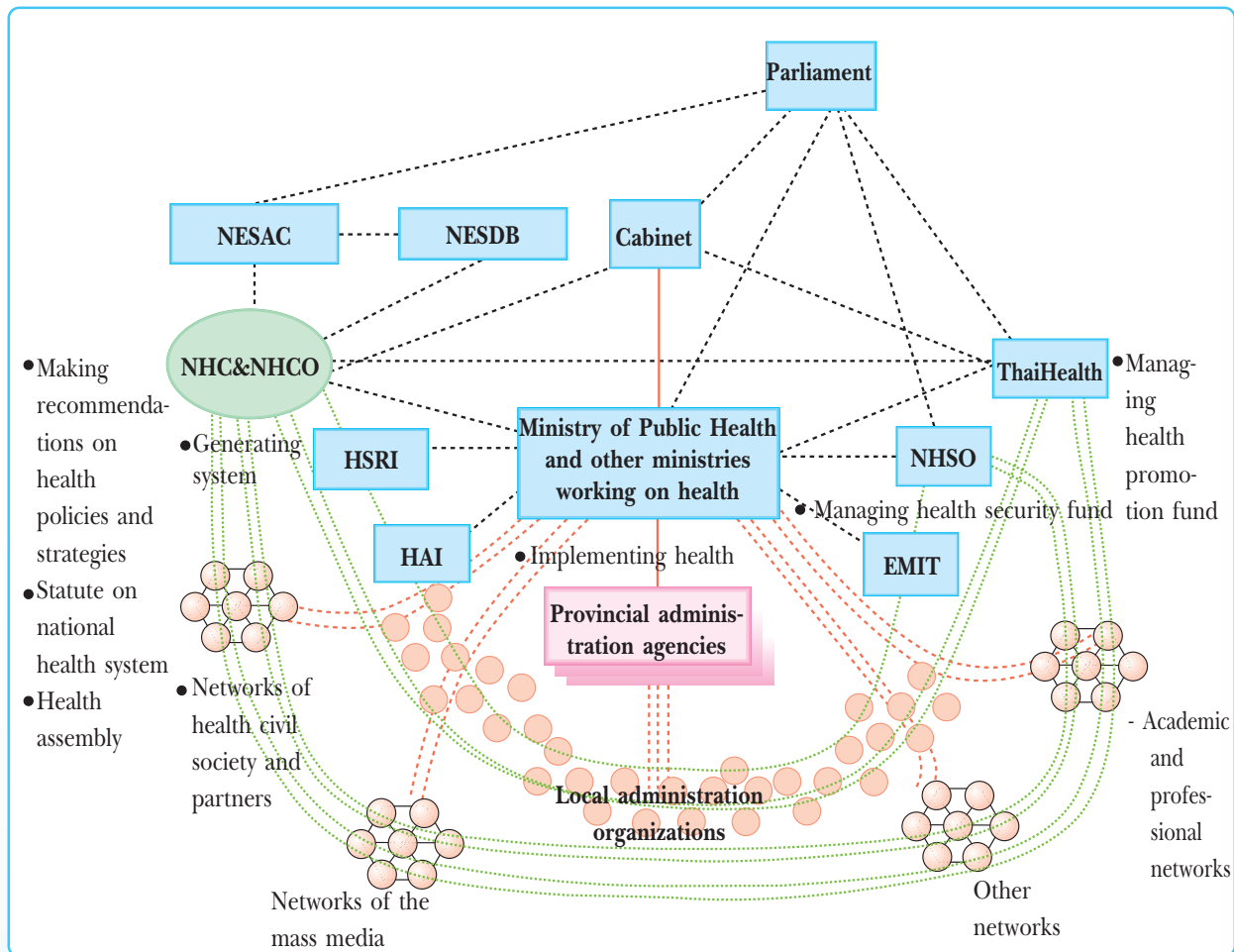
Thailand has had programmes on health financing for a long time based on the "building health leads fixing health" policy, using both financial and tax measures such as raising alcohol and tobacco taxes and legislating a health promotion foundation law which collects 2% of excise taxes on alcohol and tobacco for use in funding health promotion activities.

3. Mechanism for Governance of National Health System

In the past, when mentioning of mechanisms for the governance of the national health system, they were normally referred to as those under the Ministry of Public Health, other agencies, health educational institutions, health non-governmental organizations, for instance. But at present, the social context has changed considerably with new mechanisms taking part in health activities (Figure 7.3).



Figure 7.3 Linkages of governance mechanisms in the national health system



- Notes:**
- NESAC = National Economic and Social Advisory Council
 - EMIT = Emergency Medical Institute of Thailand
 - NESDB = National Economic and Social Development Board
 - NHSO = National Health Security Office
 - NHC = National Health Commission
 - HSRI = Health Systems Research Institute
 - NHCO = National Health Commission Office
 - ThaiHealth = Thai Health Promotion Foundation
 - HAI = Healthcare Accreditation Institute

As shown in the figure above the MoPH is the principal mechanism of the national health system and has public health agencies at all levels located across the country. In all such efforts, other ministries also play a role in health-related activities in various dimensions in a coordinated fashion, including for example the National Economic and Social Development Board, the Ministry of Interior, the Ministry of Education, the Ministry of Social Development and Human Security, and the Ministry of Labour. In addition, there are other independent mechanisms, some under the supervision of the MoPH, some are not, including: the Thai Health

Promotion Foundation (ThaiHealth), responsible for the management of the Health Promotion Fund supporting all sectors in society to widely carry out health promotion activities in all dimensions; the National Health Security Office (NHSO), responsible for the management of the National Health Security Fund for providing essential health services to the people; the Health Systems Research Institute (HSRI), responsible for the management of funds for supporting the creation and management of knowledge for health; the Healthcare Accreditation Institute (HAI), responsible for the promotion and support of health service quality development in hospitals and other kinds of health facilities; and the Office of the National Health Commission, responsible for making recommendations on health policies and strategies to the government and all sectors in society using the participatory approach involving all concerned in the policy and strategy movement process.

Besides, at the local level there are local government organizations such as the Bangkok Metropolitan Administration, Pattaya City, provincial administration organizations, municipalities, and Tambon (subdistrict) administration organizations, totalling more than 7,000 nationwide in number, each responsible for a wide variety of health activities according to the intent of the 2007 constitution and other relevant laws.

It is obvious that mechanisms involving health are numerous and different in their missions and they are not under the supervision of the MoPH; rather, they have to work collaboratively in a pluralistic society. However, **the MoPH has to play a key role in coordinating the efforts of all agencies** to create synergy and move forward the actions of all subsystems towards the achievement of the common goal of health for all. In this connection, the MoPH has to decrease its role as an operator only for essential activities and promote as well as support other organizations and mechanisms to function as operators to the maximum extent possible.

4. Agencies Implementing Health Programmes

4.1 Ministry of Public Health

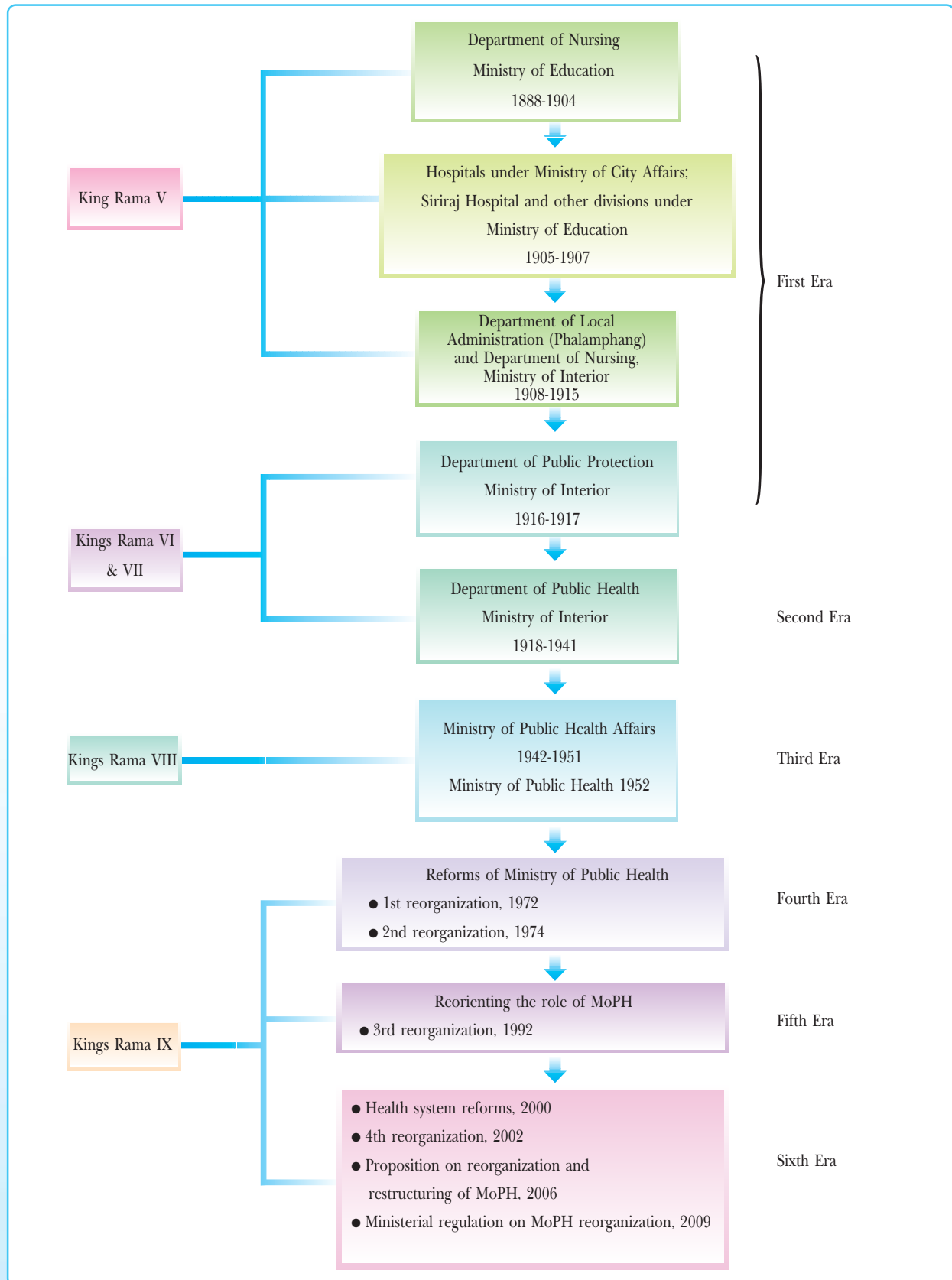
The MoPH is the core agency in the Thai public health system that implements health programmes with a budget share of more than 60%, almost all of which for rural health activities throughout the country. It takes the lead in health-care delivery, sets public health policies for the country and oversees health services in the private sector. Its major developments and administrative system are as follows:

4.1.1 Evolution of the MoPH, 1888–present and Future Trends

The development of the MoPH began in 1888 when at that time it was the Department of Nursing under the Ministry of Education. It became the Public Health Department under the Ministry of Interior in 1918, until the establishment of the Ministry of Public Health on 10 March 1942, according to the Reorganization of Ministries, Sub-Ministries and Departments Act (No. 3) of B.E. 2485 (1942). Since then there have been several reorganizations, the first in 1972, the second in 1974, the third in 1992, and the fourth in 2002. In 2006, the MoPH prepared a proposal on its mission and structure, and formally in 2009, the Ministerial Regulation on MoPH Reorganization was issued (Figure 7.4) so that it can efficiently improve the health status of Thai people.



Figure 7.4 Evolution of the Ministry of Public Health, 1888-present



The Future Trends. The MoPH, especially agencies at the central administration level, will become smaller and serve as a mechanism in setting health policies and strategies, controlling, monitoring and setting standards, and coordinating with all other relevant sectors in society to jointly work on health in a systematic manner. Its roles as implementers will be decreased to perform only essential functions as almost all of the budget for health services delivery has been transferred to the National Health Security Office, which will make payments directly to health-care facilities (without passing through the MoPH since May 2006). As for provincial administration agencies, their structures and roles have to be revised according to the administrative and financial changes in relation to the policies on public sector reform, decentralization and NHSO's financial management.

4.1.2 Authority and Administrative Structure of Ministry of Public Health

1) Authority and Mandate of MoPH

The Reorganization of Ministries, Sub-Ministries and Departments Act of B.E. 2545 (2002) provides that **“the Ministry of Public Health has powers and responsibilities related to the promotion of health, prevention/control and treatment of diseases, and rehabilitation of people’s health, as well as other official functions as provided by laws which indicate that such functions are under the responsibility of the Ministry of Public Health”**.

Its principal purpose is to make all Thai citizens healthy, physically and mentally, with good **quality** of life, being able to live a happy life in society and being valuable resources of the country.

2) Administrative Structure

The administrative structure of the MoPH is divided into two levels: central administration and provincial administration.

(1) The Central Administration (Figure 7.5) is composed of 10 agencies: (1) the Office of the Minister, (2) the Office of the Permanent Secretary for Public Health and (3) three clusters with eight departments as follows:

- **Cluster of Medical Services Development**, comprising three departments: Department of Medical Services, Department for Development of Thai Traditional and Alternative Medicine, and Department of Mental Health.
- **Cluster of Public Health Development**, comprising two departments: Department of Disease Control and Department of Health.
- **Cluster of Public Health Service Support**, comprising three departments: Department of Health Service Support, Department of Medical Sciences, and Food and Drug Administration.

Besides, there are other agencies as follows:

- **State-supervised agencies**, under the supervision the Public Health Minister who serves as chairperson of the executive board and the Permanent Secretary as a board member ex officio, totalling three agencies: Health Systems Research Institute, National Health Security Office and Emergency



Medical Institute of Thailand.

