

4. Health Services

Health services in Thailand are classified into five levels according to the level of care as follows (Figure 6.33).

4.1 Self-Care at Family Level. Services at this level include the enhancement of people's capacity to provide self-care and make decisions about health. Thai people tend to realize more about their health such as reducing smoking and performing physical activity. However, self-care is lessening when ill due to their greater utilization of public and private health facilities.

4.2 Primary Health Care Level. The primary health care services include those organized by the community in providing services related to health promotion, disease prevention, curative care and rehabilitative care. The medical and health technologies applied at this level are generally not so high, in response to community's needs and culture. Service providers are the people themselves, village health volunteers (VHVs) or other non-governmental volunteers. Clearly, the services provided are relatively close to self-care and primary care service provision.

4.3 Primary Care Level. Primary care is provided by health personnel and general practitioners (GPs). In the Thai primary care system, except for those services provided in health centres and community hospitals, there are no designated geographical areas. And in general there are no holistic care services at the family level.

The universal coverage of health care policy of the present government aims to develop a holistic primary care system for all families across the country. In the near future, the entire holistic primary care system will be more effective and stronger. The components of the primary care system are as follows:

1) Community Health Posts. A community health post is a village level health service unit established specifically in remote areas, covering a population of 500 to 1,000, and staffed by only one community health worker (a permanent employee of MoPH). Services provided at this level include health promotion, disease prevention and simple curative care.

2) Health Centres. A health center is a subdistrict (tambon) or village level health service unit - a first - line unit, covering a population of about 1,000 - 5,000, with health staff including a health worker, a midwife and a technical nurse. The MoPH is now in the process of assigning a dental nurse, a professional nurse, and a health specialist to each large health centre. Services provided at this level include health promotion, disease prevention, and curative care. Health centre staff run health programmes according to the standard operational procedures established by the MoPH, under the technical supervision and support of the community hospital.

Since 2002, under the universal coverage of health care scheme, Primary Care Unit (PCUs) have been established to provide basic or primary care to the people, with a linkage in a holistic manner as well as referral system with higher-level of health care facilities. At present, 5,946 PCUs have been upgraded from subdistrict health centres and another 953 PCUs transformed from other types of health facilities such as hospital-initiated community health service centres, municipal health centres or newly established PCUs.

3) Health Centres of Municipalities, Outpatient Departments of Public and Private Hospitals at All Levels, and Private Clinics. At these facilities, outpatient care is provided by physicians and other health professionals.

4) Drugstores. A drugstore is a healthcare unit at the primary care level that is operated by a pharmacist or someone who has been trained in basic pharmacy.

4.4 Secondary Care Level. Medical and health care at this level is managed by medical and health personnel with intermediate level of specialization. General and specialized medical facilities include the following:

1) Community hospitals. A community hospital is located in a district or minor-district with 10 to 150 inpatient beds, covering a population of 10,000 or more, and staffed by doctors and other health professionals. Generally, services provided are mostly curative care, compared to those at primary care facilities.

2) General or regional hospitals and other large public hospitals. A general hospital in this category is located in a provincial city or a large district town, equipped with 200 to 500 beds, while a regional hospital located in a provincial city has over 500 beds and medical specialists in all fields.

3) Private hospitals. Most private hospitals are operated as a business entity with both full-time and part-time staff, and clients are required to pay for services.

4.5 Tertiary Care. Medical and health services at this level are provided by medical specialists and health professionals. Tertiary care facilities include:

1) General hospitals

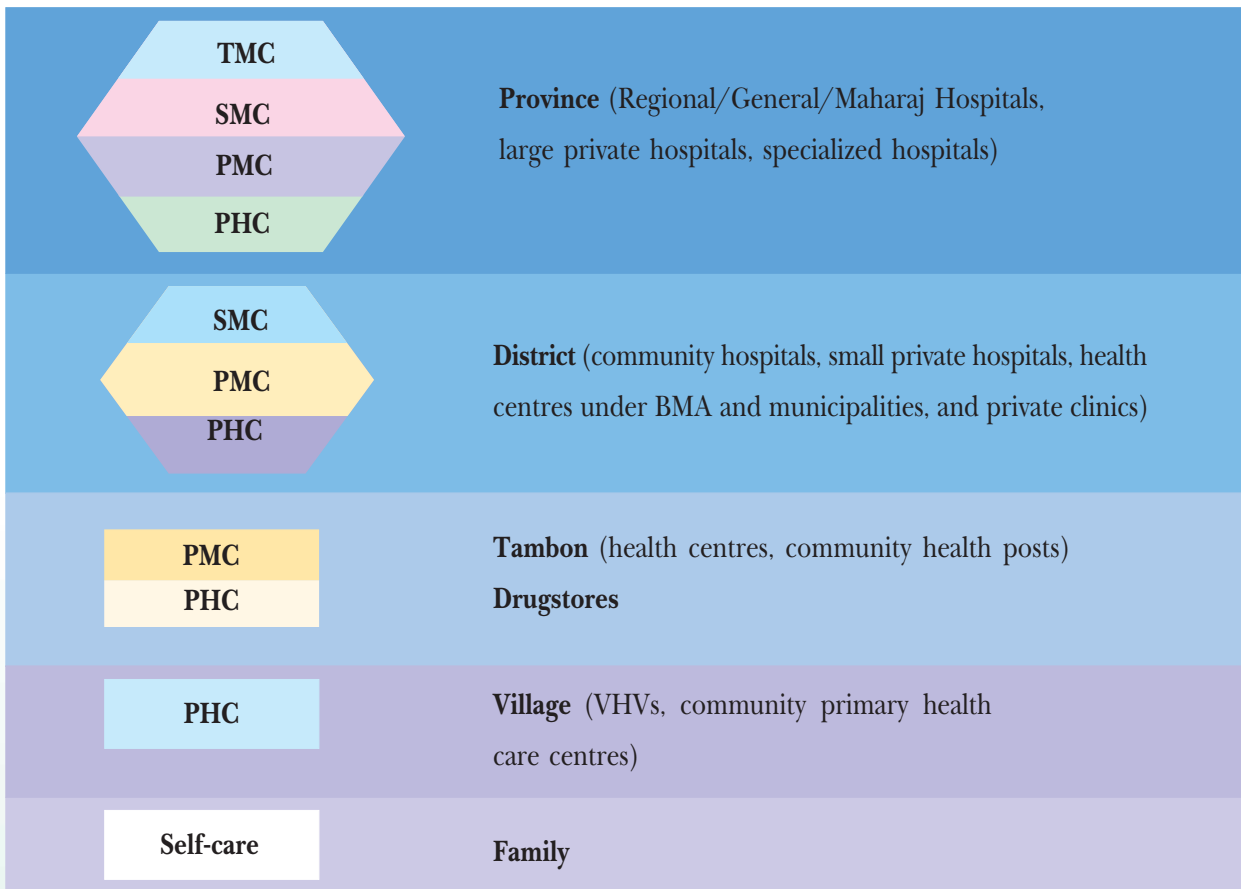
2) Regional hospitals

3) University hospitals and large public hospitals belonging to other ministries or local administrative organizations.

4) Large private hospitals have medical specialists in all specialties, mostly with over 100 beds.

The classification of health facilities mentioned above is relatively rough; as a matter of fact, the tertiary care facilities also provide primary care services.

Figure 6.33 Levels of Health Services in Thailand



In analyzing the pattern of outpatient services at three levels of health care, i.e., health centres or community health posts, community hospitals or extended OPDs, and regional/general hospitals, in the past three decades, it is found that there has been a change in the number of outpatients. The number of outpatients has a tendency to increase substantially particularly at the health centre and community health post levels, followed by that at community hospitals; the increase is the least at general/regional hospitals. For this reason, the patient structure is inclined to gradually transform from a reverse triangle to a broad-based triangle (Table 6.47 and Figure 6.34).

Table 6.47 Numbers of Outpatients at Regional, General, and Community Hospitals, and Health Centres as well as Community Health Posts, 1977-2003

Health facility	Outpatient visits (in millions)											
	1977	1981	1985	1989	1993	1995	1996	1997	1998	1999	2000	2003
Regional/general hospitals	5.5 (46.2)	7.5 (33.1)	10.0 (32.4)	10.9 (27.7)	12.0 (21.2)	14.6 (20.0)	15.5 (19.6)	16.8 (19.1)	18.1 (18.8)	19.4 (18.8)	20.4 (18.2)	23.0 (17.8)
Community hospitals and extended OPDs	2.9 (24.4)	6.0 (26.4)	11.1 (35.9)	12.9 (32.8)	21.1 (37.2)	26.1 (35.7)	28.0 (35.5)	29.6 (33.7)	33.9 (35.1)	36.7 (35.6)	40.2 (35.7)	43.7 (33.8)
Health centres and community health posts	3.5 (29.4)	9.2 (40.5)	9.8 (31.7)	15.5 (39.4)	23.6 (41.6)	32.4 (44.3)	35.4 (44.9)	41.5 (47.2)	44.5 (46.1)	46.86 (45.5)	51.8 (46.1)	62.4 (48.3)
Total	11.9	22.7	30.9	39.3	56.7	73.1	78.9	87.9	96.5	103.0	112.4	129.1

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

Note: The figures in () are a percentage in relation to total outpatients.

Figure 6.34 Proportions and Numbers of Outpatients at Various Levels of Health Facilities, 1977-2003