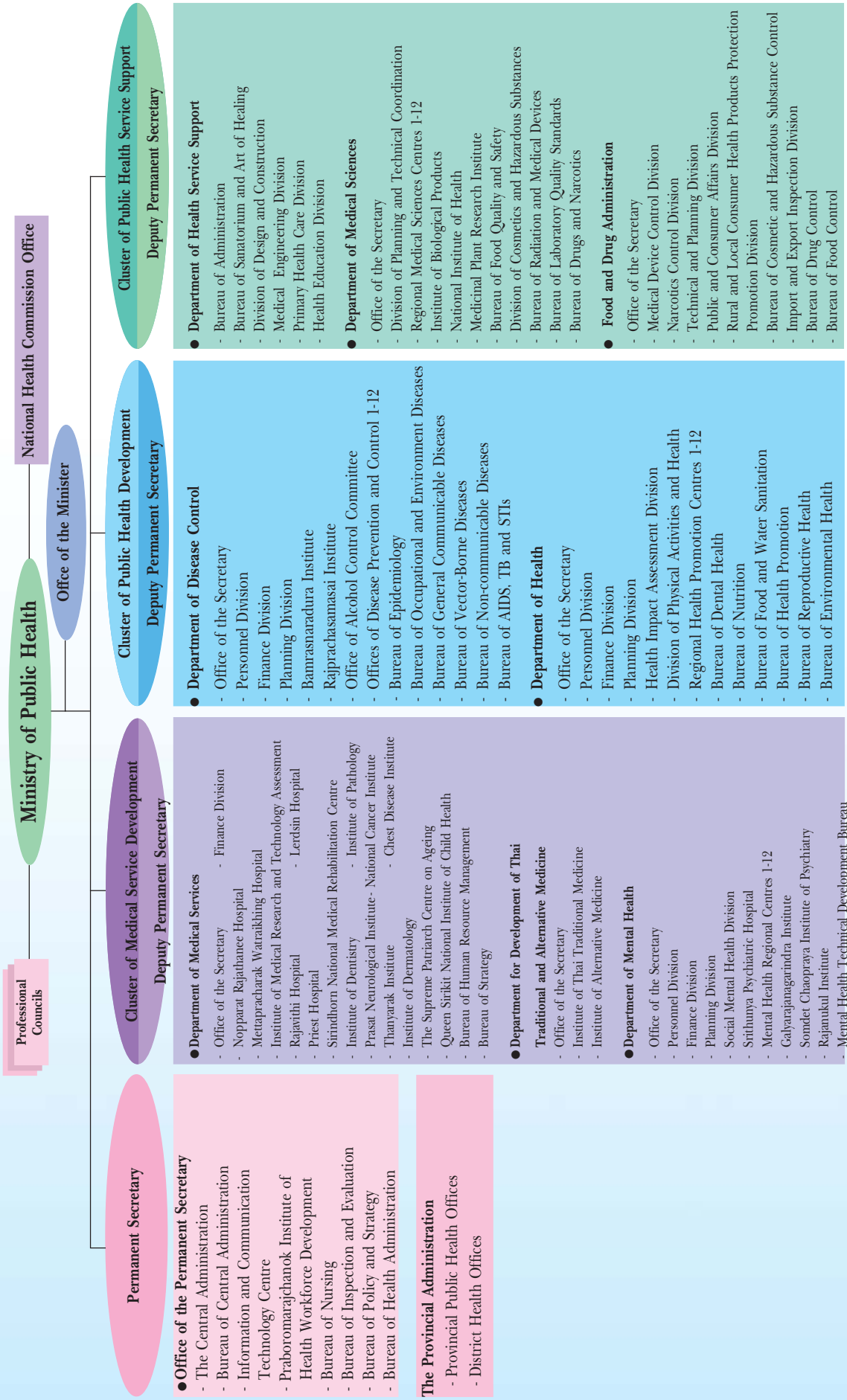
- **State enterprise (1):** Government Pharmaceutical Organization
- **Public organizations (2):** Healthcare Accreditation Institute (Public Organization)

and state health facilities (regional/general/community hospitals and health centres) that are ready to become such an organization; at present, there is only one hospital, Banphaeo Hospital in Samut Sakhon province.

In 2007, of the National Health Commission Office was established according to the National Health Act of B.E. 2550 (2007) as a juristic person under the supervision of the National Health Commission chaired by the Prime Minister. Its key role is to coordinate with other state agencies responsible for policy and strategy formulation as well as other health-related public and private agencies in carrying out efforts at the policy, strategy and programme level for health. And it also organizes sessions of national health assembly, area-based health assembly and issue-based health assembly, in addition to developing healthy public



Figure 7.5 Organization chart of Ministry of Public Health





policies and conducting health impact assessments.

(3) The Provincial Administration (Figure 7.6)

Public health agencies under the provincial administration are Provincial Public Health Offices, hospitals under the MoPH, District Health Offices, and health centres.

Since FY 2004, the government has changed the role of each provincial governor as chief executive officer (CEO) administering all activities within his/her jurisdiction on an integrated manner, aimed at achieving the state mission for the maximum benefit of the people. Thus, the Provincial Public Health Office in each province, which reports to the provincial governor, has to take part in resolving health problems at the local level, serving as one of the provincial administrators, with technical support from the MoPH.

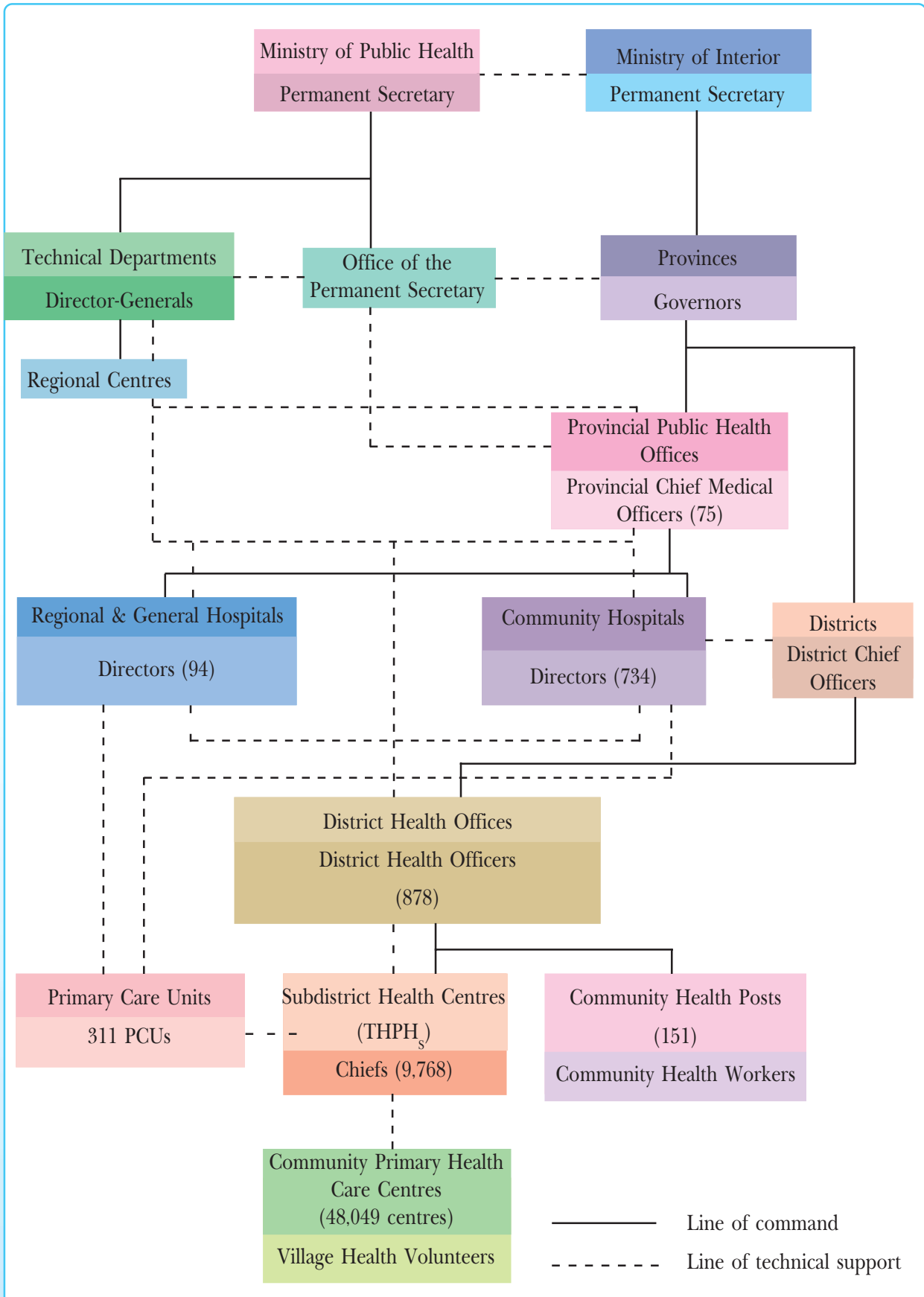
In implementing the government's policy on universal healthcare, the MoPH has directed all hospitals and health centres to set up primary care units (PCUs) or community health centres to take charge of health service delivery in a holistic and integrated manner. This is to continue providing health services to the people and community with the systems for home visits, counselling and referrals.

Under the universal healthcare system, each provincial and district (community) hospital will serve as a "contracted unit for primary care or CUP" and subdistrict health centres will be provided with resources from the hospital, but they are still under the supervision of the District Health Officer in their district.

In 2010, there were 311 PCUs and 9,768 subdistrict health centres across the country, all being very close to the people

In the meantime, the government has set a clear policy on upgrading subdistrict health centres as "subdistrict or tambon health promoting hospitals (THPHs)". Since 2010, 2,000 health centres have

Figure 7.6 Organogram of Provincial Public Health Administration





4.1.3 Health-related Laws

There are a number of laws relating to health in the form of acts, ministerial regulations, rules, by-laws and procedures as follows:

- 1) Acts under the responsibility of the MoPH (4 categories and 23 acts) are listed in Table 7.1.

Table 7.1 Acts under the direct responsibility of the Ministry of Public Health

No.	Act
1	<p>Acts related to public health service systems (4)</p> <p>1.1 Sanatorium Act, 1998</p> <p>1.2 Protection and Promotion of Thai Traditional Medicine Wisdom Act, 1999</p> <p>1.3 Government Pharmaceutical Organization Act, 1966</p> <p>1.4 Mental Health Act, 2008</p>
2	<p>Acts related to disease prevention and control (3)</p> <p>2.1 Public Health Act, 1992, and Amendment No.2 (2007)</p> <p>2.2 Communicable Diseases Act, 1980</p> <p>2.3 Zoonoses Act, 1982 and Amendment No.2 (2001)</p>
3	<p>Acts related to consumer protection in health (11)</p> <p>3.1 Food Act, 1979</p> <p>3.2 Drugs Act, 1967; Amendment No.2 (1975), No.3 (1979), No.4 (1985), and No.5 (1987)</p> <p>3.3 Cosmetics Act, 1992</p> <p>3.4 Hazardous Substances Act, 1992 and Amendment No. 2 (2001) and No.3 (2008)</p> <p>3.5 Psychoactive Substances Act, 1975; Amendment No.2 (1985), No.3 (1992) and No.4 (2000)</p> <p>3.6 Narcotics Act, 1979; Amendment No.2 (1985), No.3 (1987), No.4 (2000), and No.5 (2002)</p> <p>3.7 Medical Devices Act, 2008</p> <p>3.8 Emergency Decree on Prevention of Volatile Substance Abuse, 1990; Amendment No.2 (2000) and No.3 (2007)</p> <p>3.9 Tobacco Product Control Act, 1992</p> <p>3.10 Non-smokers' Health Protection Act, 1992</p> <p>3.11 Alcohol Beverage Control Act, 2008</p>
4	<p>Acts related to health professions (5)</p> <p>4.1 Practice of the Art of Healing Act, 1999, and Amendment No.2 (2004) and No.3 (2007)</p> <p>4.2 Medical Profession Act, 1982</p> <p>4.3 Nursing and Midwifery Profession Act, 1985; Amendment No. 2 (1997)</p> <p>4.4 Pharmaceutical Profession Act, 1994</p> <p>4.5 Dental Profession Act, 1994</p>

2) Acts that the MoPH is not directly responsible for their implementation, but shares responsibilities with other ministries such as the Office of the Prime Minister and the Ministry of Interior.

- (1) Cemeteries and Crematoriums Act, 1985
 - (2) Narcotic Addict Rehabilitation Act, 2002
 - (3) Rehabilitation of Disabled Persons Act, 1991
 - (4) Household and City Cleanliness and Orderliness Act, 1992
 - (5) Trade Secret Act, 2002
 - (6) Act Establishing Youth and Family Courts and Trial Procedures for Youth and Family Cases, 1991
 - (7) National Health Act, 2007
 - (8) National Food Commission Act, 2008
- 3) Other health-related acts and announcements under other ministries' responsibilities.
- (1) Enhancement and Conservation of National Environmental Quality Act, 1992
 - (2) Industrial Works Act, 1992
 - (3) Social Security Act (No. 2), 1990
 - (4) Protection for Motor Vehicle Victims Act, 1992
 - (5) Workmen's Compensation Act, 1994
 - (6) Labour Protection Act, 1998
 - (7) Act on Older Persons (2003)
 - (8) Promotion of Social Welfare Act, 2003
- 4) Acts establishing state-supervised agencies or public organizations related to health.
- (1) Royal Decree on Establishing Banphaeo Hospital (Public Organization), 2000
 - (2) Health Systems Research Institute Act, 199..
 - (3) Thai Health Promotion Foundation Act, 2001
 - (4) Nation Health Security Act, 2002
 - (5) Emergency Medicine Act, 2008
 - (6) Royal Decree Establishing Healthcare Accreditation Institute, 2009

4.1.4 Programmes/Projects of the MoPH

The MoPH implements programmes/projects under the National Economic and Social Development Plan and the government plan of action (see details in chapter 3) as well as the policies set by high-level administrators, i.e. the minister of public health and the permanent secretary for public health.

In implementing such programmes/projects, though they are carried out in an integrated manner by provincial level agencies, resources and technical since are provided by central level agencies using a vertical support approach. So, collaboration among state agencies concerned needs to be strengthened.



4.1.5 Human Resources of the MoPH

At present, approximately 80% of MoPH personnel are civil servants and approximately 17% are permanent employees (excluding temporary employees). Between 1999 and 2003, the proportion of civil servants steadily declined as there were more and more “state employees”. But in 2004, the cabinet passed a resolution on 11 May 2004 to convert 27,385 state employees of the MoPH to civil servants, resulting in the increase in the proportion of civil servants to 80.3% in 2009 as shown in Figures 7.7 and 7.8.

In 2009, the MoPH had a workforce of 212,252, of which 170,336 (80.3%) were civil servants, 37,022 (17.4%) were permanent employees, and 3,893 (1.8%) were state employees; and for state-supervised agencies, there were 1,001 officials and employees (0.5% of the total workforce). For major MoPH agencies, the Office of the Permanent Secretary had the greatest proportion of personnel, i.e. 89.4% of all MoPH civil servants, 76.5% of all permanent employees, and 65.4% of all state employees; and the Department for Development of Thai Traditional and Alternative Medicine had the smallest (only 0.1% of all MoPH workforce), while the Department of Disease Control had similar proportions for both civil servants and permanent employees (Table 7.2).

And in 2009, the MoPH recruited some state employees on contract so as to create flexibility in accordance with the modern state management procedures; so, at present there are altogether 3,893 state employees, most of whom are administrative and service support officials (Table 7.3).

Table 7.2 Numbers of civil servants, permanent employees, and state employees of MoPH and state-supervised agencies under MoPH, 2009

Department/Agency	Civil servants		State employees		Permanent employees		SSA officials		SSA employees		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Office of the Permanent Secretary	152,423	89.4 (83.2)	2,546	65.4 (1.4)	28,312	76.5 (15.4)	-	-	-	-	183,281	86.35
Department of Medical Services	7,071	4.2 (72.7)	242	6.2 (2.5)	2,411	6.5 (24.8)	-	-	-	-	9,724	4.58
Department of Health	1,917	1.1 (54.5)	169	4.3 (4.8)	1,434	3.9 (40.7)	-	-	-	-	3,520	1.66
Department of Disease Control	3,078	1.8 (49.8)	472	12.1 (7.6)	2,627	7.1 (42.6)	-	-	-	-	6,177	2.91
Department of Medical Sciences	988	0.6 (77.8)	42	1.1 (3.3)	240	0.6 (18.9)	-	-	-	-	1,270	0.60
Food and Drug Administration	614	0.4 (91.2)	3	0.1 (0.4)	56	0.2 (8.4)	-	-	-	-	673	0.32
Department of Mental Health	3,158	1.9 (62.0)	378	9.7 (7.4)	1,560	4.2 (30.6)	-	-	-	-	5,096	2.40
Department of Health Service Support	926	0.5 (70.4)	10	0.3 (0.8)	379	1.0 (28.8)	-	-	-	-	1,315	0.62
Department for Development of Thai Traditional and Alternative Medicine	161	0.1 (82.6)	31	0.8 (15.9)	3	0.01 (1.5)	-	-	-	-	195	0.09
Health Systems Research Institute	-	-	-	-	-	-	30	3.8 (81.1)	7	3.2 (18.9)	37	0.02
National Health Security Office	-	-	-	-	-	-	642	81.8 (79.6)	165	76.4 (20.4)	807	0.38
Emergency Medical Institute of Thailand	-	-	-	-	-	-	47	6.0 (51.6)	44	20.4 (48.4)	91	0.04
Healthcare Accreditation Institute	-	-	-	-	-	-	66	8.4 (100.0)	-	-	66	0.03
Total	170,336	100.0 (80.3)	3,893	100.0 (1.8)	37,022	100.0 (17.4)	785	100.0 (0.4)	216	100.0 (0.1)	212,252	100.0

Sources: 1. Bureau of Policy and Strategy, MoPH, October 2009.

2. State-supervised agencies (SSA)

Notes: 1. Figures for civil servants and permanent employees of all departments are based on the numbers of actually filled positions in October 2009.

2. Figures in parentheses are percentages of their respective horizontal lines (of their own departmental totals).

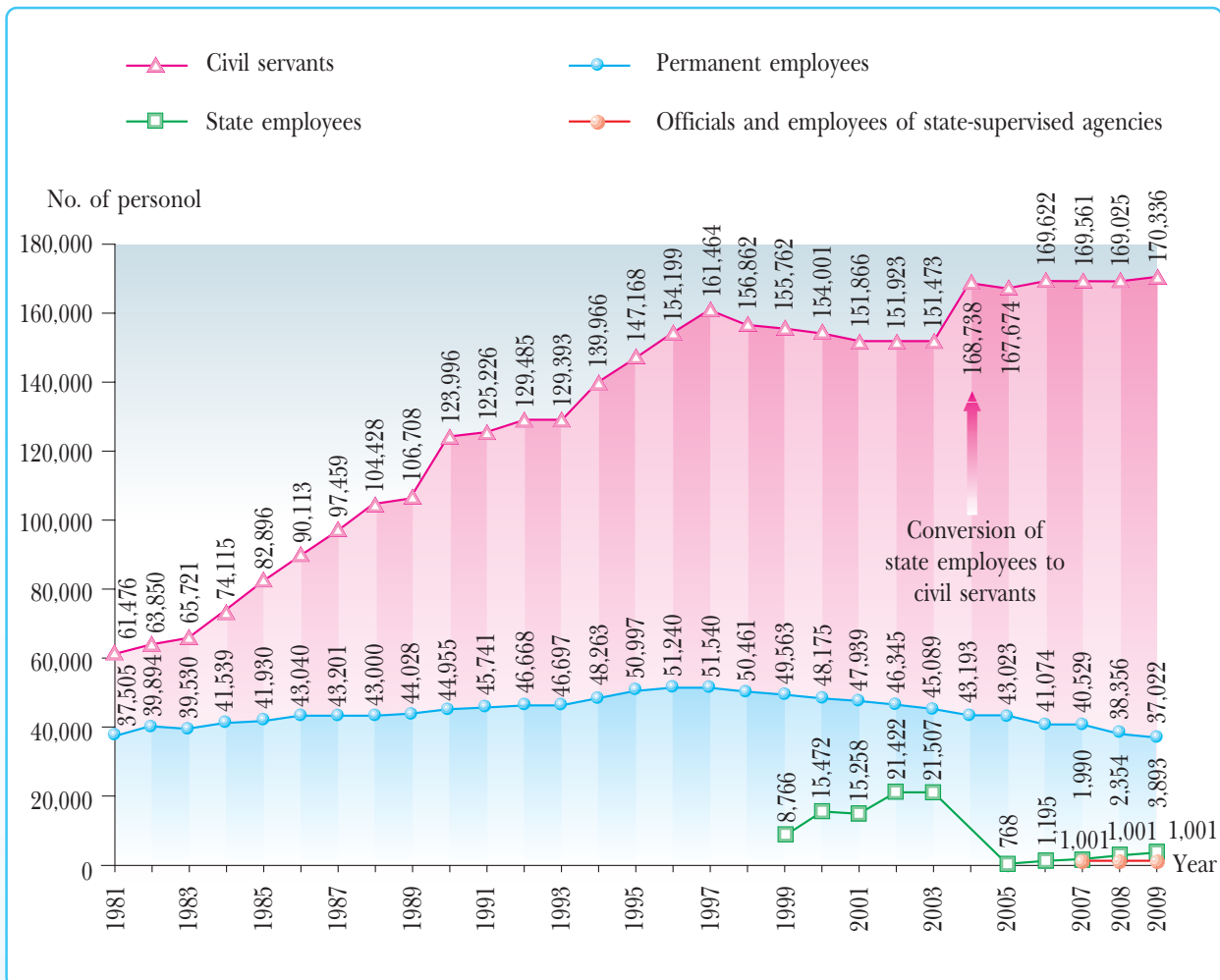


Table 7.3 Number of state employees of MoPH by professional category, 2009

Professional category	Number of personnel
1. Finance and accounting analysts/supply analysts/internal auditors	737
2. Diseases control officers/public health officers/pharmacy technicians/service support officers	353
3. Statisticians/computer technical officers/computer system analysts	336
4. Professional nurses	302
5. Environmentalists/public health technical officers	172
6. General service/financial/supply/statistical/data recording officials	172
7. Vocational therapists/physical therapists	332
8. Medical technologists	333
9. Plan and policy analysts	191
10. Legal officers/experts	72
11. Social workers/psychologists	149
12. Human resources officers	143
13. Medical scientists/medical science technicians/sports scientists	82
14. Foreign relations officers/public relations officers/dissemination technical officers/audiovisual technical officers	70
15. General administration officers/project coordination officers	146
16. Nutritionists	56
17. Engineers/technicians: civil works/mechanical/electrical/communicative electrical	65
18. Radiological technologists/radiographer technicians/x-ray technicians	62
19. Researchers/research assistants	16
20. Librarians/library service officers	16
21. Medical photographers/cardiology technologists	18
22. Pharmacists	6
23. Medical officers	1
24. Thai traditional medicine practitioners	9
25. Dental assistants/dental technicians	8
26. Instructors/special educators	11
27. Entomologists	35
Total	3,893

Source: Bureau of Policy and Strategy, MoPH, October 2009

Figure 7.7 Numbers of civil servants, permanent employees, and state employees of MoPH and officials/employees of state-supervised agencies under MoPH, fiscal years 1981–2009



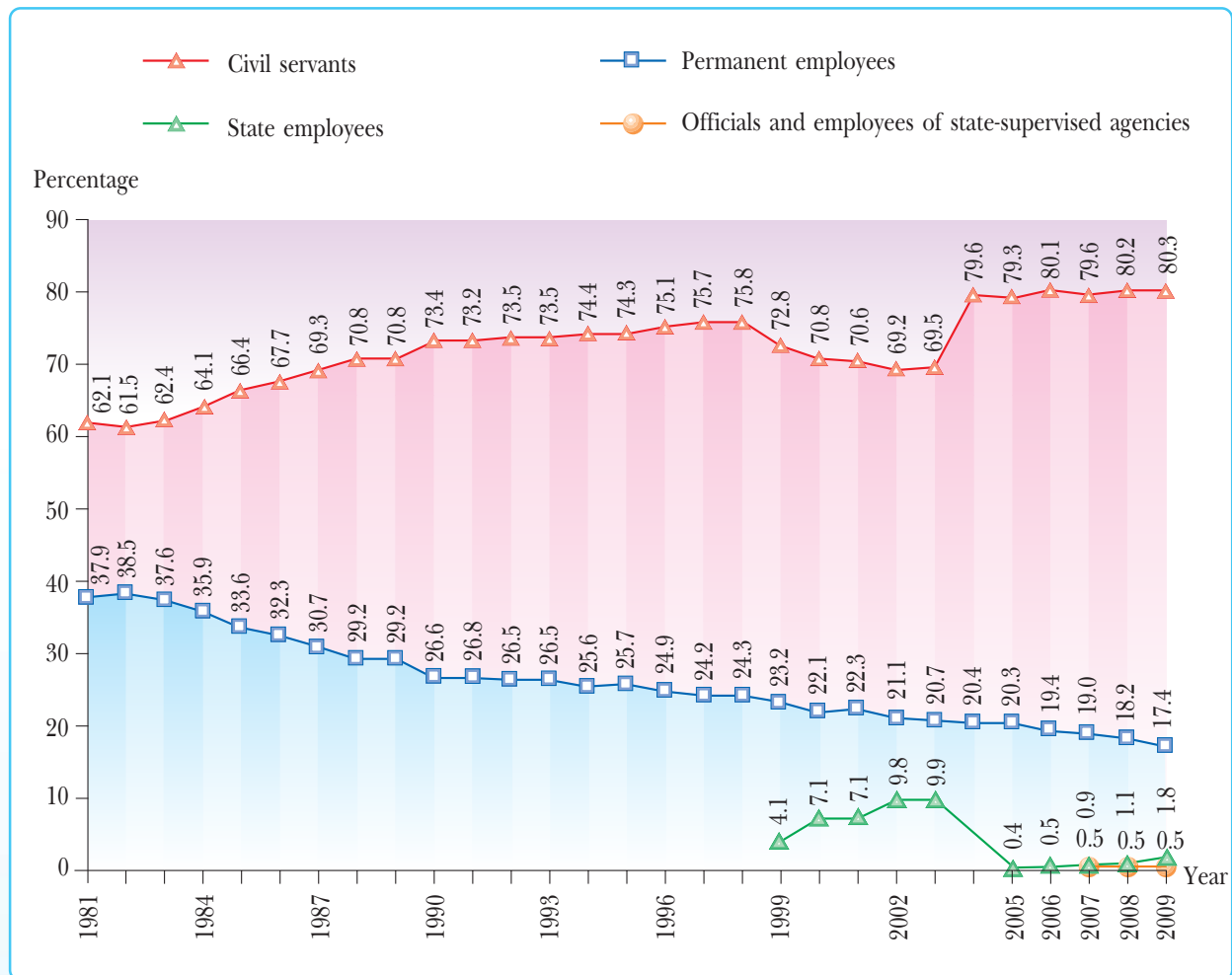
Sources: Data for 1981–1997 are derived from HEALTH DIARY of the National Health Association of Thailand.

Data for 1998–2009 are derived from personnel divisions of all departments, MoPH.

- Notes:**
1. For 1998 onwards, the data represent actually filled positions.
 2. Since 2004, MoPH has converted all state employees to civil servants.
 3. Since 2005, MoPH has had two categories of personnel by employment method, i.e. state employees and civil servants.



Figure 7.8 Proportions of civil servants, permanent employees, and state employees of MoPH and officials/employees in state-supervised agencies under MoPH, fiscal years 1981–2009



Sources: Data for 1981–1997 are derived from HEALTH DIARY of the National Health Association of Thailand.

Data for 1998–2009 are derived from personnel divisions of all departments, MoPH.

- Notes:**
1. For 1998 onwards, the data represent actually filled positions.
 2. Since 2004, MoPH has converted all state employees to civil servants.
 3. Since 2005, MoPH has had two categories of personnel by employment method, i.e. state employees and civil servants.

The workforce of the MoPH (excluding permanent/temporary employees, state employees, and officials/employees of state-supervised agencies) classified by major group/profession includes 170,336 officials of actually filled positions (2009) in 4 major categories: executive, managerial, knowledge worker and general positions; most of them (73.9%) are in medical, nursing and public health professionals (Table 7.4).

Table 7.4 Workforce of the MoPH (excluding state employees permanent/temporary employees and officials/employees of state-supervised agencies) by major group/profession: number and proportion of actually filled positions, 2009

Group/Professional category	Civil servants	
	No.	%
1. Executive and managerial positions		
- Executives, inspector-generals	42	0.02
2. Managerial positions		
- General and specialized directors	1,097	0.6
3. Knowledge worker positions		
3.1 Medical nursing and public health professions	125,940	73.9
3.1.1 Medicine	11,391	6.7
3.1.2 Dentistry	3,357	2.0
3.1.3 Pharmacy	6,039	3.5
3.1.4 Professional nursing	79,084	46.4
3.1.5 Veterinary medicine	14	0.01
3.1.6 Medical radiology	587	0.3
3.1.7 Medical technology	1,336	0.8
3.1.8 Medical science	800	0.5
3.1.9 Physical therapy/ physical/ occupational/ vocational therapy/ audiology	559	0.3
3.1.10 Psychology/ chemical psychology	213	0.1
3.1.11 Nutrition	228	0.1
3.1.12 Public health	22,218	13.0
3.1.13 Food and drug	91	0.1
3.1.14 Nursing	23	0.01
3.2 Other professions	4,134	2.4
3.2.1 Radiation physics	39	0.02
3.2.2 Prosthetics and orthotics/ medical photography	31	0.02
3.2.3 Academic art/ public relations/ dissemination/ audio- visual operation	76	0.04
3.2.4 Librarian	73	0.04
3.2.5 Instructor/ special education	238	0.1
3.2.6 Social welfare	356	0.2



ตารางที่ 7.4 (ต่อ)

Group/Professional category	Civil servants	
	No.	%
3.2.7 Environment/ agriculture/ general management/ human resources/ supply/ foreign relations/ finance and accounting/ internal audit/ statistics/ computer science	2,470	1.5
3.2.8 Legal affairs	157	0.1
3.2.9 Plan and Policy analysis	694	0.4
4. General positions	39,123	23.0
4.1 General service/ supply/ medical statistics/finance and accounting/ fiscal operation/ computer operation/ agriculture	7,794	4.6
4.2 Dissemination/ public relations/ audio-visual technique/ library service/ foreign relations/ graphic design/ photography	476	0.3
4.3 Dental health/ dental technician operation	4,380	2.6
4.4 Pharmacy	3,527	2.1
4.5 Nutrition	221	0.1
4.6 Medical radiology / medical science	4,064	2.4
4.7 Rehabilitation medicine/ vocational therapy/prosthetic-orthotic operation	567	0.3
4.8 Public health	12,474	7.3
4.9 Technical nursing	5,121	3.0
4.10 Survey / mechanical / electric / civil works technicians	499	0.3
Total	170,336	100.0

Source: Bureau of Policy and Strategy, MoPH, October 2009

- Notes:**
1. According to the 2008 Civil Service Act, Section 45 prescribes that there are four categories of civil servant positions, namely executive positions, managerial positions, knowledge work positions and general positions; and in 2008, 245 class series in 8 professional groups were revised.
 2. The number of hospital directors (828) under the MoPH has been included in the group of general and specialized directors.

Besides, since 1998, the government has implemented measures to downsize the public sector workforce such as not establishing new positions, except for an essential case, notifying of the positions that will be abolished due to retirement, abolishing vacant positions of permanent employees, and early retirement for civil servants. Such measures have resulted in the shortage of workforce in the MoPH. However, as the MoPH has to implement the universal healthcare scheme, temporary employees have to be hired with the government budget on a service contract basis and non-government budget has to be used. Between 2005 and 2009, it was found that the number of temporary employees increased by 35.7% from 84,341 to 114,494; the largest number was in the Office of the Permanent Secretary because there were increased health service workloads at health facilities under the universal healthcare policy, while the smallest number was noted for the Department for Development of Thai Traditional and Alternative Medicine (Table 7.5).

When considering the proportion of all kinds of personnel of the MoPH including temporary employees for the period 2005–2009, the proportions for civil servants and permanent employees declined from 56.5% and 14.5% in 2005 to 52.1% and 11.3% in 2009, respectively, while the proportion of temporary employees rose from 28.4% to 35.0% for the same period (Figure 7.9).

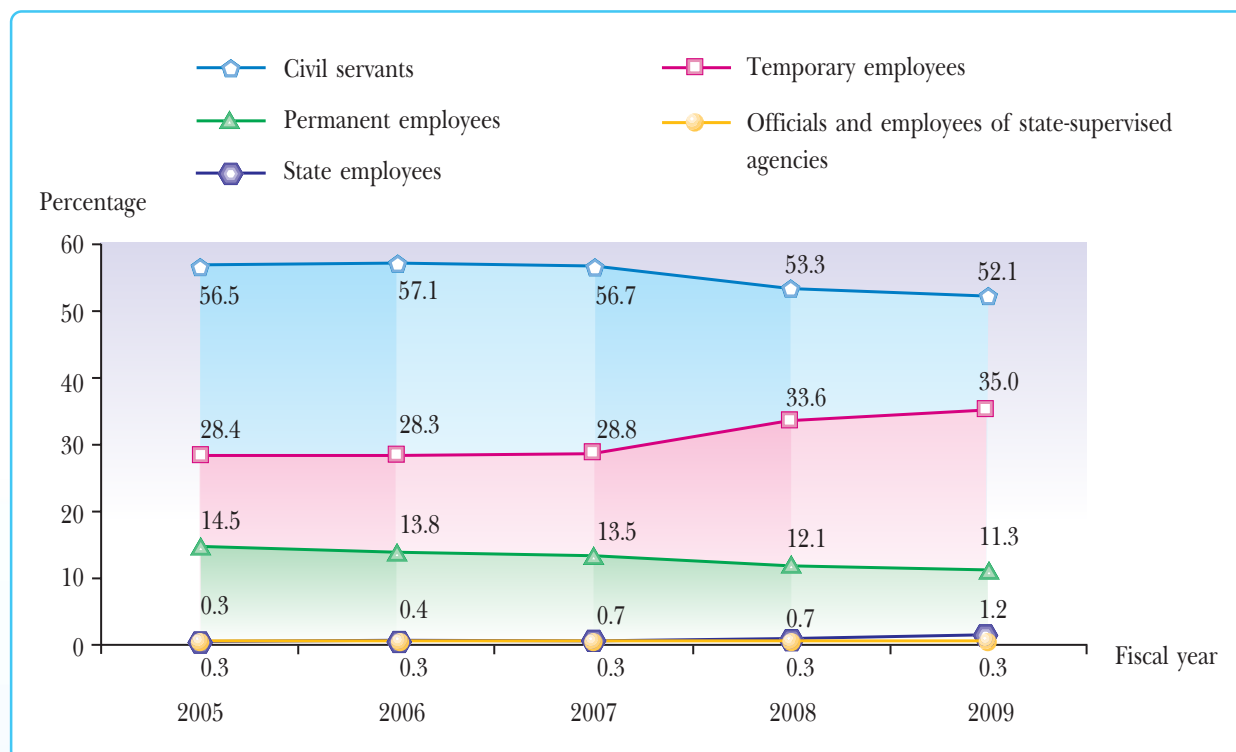
Table 7.5 Number of temporary employees in MoPH agencies, 2005–2009

Year	No. of employees									Total
	OPS	DMS	DoH	DDC	DMSc	FDA	DMH	DHSS	DTAM	
2005	NA	NA	NA	NA	NA	NA	NA	NA	NA	84,341
2006	NA	NA	NA	NA	NA	NA	NA	NA	NA	84,106
2007	75,539	6,135	505	842	937	469	1,922	9	-	86,358
2008	93,897	7,887	508	814	1,010	405	1,907	9	-	106,437
2009	102,833	6,594	549	908	1,013	546	1,963	47	41	114,494

Source: Data for 2005–2006, from Report on public sector workforce, Office of the Civil Service Commission. Data for 2007–2010, from Report on health resources, Bureau of Policy and Strategy, MoPH.

Notes: 1. Temporary employee means an employee hired with the government budget on a service-contract basis and with non-government budget.
2. No data were available before 2005.

Figure 7.9 Proportions of all kinds of personnel of MoPH (including temporary employees), fiscal years 2005–2009



Sources: - Personnel divisions of all departments, MoPH.
 - Report on health resources, Bureau of Policy and Strategy, MoPH.

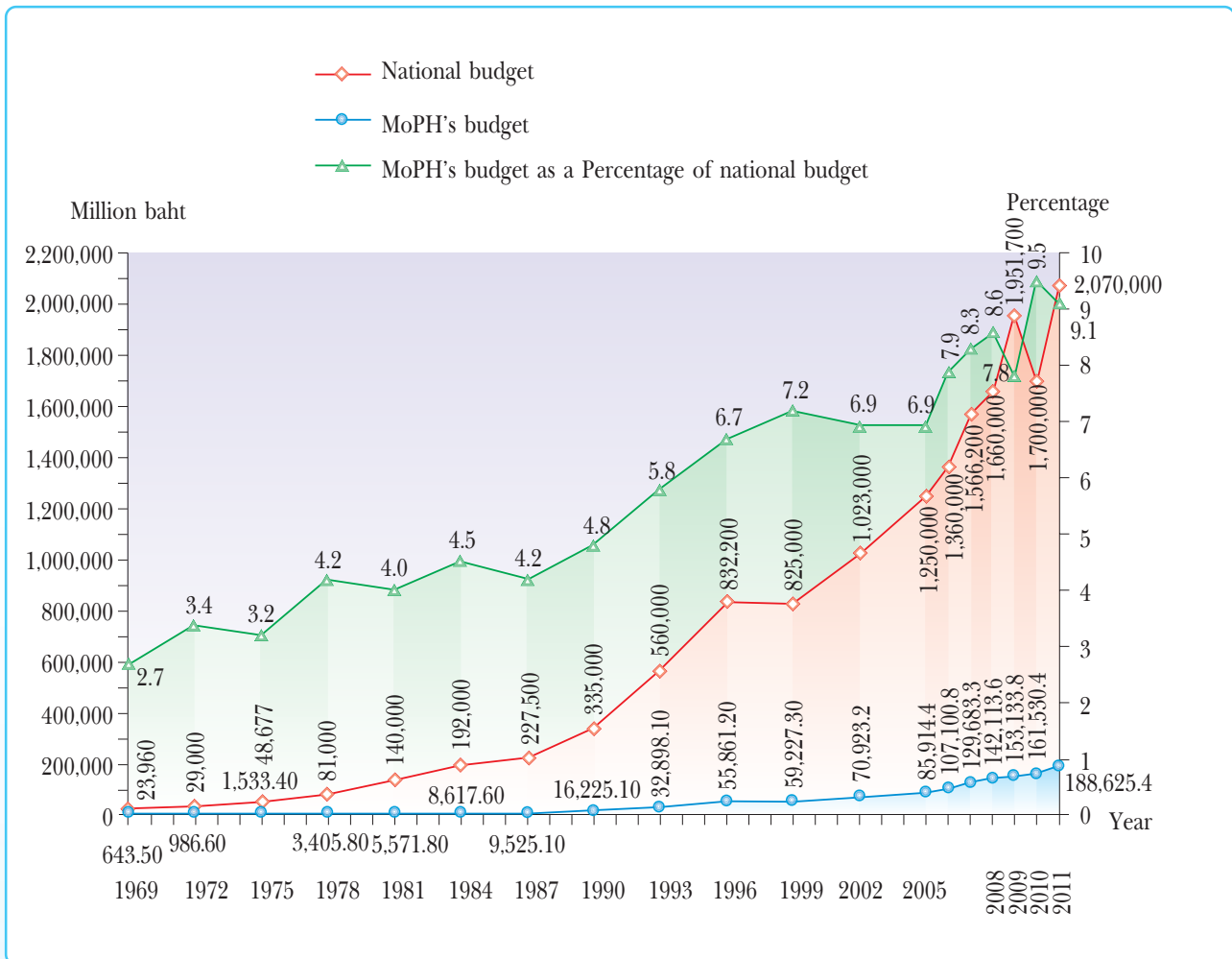
4.1.6 The Budget of the Ministry of Public Health

1) Proportion of the Budget

The proportion of annual budget allocated to the MoPH was 2.7–9.5% of the national budget during 1969-2011 (Figure 7.10) or approximately 0.4-1.6% of the gross domestic product (GDP). It can be noted that the MoPH's budget has increased significantly during the past decade, as the government has allocated more budget to the social service sector from 6.5% in 1993 to 10.1% in 2011, due to a decrease in foreign debt repayments and a lower proportion of security expenditure (Figure 7.12) and the implementation of the universal healthcare policy (Figure 7.11). In FY 2011, the budget of 87,567.5 million baht is allocated for the MoPH plus a health insurance revolving fund of 101,057.9 million baht, totalling 188,625.4 million baht, or 9.1% of the national budget (Figure 7.10).

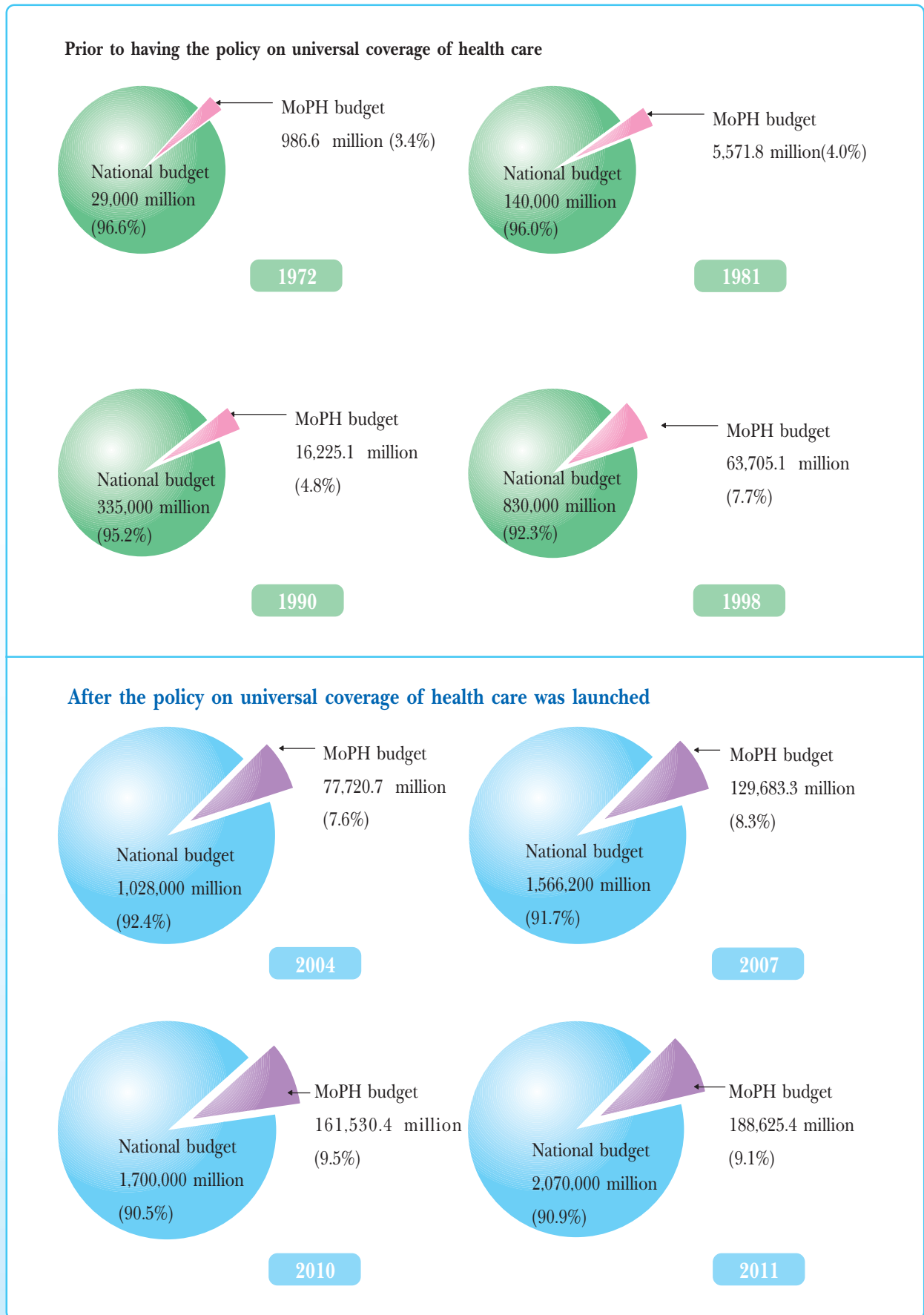
In real terms, the value of the budget for the post-economic crisis period (1998-2001) was less than that for 1996. It is noteworthy that there were large amounts of foreign loans during 1997-2001. But since the launch of the universal healthcare scheme in 2002, the value of the budget for 2002–2011 is 1.1–2.2 times higher than that for 1996 (Table 7.6).

Figure 7.10 Amounts and proportions of MoPH's budget compared with the national budget (present value), FYs 1969–2011



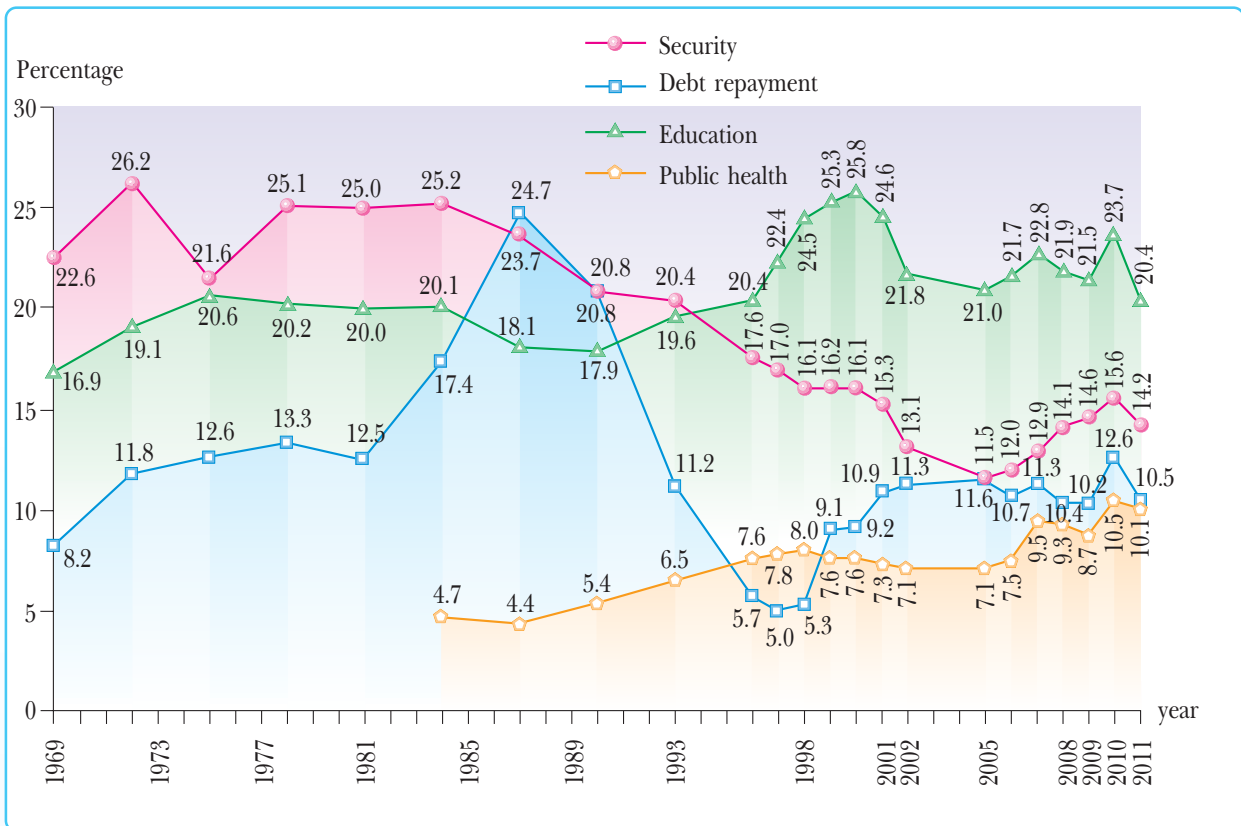
Sources: - Bureau of Policy and Strategy, Ministry of Public Health.
 - Bureau of the Budget.

Figure 7.11 MoPH's budget compared with the national budget (baht)



Source: Figure 7.9

Figure 7.12 Proportions of security, debt repayment, education and public health budget compared with the national budget, FYs 1969–2011



Source: Bureau of the Budget.

Note: There were no health budget data available for 1969-1981 as the health budget was included in the community social welfare service budget.



Table 7.6 MoPH's budget in present value and real terms (million baht)

Year	MoPH budget	Health Insurance revolving fund	Total MoPH budget (present value)	Consumer price index (1994 = 100)	Budget at 2011 value	Increase/ decrease from previous year (2011 value)	As percentage of national budget
1992	24,640	-	24,640	92.1	45,454	-	-
1993	32,898	-	32,898	95.2	58,712	+29.2	5.9
1994	39,319	-	39,319	100.0	66,803	+13.8	6.3
1995	45,103	730	45,833	105.8	73,601	+10.2	6.4
1996	55,236	625	55,861	111.8	84,891	+15.3	6.7
1997	66,544	1,030	67,574 (68,934)	118.2	97,130 (99,085)	+14.4 (+16.7)	7.3 (7.5)
1998	62,625	1,080	63,705 (65,065)	127.7	84,757 (86,566)	-12.7 (-12.6)	7.7 (7.8)
1999	57,171	2,056	59,227 (62,787)	128.0	78,615 (83,340)	-7.2 (-3.7)	7.2 (7.6)
2000	58,426	2,215	60,641 (63,001)	130.1	79,192 (82,274)	+0.7 (-1.3)	7.1 (7.3)
2001	58,697	2,400	61,097 (61,563)	132.2	78,520 (79,119)	-0.8 (-3.8)	6.7 (6.8)
2002	43,311	27,612	70,923	133.0	90,600	+15.4	6.9
2003	41,996	32,138	74,134	135.5	92,955	+2.6	7.4
2004	45,147	32,573	77,720	139.3	94,793	+2.0	7.6
2005	45,024	40,890	85,914	145.5	100,322	+5.8	6.9
2006	52,672	54,429	107,101	152.3	119,478	+19.1	7.9
2007	62,319	67,364	129,683	155.8	141,419	+18.4	8.3
2008	65,515	76,599	142,114	164.2	147,047	+4.0	8.6
2009	72,536	80,598	153,134	162.8	159,812	+8.7	7.8
2010	72,146	89,385	161,530	169.3	162,102	+1.4	9.5
2011	87,568	101,057	188,625	169.9 ⁽¹⁾	188,625	+16.4	9.1

Source: Bureau of Policy and Strategy, Ministry of Public Health.

- Notes:**
1. MoPH's budget figures have included the budget of other agencies under MoPH's supervision, i.e. Health Systems Research Institute and National Health Security Office.
 2. The numbers in () include foreign loans for health programmes in 1997–2001: from Sweden, Denmark, OECF, The World Bank, Asian Development Bank and Japan (Miyazawa Plan) in 1997 for 1,360 million baht; in 1998 for 1,360 million baht; in 1999 for 3,560 million baht; in 2000 for 2,360 million baht; and in 2001 for 466 million baht.
 3. For FYs 1995-2001, the MoPH received a supplementary budget for health insurance cards called "health insurance card revolving funds", which were previously included the MoPH's budget.
 4. Since FY 2002, the MoPH has received a budget as "health insurance revolving fund" in stead of "health insurance card revolving fund and the revolving fund has been managed and allocated by the National Health Security Office since 2005.
 5. ⁽¹⁾Consumer price index as of January 2011.
 6. The health insurance revolving fund does not include personnel and operating costs.

2) Budget Allocation by Department

In considering the proportions of budget allocated for each department, it was found that in 2011 the National Health Security Office (including the health security revolving fund) received the largest proportion (54.1%), followed by the Office of the Permanent Secretary for Public Health (37.2%, including salaries for civil servants and employees, which are part of the universal healthcare budget), and the Healthcare Accreditation Institute (Public Organization) received the least (0.03%) (Table 7.7 and Figure 7.13).

Table 7.7 The budget of the Ministry of Public Health, 2003-2011

Department	Budget received (million baht)																		
	2003		2004		2005		2006		2007		2008		2009		2010		2011		
	Amount	Increase/Decrease from 2003(%)	Amount	Increase/Decrease from 2004(%)	Amount	Increase/Decrease from 2004(%)	Amount	Increase/Decrease from 2005(%)	Amount	Increase/Decrease from 2006(%)	Amount	Increase/Decrease from 2007(%)	Amount	Increase/Decrease from 2008(%)	Amount	Increase/Decrease from 2009(%)	Amount	Increase/Decrease from 2010(%)	
- Whole country	999,900.0	+2.8	1,028,000.0	+2.8	1,250,000.0	+21.6	1,360,000.0	+8.8	1,566,200.0	+16.2	1,660,000.0	+6.0	1,951,700.0	+17.6	1,700,000.0	-12.9	2,070,000.0	+21.8	-
- MoPH	74,133.9	+4.8	77,720.7	+4.8	85,914.4	+10.5	107,100.8	+24.8	129,683.3	+21.1	142,113.6	+9.6	153,133.8	+7.8	161,530.4	+5.5	188,625.4	+16.8	-
- Office of the Permanent Secretary	28,978.7	+1.0	32,177.5	+1.0	32,096.6	-0.3	41,016.8	+27.8	49,115.0	+19.7	51,626.9	+5.1	57,058.0	+10.5	58,170.7	+2.0	70,110.4	+20.5	37.2
- Department of Medical Services	2,490.4	+7.0	2,664.7	+7.0	2,721.6	+2.1	2,937.9	+7.9	3,421.8	+16.5	3,481.2	+1.7	3,758.3	+8.0	3,494.2	-7.0	5,389.4	+54.2	2.9
- Department of Disease Control	3,635.6	+12.3	4,081.5	+12.3	4,048.7	-0.8	2,736.3	-32.4	3,133.2	+14.5	3,379.1	+7.8	3,487.2	+3.2	3,192.2	-8.5	3,367.3	+5.5	1.8
- Department of Health	1,185.6	+13.1	1,340.8	+13.1	1,361.2	+1.5	1,366.7	+0.4	1,539.5	+14.1	1,652.7	+6.0	1,776.9	+7.5	1,524.5	-14.2	1,735.2	+13.8	0.9
- Department of Mental Health	1,532.2	+4.5	1,623.4	+4.5	1,721.7	+6.1	1,659.7	-3.6	1,888.6	+13.8	1,917.4	+1.5	2,018.8	+5.3	1,917.3	-5.0	2,330.2	+21.5	1.2
- Department of Health Services Support	1,125.6	+7.8	1,203.4	+7.8	1,271.7	+5.6	1,369.7	+7.7	1,539.5	+12.3	1,652.7	+7.8	1,776.9	+7.5	1,524.5	-14.2	1,735.2	+13.8	0.9
- Department of Medical Sciences	747.3	+24.1	927.2	+24.1	973.1	+4.9	891.2	-8.4	888.2	-5.9	908.4	+8.4	916.3	+0.9	781.9	-14.7	904.3	+15.6	0.5
- Department for Development of Thai Traditional and Alternative Medicine	73.7	+63.0	120.1	+63.0	113.0	-5.9	113.1	+0.08	134.1	+18.6	151.6	+13.0	368.9	+143.3	173.3	-53.0	255.6	+47.5	0.1
- Food and Drug Administration	495.5	+2.3	507.1	+2.3	667.1	+31.6	613.1	-8.1	627.0	+2.3	657.4	+4.8	686.7	+4.5	567.7	-17.3	700.4	+23.4	0.4
- Health Systems Research Institute	1,099	-11.8	96.9	-11.8	88.7	-8.5	79.0	-10.9	99.4	+25.8	120.5	+21.2	119.9	-0.5	186.8	+55.8	90.6	-51.5	0.05
- National Health Security Office	1,600.0	-36.2	1,021.3	-36.2	625.0	-38.8	644.9	+3.2	810.9	+25.7	807.7	-0.4	996.7	+16.0	858.5	-8.3	961.3	+12.0	0.5
- Emergency Medical Institute of Thailand	-	-	-	-	-	-	-	-	-	-	-	-	112.2	-	54.7	-51.2	164.8	+201.3	0.09
- Healthcare Accreditation Institute	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50.4	-	0.03
- Health Insurance Revolving Fund	32,138.5	+1.4	32,572.8	+1.4	40,889.9	+25.5	54,428.6	+33.4	67,364.1	+23.8	76,598.8	+13.7	80,597.7	+5.2	89,384.8	+10.9	101,057.9	+13.0	53.6
- Thai Traditional Medicine Wisdom Fund	-	-	-	-	100	0.0	20.00	+100.0	40.0	+100.0	80.0	+100.0	150.0	+87.5	130.0	-13.3	138.0	+6.1	0.07
- National Emergency Medicine Fund	-	-	-	-	-	-	-	-	-	-	-	-	390.3	-	390.3	0.0	525.0	+34.5	0.3

Sources: 1. Bureau of Policy and Strategy, Ministry of Public Health.

2. National Health Security Office.

Notes: 1. For 1997 - 2001, the budget for the Office of the Permanent Secretary included the health insurance card subsidies.

2. For 2002 - 2011, the budget for the Office of the Permanent Secretary included salaries and wages, which were part of the universal healthcare budget.

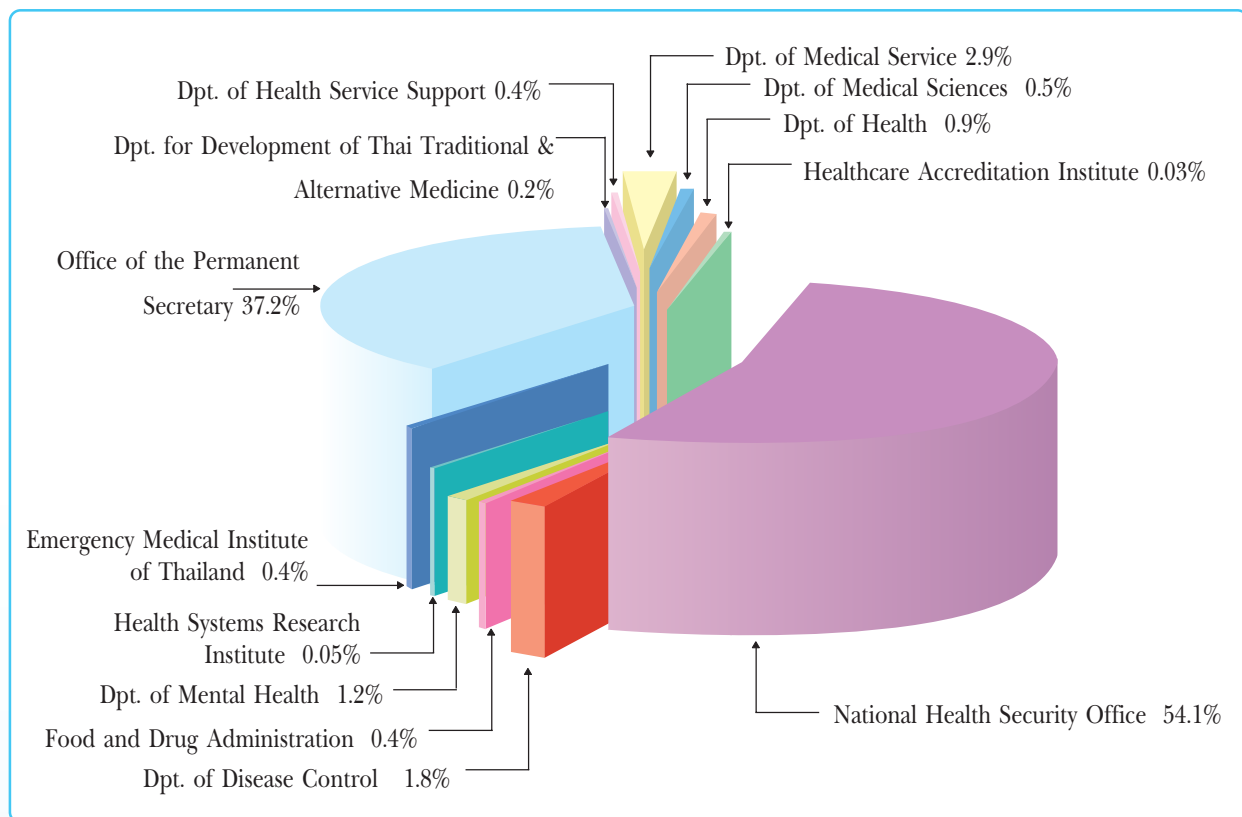
3. The Department of Health Service Support and the Department for Development of Thai Traditional and Alternative Medicine, newly established agencies, according to the bureaucratic reform policy, have received their own budget since FY 2003.

4. The National Health Security Office, a newly established agency under the supervision of the MoPH, has received its own budget since FY 2002.

5. The Emergency Medical Institute of Thailand, a newly established agency under the supervision of the MoPH, has received its own budget since FY 2009.

6. The Healthcare Accreditation Institute, a newly established agency under the supervision of the MoPH, has received its own budget since from FY 2011 an awards.

Figure 7.13 Proportion of MoPH's budget by agency, 2011



Source: Table 7.7.

- Note:**
1. The budget of the National Health Security Office includes the budget for the Health Security Revolving Fund.
 2. For the Department for Development of Thai Traditional and Alternative Medicine, the budget has included that for the Thai Traditional Medicine Wisdom Fund.
 3. For the Emergency Medical Institute of Thailand, the budget includes that for the National Emergency Medicine Fund.

3) Budget Allocation by Programme

MoPH's budget for 2002–2011 has been allocated for the implementation of nine major programmes (Table 7.8). It should be noted that the universal healthcare scheme is implemented in accordance with the policy of the present government. Thus, its budget has been increased at a much higher rate while those for other programmes tend to receive a smaller or constant budget (Figure 7.14).

Nevertheless, as the budgetting system has been changed from the Planning, Programming and Budgetting System to the Results-Based Budgetting System, there have been limitations in collecting all data on budget allocation by programme operation.

Table 7.8 Health budget allocation by major programme, 2002 - 2011 (in million baht)

Type of programme	2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		
	Amount	Increase/Decrease from 2002(%)	Amount	Increase/Decrease from 2003(%)	Amount	Increase/Decrease from 2004(%)	Amount	Increase/Decrease from 2005(%)	Amount	Increase/Decrease from 2006(%)	Amount	Increase/Decrease from 2007(%)	Amount	Increase/Decrease from 2008(%)	Amount	Increase/Decrease from 2009(%)	Amount	Increase/Decrease from 2010(%)	Amount	Increase/Decrease from 2010(%)	
1. Universal health security	53,022.9	+8.8	57,697.2	+8.8	60,431.2	+4.7	68,207.6	+12.9	78,535.7	+15.3	86,594.5	+10.3	100,949.7	+16.6	128,767.7	+27.6	140,750.3	+9.3	167,526.3	+19.0	88.8
2. Disease prevention/control and health promotion	7,619.9	NA	6,296.0 ²	NA	4,951.2 ³	NA	2,968.4 ⁴	-0.7	2,944.0	+21.8	3,584.7	+21.8	4,197.5	+17.1	4,301.5	+2.5	3,752.7	-12.8	5,035.9	+34.2	2.7
3. Health system development	1,519.6	+10.2	1,674.0	+10.2	2,474.5	NA	3,292.2	+33.0	3,235.6	-1.7	4,026.5	+24.4	5,373.3	+33.4	5,976.7	+11.2	5,470.8	-8.5	5,393.3	-1.4	2.8
4. Support for the production and development of personnel	1,501.5	-2.4	1,464.6	-2.4	1,495.9	+2.1	1,647.9	+10.2	1,919.3	+16.5	2,426.9	+26.4	3,333.8	+37.4	3,060.7	-8.2	3,031.0	-1.0	3,277.0	+8.1	1.7
5. Development of standards and quality of health services and product	812.9	+0.8	819.6	+0.8	1,085.0	+32.4	1,446.9	+33.3	1,513.1	+4.6	1,632.1	+7.9	1,582.6	-3.0	1,891.7	+19.5	1,654.3	-12.5	2,017.9	+22.0	1.1
6. AIDS prevention and control	698.7	+26.7	885.1	+26.7	1,355.1	+53.1	1,321.5	-2.5	3,087.4 ⁵	+133.6	4,073.4	+31.9	4,638.1	+3.0	3,228.5 ⁶	NA	3,026.9	NA	3,146.3	NA	1.7
7. Drug abuse prevention and resolution	524.7	+2.6	538.2	+2.6	1,100.1	+104.4	842.1	-23.5	483.1	-42.6	526.5	+9.0	521.9	-0.9	639.6	+22.6	553.0	-13.5	691.5	+25.0	0.4
8. Thai traditional and alternative medicine	39.1	+88.5	73.7	+88.5	120.1	+63.0	122.9	+2.3	126.9	+3.2	195.5	+54.1	275.3	+40.8	444.0	+61.3	330.5	-25.6	393.6	+19.1	0.2
9. Medical rehabilitation services for patients and the disabled	65.7	+21.0	79.5	+21.0	82.1	+3.3	87.1	+6.1	93.8	+7.7	120.4	+28.4	112.3	-6.7	129.0	+14.9	104.7	-18.8	134.7	+28.7	0.1

Source: Bureau of Policy and Strategy, Ministry of Public Health.

Notes: ¹ Approx 11% of the budget for the universal healthcare scheme is earmarked for health promotion and disease prevention.

² For FY 2003, the budget for disease prevention/control and health promotion was decreased as the Department of Health had transferred its programmes on environmental surveillance and analysis and water supply provision to the Ministry of Natural Resources and Environment, according to the bureaucratic reform policy.

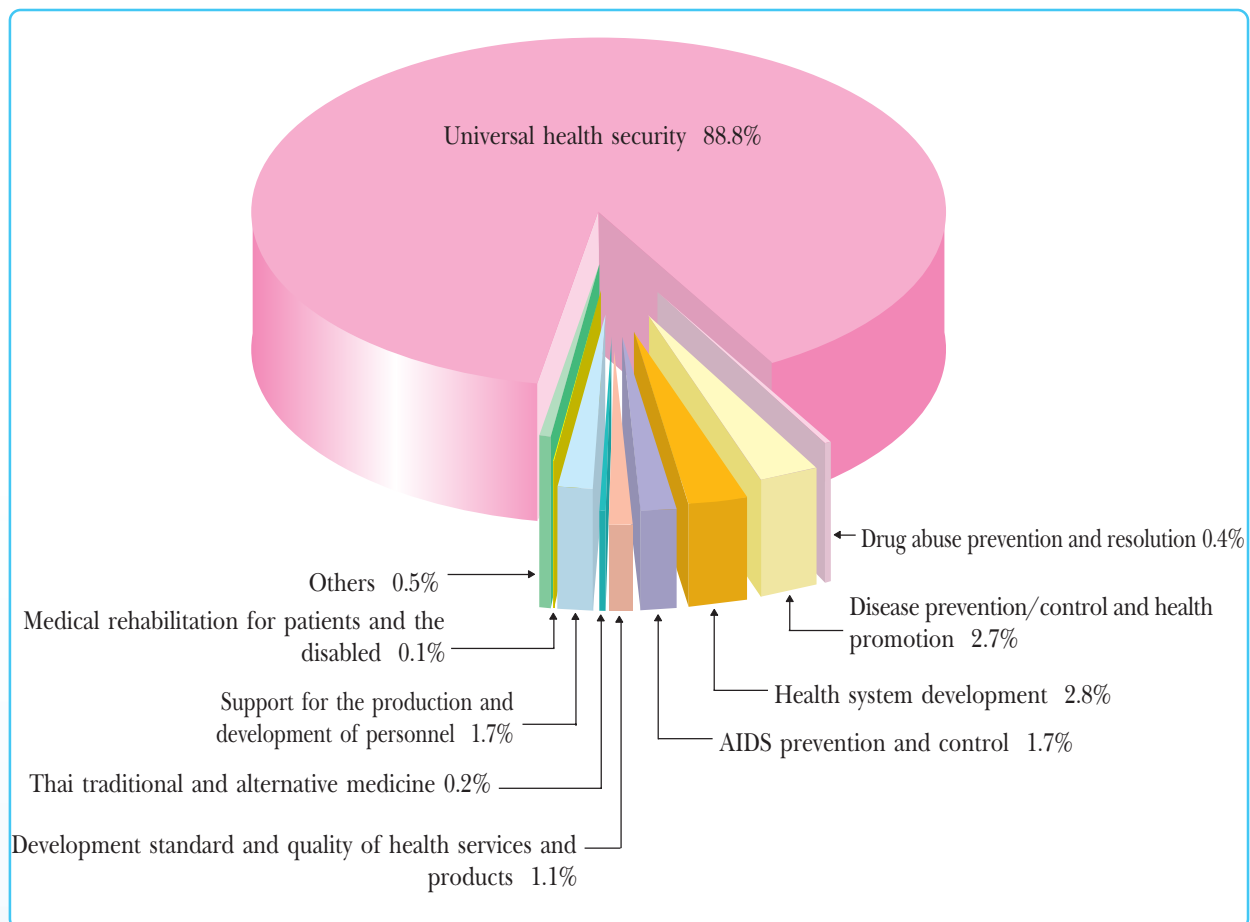
³ Since FY 2004, the budget for disease prevention/control and health promotion has been decreased as the Department of Health had revised its role and thus the budget for such purpose has been shifted to the health system development programme.

⁴ Since FY 2005, the budget for disease prevention/control of the Department of Mental Health and Medical Services has been shifted to the health system development programme; so their budget for such purpose has decreased.

⁵ Since 2006, more budget has been allocated for the purchase of antiretroviral drugs; so the budget for the HIV/AIDS programme has increased considerably.

⁶ Since 2009, the budget for AIDS prevention and Control has not been able to be determined for the MoPH Office of the Permanent Secretary since the budget is part of the surveillance of diseases and health threats at the local level, so the budget for such purpose has decreased.

Figure 7.14 Proportion of MoPH budget by major programme, 2011



Source: Bureau of Policy and Strategy, Ministry of Public Health.

Note: Approximately 11% of the budget for the universal healthcare scheme is allocated for health promotion and disease prevention.

4) Budget Allocation by Type of Expenditure

A large proportion of the budget of the Ministry of Public Health (35–47%) is used for staff salaries/wages and operating costs, which have been rising to 58.8% in 2011. As the government has had the universal healthcare policy (for all Thai people), a larger proportion of the health budget is allocated for this purpose, while the investment budget has got its proportion declining considerably according to the economic condition to only 5.2% in 2010, but rising to 11.1% in 2011 in line with the Thailand: Investing from Strength to Strength (Thai Khem Khaeng) policy of the government (Table 7.9).



During the first economic crisis (1983–1986), the investment budget decreased from 22.1% in 1982 to 11.3% in 1987 (Figure 7.16). However, during the economic expansion in 1988–1996, the investment budget rose to 38.7% in 1997 but dropped again during the 1997 economic crisis to only 8.8% in 2001. During another economic crisis in 2008, the proportion of investment budget dropped to 5.2% in 2010, but rose to 11.1% in 2011 as there are many construction projects for developing the health service system under the Thai Khem Khaeng Scheme.

Notably, although the MoPH was allocated a much less budget during the economic crisis (Table 7.6), it still gives high priority to the budget allocation for helping the poor and underprivileged. The budget for such purposes has actually increased to the level higher than before (Table 7.15). Since 2002, the government has been supporting such programmes called the budget for universal healthcare for all Thai people through the health insurance revolving fund (capitation payment) covering a population of 46 million who have never had any health insurance coverage before. The annual capitation rates are 1,202.4 baht for 2002 and 2003, 1,308.5 baht for 2004, 1,396.30 baht for 2005, 1,659.2 baht for 2006, 1,899.69 baht for 2007, 2,100 baht for 2008, 2,202 baht for 2009, 2,401.33 baht for 2010 and 2,546.48 baht for 2011.

Table 7.9 Budget received by the Ministry of Public Health, FYs 2001-2011 (present value: amount in million baht)

Category of budget	2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
1. Salaries and wages	28,807.6	47.2	29,532.3	41.7	33,035.0	44.6	34,664.7	44.6	34,818.1	40.5	42,908.7	40.1	47,518.7	36.6	50,140.0	35.3	54,145.3	35.4	55,649.4	34.5	56,726.0	30.1
1.1 Salaries and permanent wages	28,757.0	47.1	29,489.2	41.6	32,991.3	44.5	34,620.4	44.5	34,770.9	40.5	42,769.8	40.0	47,314.6	36.5	49,871.3	35.1	53,689.3	35.1	55,102.6	34.1	55,979.4	29.7
1.2 Temporary wages	50.6	0.1	43.1	0.1	43.7	0.1	44.3	0.1	47.2	0.1	138.9	0.1	204.1	0.1	268.7	0.2	456.0	0.3	546.8	0.4	746.6	0.4
2. Operating budget	26,910.6	44.0	35,786.5	50.4	37,780.6	51.0	37,864.8	48.7	46,294.4	53.8	56,376.0	52.6	73,330.7	56.6	81,854.5	57.6	86,971.4	56.8	97,436.0	60.3	110,819.2	58.8
2.1 Compensation, supplies and miscellaneous	9,728.1	15.9	4,403.5	6.2	5,667.1	7.6	6,607.7	8.5	6,448.9	7.5	5,523.1	5.2	7,848.2	6.1	8,142.5	5.7	8,587.8	5.6	10,714.9	6.6	10,722.8	5.7
2.2 Public utilities	848.0	1.4	325.0	0.4	317.0	0.4	309.0	0.4	411.7	0.5	368.7	0.3	384.2	0.3	392.6	0.3	386.8	0.3	389.5	0.2	535.9	0.3
2.3 Subsidies	14,171.5	23.2	3,964.7	5.6	3,166.4	4.4	2,275.4	2.9	2,014.3	2.3	2,107.0	1.9	2,740.8	2.1	3,245.6	2.3	3,655.2	2.4	3,406.9	2.1	4,704.6	2.5
2.4 Other expenses	2,163.0	3.5	27,093.3	38.2	28,630.1	38.6	28,672.7	36.9	37,349.5	43.4	48,377.2	45.2	62,357.5	48.1	70,073.9	49.3	74,341.6	48.5	82,924.7	51.3	94,855.9	50.3
3. Investment budget	5,379.0	8.8	5,604.3	7.9	3,318.3	4.4	5,191.2	6.7	4,871.9	5.6	7,816.1	7.3	8,833.7	6.8	10,119.1	7.1	12,017.1	7.8	8,444.9	5.2	21,080.2	11.1
3.1 Equipment, land and construction	61,097.2	100.0	70,923.2	100.0	74,133.9	100.0	77,720.7	100.0	85,914.4	100.0	107,100.8	100.0	129,683.3	100.0	142,113.6	100.0	153,133.8	100.0	161,530.3	100.0	188,625.4	100.0
Total																						

Source: Bureau of Policy and Strategy, Ministry of Public Health

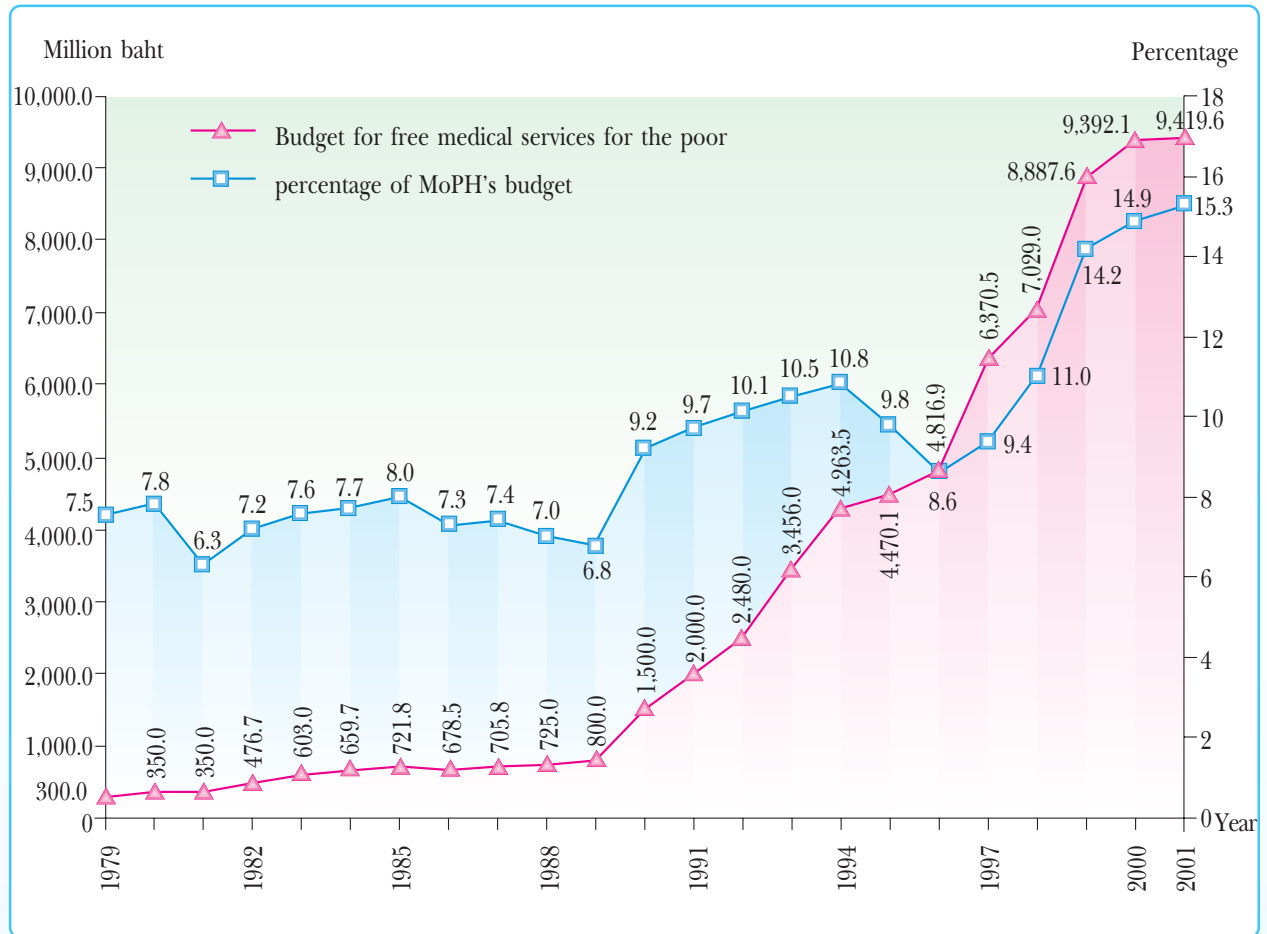
หมายเหตุ: 1. For FYs 1997-2001, subsidies include health insurance card counterpart funds: 1,030 million baht for 1997; 1,080 million baht for 1998; 2,056 million baht for 1999; 2,215 million baht for 2,000; and 2,400 million baht for 2001.

2. For FYs 2002-2011, other expenses include health insurance revolving funds less the investment budget for the National Health Security Office, which is 24,183.2 million baht for 2002; 28,608.8 million baht for 2003; 28,652.4 million baht for 2004; 37,286.3 million baht for 2005; 48,269.4 million baht for 2006; 60,717.8 million baht for 2007; 69,886.1 million baht for 2008; 73,606.7 million baht for 2009; 82,301.0 million baht for 2010; 93,921.3 million baht for 2011.

3. For FYs 2002-2011, MoPH's investment budget include the investment budget of the National Health Security Office, which is 3,428.8 million baht for 2002; 1,929.6 million baht for 2003; 3,920.4 million baht for 2004; 3,603.7 million baht for 2005; 6,132.2 million baht for 2006; 6,646.3 million baht for 2007; 6,712.7 million baht for 2008; 6,991.0 million baht for 2009; 7,083.7 million baht for 2010; 7,136.6 million baht for 2011.



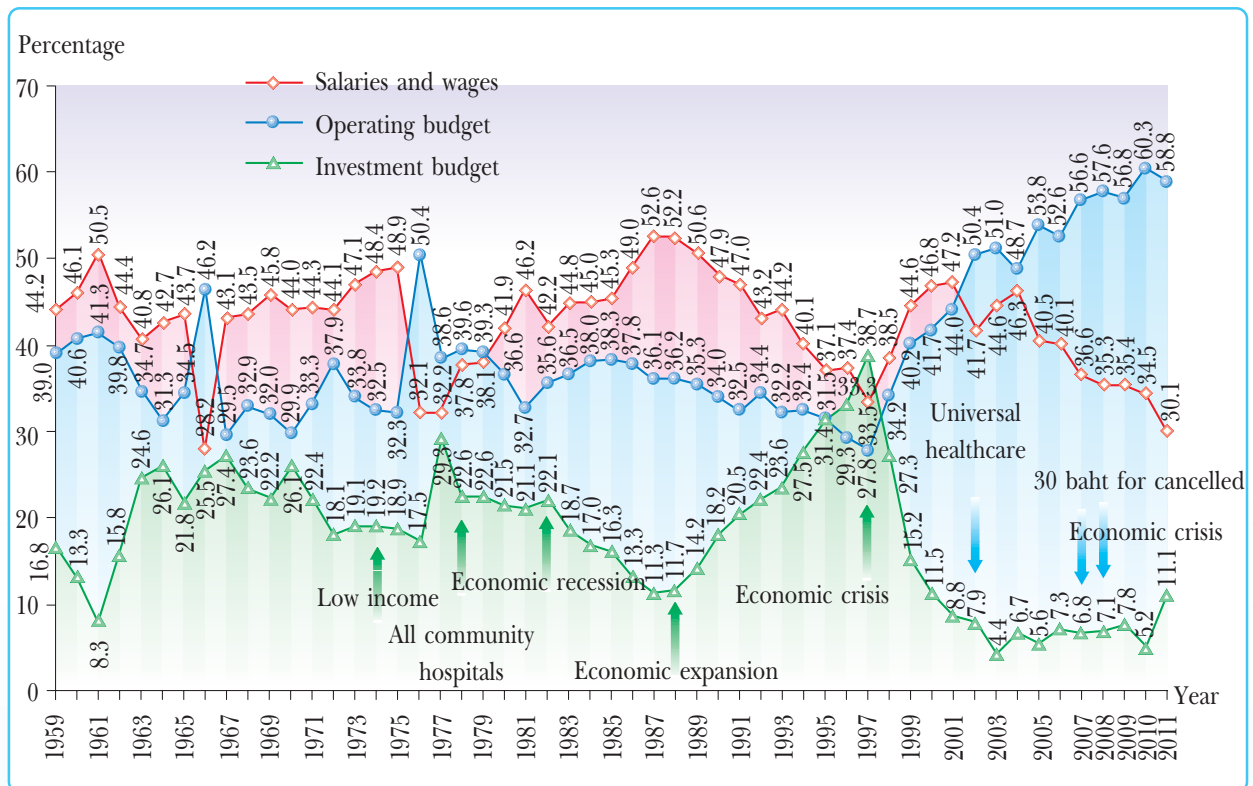
Figure 7.15 Budget for free medical services for the poor and underprivileged as percentage of MoPH's budget, 1979–2001



Source: Bureau of Policy and Strategy, Ministry of Public Health.

Note: Since 2002, the budget for medical services for the poor has been converted to the budget for the universal healthcare scheme for all Thai people.

Figure 7.16 Percentage of MoPH budget by budget category, 1959–2011



Source: Bureau of Policy and Strategy, Ministry of Public Health.

4.1.7 Health Information System (MoPH only)

Prior to the 4th National Development Plan period (1977–1981), the MoPH collected a lot of health information reports and statistics, but they were scattered in various agencies. As a result, it was rather hard to compile them for proper use; and the analyses were incorrect resulting in the low levels of data quality and accuracy. Therefore, since the 4th Plan period, the MoPH has implemented the Health Information System Development Project aimed at improving the quality of health information so that it is accurate and comprehensive. The modern technology has been introduced to the development of health information system and the capacity building, using computerized systems at the central and provincial levels. The Management Information System has also been established so that the administrators are able to use the information for decision-making at all management levels.

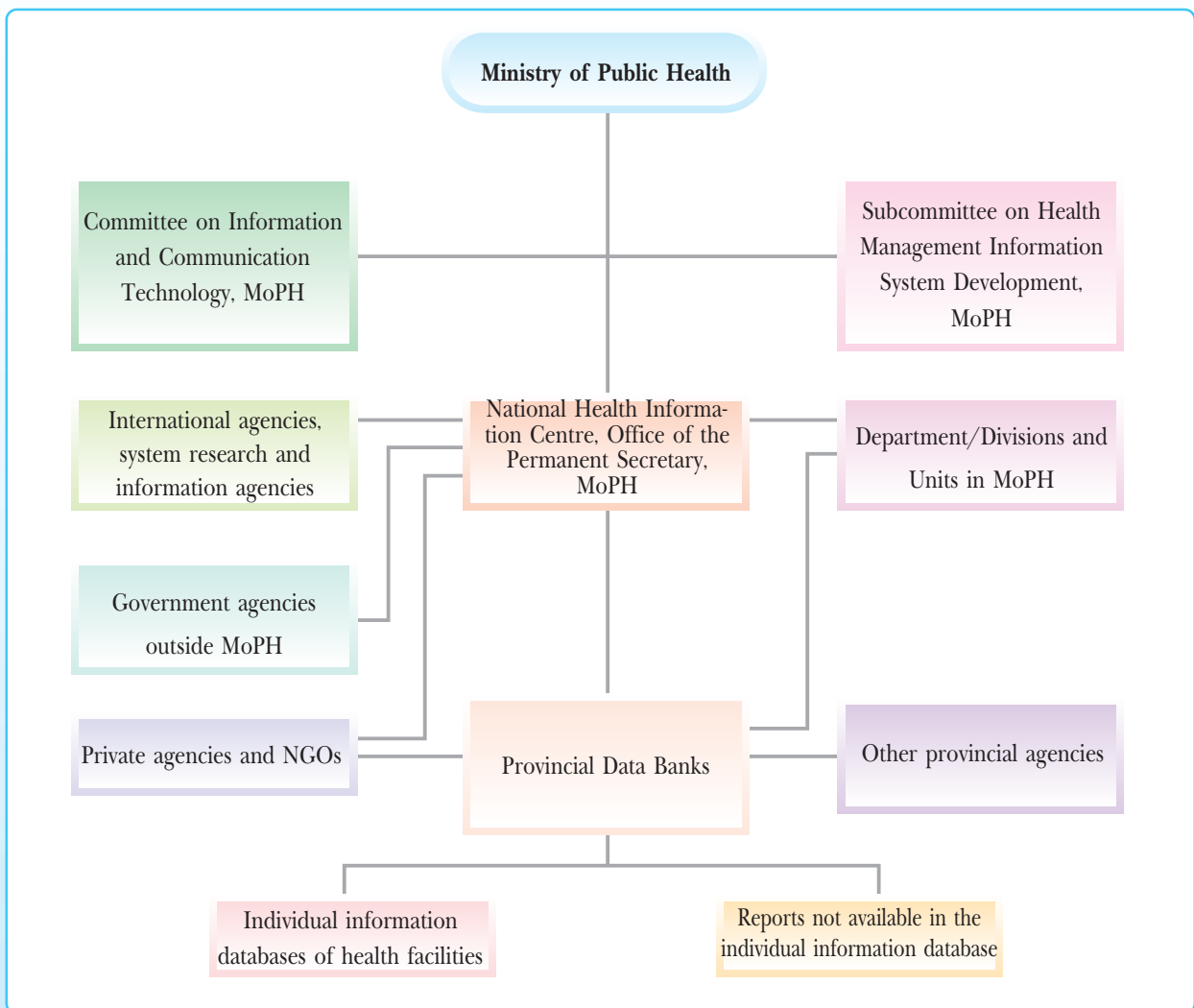


During the 7th–8th Plan periods, the MoPH abolished a number of unnecessary reporting systems, by supporting provincial health surveys and national health examination surveys. In 1997, the MoPH also started collecting information related to all health systems in Thailand as a report on a biennial basis called “Thailand Health Profile”.

During the 9th and 10th Plan periods (2002-2011), there is a reform of the MoPH health information system, using the modern management information system reform approach based on the electronic individual cards. Under the new system, the structure is of the same standard linking all agencies concerned together as well as the smart-card system in the future. This is in response to the performance achievement indicators such as KPI, E-inspection and the Ministry Operations Centre (MOC) (Figure 7.17).

In addition, in 2010 the National Health Commission endorsed the National Health Information System Development Programme and set up a committee to supervise and monitor the implementation of the programme.

Figure 7.17 Linkages and network of the management information system, MoPH

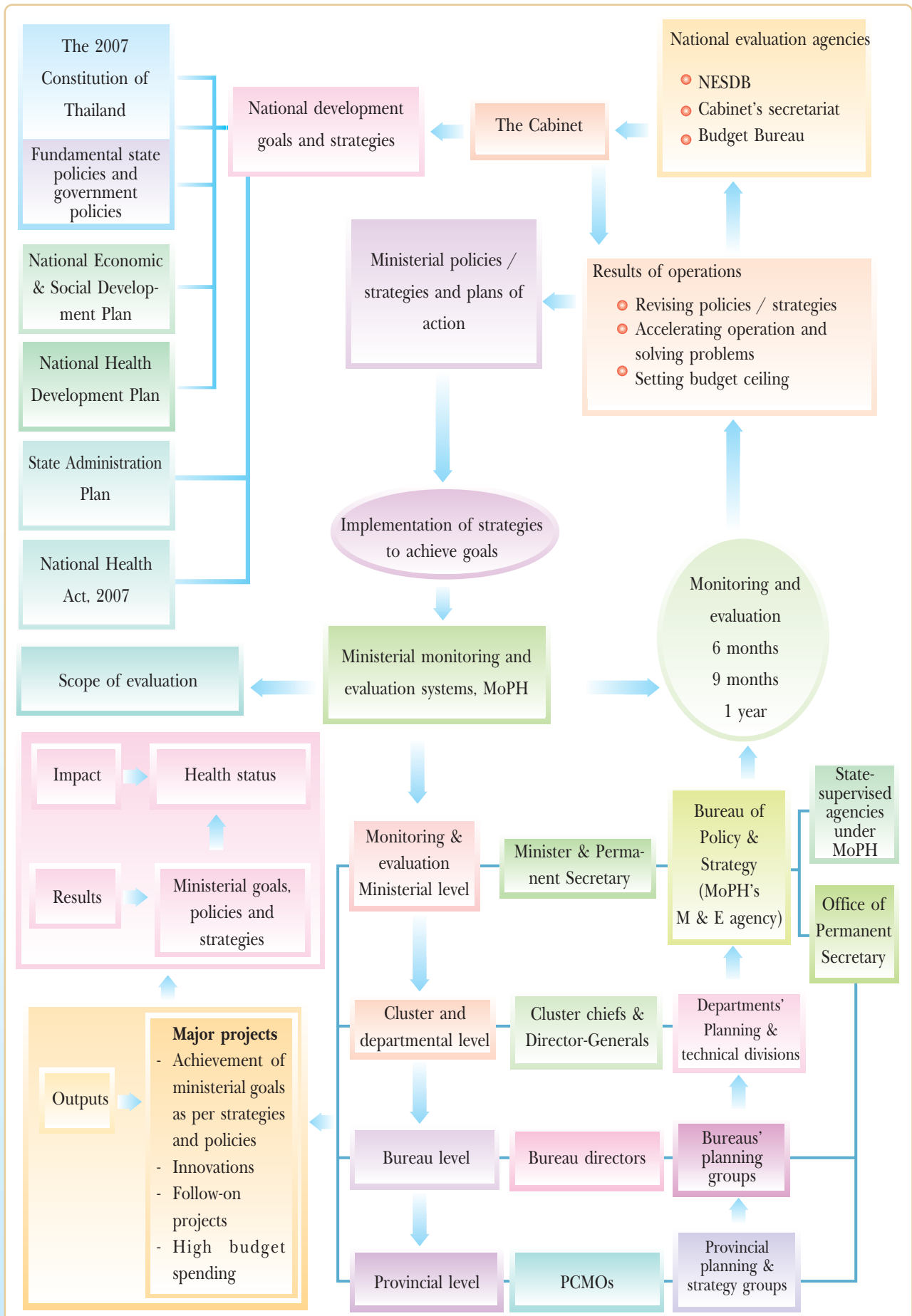


4.1.8 Monitoring and Evaluation System

As the government has adopted the new public management principle, emphasizing the responsibility for results and outcomes that will affect the people, all government agencies have to lay down their goals and strategies to serve people's needs and use the results-based budget allocation mechanism, beginning in fiscal year 2003. The MoPH has also developed its monitoring and evaluation system as a key management mechanism to illustrate the achievements of programme operations and impacts on the people by using key performance indicators (KPI) for the purpose of achieving the goal of Thai people's health development at the policy and strategy level. However, that system is used only for programme under the responsibility of the MoPH (Figure 7.18).



Figure 7.18 MoPH's monitoring and evaluation system



4.2 Agencies Supporting Health Programme Implementation

4.2.1 Public Sector Agencies Supporting and/or Implementing Health Activities

1) Public sector agencies providing health services and producing health personnel are the Bangkok Metropolitan Administration (BMA), the Ministry of Education (Office of the Higher Education Commission), the Ministry of Interior, and the Ministry of Defence.

2) Public sector agencies implementing health-related activities in connection with the environment, workers, children and women are the Ministry of Industry, the Ministry of Science and Technology, the Ministry of Agriculture and Cooperatives, the Ministry of Labour, the Ministry of Social Development and Human Security, the Ministry of Education, and the Ministry of Natural Resources and Environment.

3) Public sector agencies supporting the implementation of health programmes in an efficient and effective manner include the National Economic and Social Development Board (planning support), the Bureau of the Budget (budgetary support), the Civil Service Commission (health manpower support), Thailand International Development Cooperation Agency (international assistance), the National Statistical Office (information support), the Thailand Research Fund (TRF) and the Health Systems Research Institute (HSRI) (medical and health research support), the Thai Health Promotion Foundation (health promotion support) and the National Health Security Office (standardized and equitable universal health insurance support), and in 2007, the National Health Commission Office was established (coordination support in health policy and strategy).

4) Public sector agencies responsible for health services for specific groups are the Social Security Office of the Ministry of Labour and the Office of the Insurance Commission of the Ministry of Commerce.

4.2.2 Private For-Profit Health Organizations

In the past, most private health facilities were not-for-profit organizations. In addition to providing health services, after the period of rapid economic expansion period (1987–1997), the private sector has expanded considerably in the forms of private hospitals and clinics. Moreover, some private health facilities play a small role in producing health personnel.

In privately-run for-profit medical facilities, 13 groups of investors have been formed and listed in the Stock Exchange of Thailand (2010). Such corporates and networks include Aekchon Hospital, Bangkok Dusit Vejakarn Hospital, Krung Thon Hospital, Mahachai Hospital, Chiang Mai Medical Business Co. Ltd., Wattana Hospital Group, Nonthavej Hospital, Ramkhamhaeng Hospital, Smitivej Hospital, Vibhavadi Hospital, Bamrungrad Hospital, Sikharin Hospital, and Bangkok Chain Hospital Public Limited Company.

4.2.3 Health Not-for-profit Organizations

There are some 300 to 500 not-for-profit or nonprofit organizations (NPOs) working on health in Thailand; most of them are foundations or associations registered with the Ministry of Culture (Office of the National Cultural Commission and/or the Ministry of Interior). So, a lot of them are juristic persons, but several other small NPOs are non-juristic-person agencies, such as the Rural Doctors Club and the Drug Studies Group.



Generally, these organizations receive financial support from international agencies and in-country donations, including government subsidies.

The MoPH continues to support NPOs to work on health activities, but the financial support has dropped four-fold from 49.2 million baht in 1992 to only 12 million baht in 2010.

In 2010, a total budget of 12.0 million baht has been provided to 43 NPOs (48 projects) for their relevant health programmes for the elderly, disabled persons, the underprivileged, maternal and child health, youths and others (Table 7.10). Besides, another 50 million baht is provided to 763 NPOs working on HIV/AIDS in 2010 (Table 7.11) as they all help the government in implementing health-related development programmes.

Besides, since 1997 specialized agencies of the United Nations such as the World Health Organization (WHO) have provided financial aids to several NPOs; previously WHO provided such grants for public sector agencies only.

Moreover, since 2002, Thailand has been financially supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria every year (Table 7.12).

Table 7.10 Number of not-for-profit organizations with funding support from MoPH, 1992–2010

Year	No. of NPOs			No. of projects			Budget, baht		
	Requesting	Supported	%	Requested	Supported	%	Requested	Allocated	%
1992	45	42	93.3	91	72	79.1	85,600,000	49,200,000	57.5
1993	142	119	83.8	264	185	70.1	160,844,928	49,200,000	30.6
1994	416	305	73.3	909	654	71.9	334,481,098	49,200,000	14.7
1995	362	103	28.5	615	287	46.7	205,348,213	49,200,000	23.9
1996	150	106	70.7	491	219	44.6	192,234,358	49,200,000	25.6
1997	142	78	54.9	420	180	42.8	230,287,800	49,200,000	21.4
1998	152	101	66.4	258	174	67.4	129,016,142	35,000,000	27.1
1999	177	114	64.4	541	223	41.2	241,270,797	35,760,000	14.8
2000	163	92	56.4	493	191	38.7	257,227,874	46,582,300	18.1
2001	152	66	43.4	411	166	40.4	160,768,084	33,557,800	20.9
2002	161	70	43.5	327	124	37.9	161,955,967	34,965,922	21.6
2003	235	128	54.5	411	251	61.1	160,813,010	34,831,160	21.7
2004	106	70	66.0	295	182	61.7	103,900,200	26,369,545	25.4
2005	104	76	73.1	210	156	74.3	91,655,450	26,454,000	28.9
2006	77	52	67.5	118	69	58.5	71,072,240	20,000,000	28.1
2007	91	72	79.1	127	82	64.6	89,877,311	12,000,000	13.3
2008	75	52	69.3	110	66	60.0	56,216,643	12,000,000	21.3
2009	89	47	52.8	144	58	40.3	77,807,970	12,000,000	15.4
2010	80	43	53.8	109	48	44.0	63,668,165	12,000,000	18.8

- Sources:**
- For 1992–2001, data were derived from the Medical Registration Division, Department of Health Service Support.
 - For 2002–2010, data were derived from the Primary Health Care Division, Department of Health Service Support.
 - Public and Consumer Affairs Division, Food and Drug Administration.

Note: The Food and Drug Administration provided financial support to NPOs working on consumer protection during 1999–2003 only.



Table 7.11 Number of NPOs involved in HIV/AIDS programmes with funding from MoPH, 1992–2010

Year	No. of NPOs			No. of projects			Budget, baht		
	Requesting	Supported	%	Requested	Supported	%	Requested	Allocated	%
1992	37	23	62.2	42	35	83.3	66,125,734	11,900,000	18.0
1993	38	36	94.7	61	56	91.8	33,123,818	15,000,000	45.3
1994	101	76	75.2	120	91	75.8	72,903,868	10,300,000	14.1
1995	115	94	81.7	209	153	73.2	350,765,292	75,000,000	21.4
1996	186	122	65.6	308	188	61.0	267,232,488	80,000,000	29.9
1997	268	184	68.7	385	247	64.1	309,015,357	90,000,000	29.1
1998	434	244	56.2	725	343	47.3	494,739,684	90,000,000	18.2
1999	596	371	62.2	931	458	49.2	450,972,885	87,262,350	19.3
2000	625	293	46.9	882	372	42.2	368,671,357	60,000,000	16.3
2001	497	371	74.6	730	457	62.6	403,438,189	70,000,000	17.4
2002	660	444	67.3	922	522	56.6	370,340,183	70,000,000	18.9
2003	712	519	72.9	987	605	61.3	337,938,984	70,000,000	20.7
2004	678	508	74.9	868	577	66.5	289,624,851	70,000,000	24.2
2005	795	637	80.1	935	657	70.3	277,646,531	70,000,000	25.2
2006	860	672	78.1	909	692	76.1	210,968,670	36,000,000	17.1
2007	795	637	80.1	935	657	70.3	115,406,097	40,000,000	34.7
2008	705	669	94.9	718	705	98.2	95,164,241	44,000,000	46.2
2009	727	720	99.0	764	750	98.2	109,491,442	50,000,000	45.7
2010	790	763	96.6	812	777	95.7	69,609,067	50,000,000	71.8

Source: Bureau of AIDS, Tuberculosis and Sexually Transmitted Infections, Department of Disease Control, MoPH.

Table 7.12 Projects with financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, Thailand, 2003–2014

Round	Years	Projects and funding amounts (US dollars)			
		AIDS	Tuberculosis	Malaria	Total
1	2003 - 2008	146,766,828	11,455,207	-	158,222,035
2	2003 - 2009	30,156,771	-	5,282,000	35,438,771
3	2004 - 2007	1,236,108	-	-	1,236,108
6	2007 - 2012	-	16,933,406	-	16,933,406
7	2007 - 2012	-	-	17,515,927	17,515,927
8	2009 - 2014	32,258,521	10,240,102	-	42,498,623
Total		210,418,228	38,628,715	22,797,927	271,844,870

Source: The Secretariat of the Country Coordinating Mechanism.

