CHAPTER 7
ADMINISTRATIVE SYSTEM OF THE MINISTRY OF PUBLIC HEALTH

The Ministry of Public Health (MoPH) is the core agency in the Thai public health system having a 60% share of health resources, most of which are in the rural areas. And it has played a role as the manager of the Thai health care programmes. Thus, the knowledge of the development and administrative system of the MoPH is essential in understanding the Thai public health system.

1. Prior to Becoming the Ministry of Public Health

In the past, from the Ayutthaya period (Ayutthaya is a former capital of Thailand) through the early period of King Rama III of Rattanakosin (Bangkok) City, for totally 317 years, the Thai people in that period were not aware of modern public health. When they got sick, they would use traditional medicine and any other old beliefs or superstitious rituals. Until 1828, the 5th year in the reign of King Rama III, Western medicine began to play an important role in the Thai medical and public health system, providing curative care to patients and dangerous disease prevention under the leadership of Dr. Dan Beach Bradley, who was also a Christian missionary. Dr. Bradley initiated a disease prevention programme in Thailand with smallpox vaccination; and later on several other foreign doctors came in to provide modern medical services to the people. Since then modern medicine has evolved and gradually replaced traditional medicine. The Thai people began to favour modern medicine, which became more popular when the public sector initiated the provision of health services. In 1886, King Rama V established Siriraj Hospital to provide curative care to patients, in commemoration of his son, His Royal Highness Sirirajkakuttaphan who had died of dysentery at a very young age. In 1888, a Nursing Department was established under the Ministry of Education as an agency responsible for public health programmes and the management of Siriraj Hospital. In addition, the Nursing Department was also in charge of medical education, supervision of other hospitals, and provision of free smallpox vaccination to the people. In 1889, the Department undertook a number of health initiatives: establishment of a Midwifery School, a smallpox vaccine production institute, and city medical officers in some cities, production of low-priced simple household drugs for sale to the people, and establishment of governmental health centres (osoth sala) and a Medical Division (responsible for epidemic control). The evolution process had continued until the Ministry of Public Health was established with its chronology as follows (Figure 7.1).

The First Era: The Beginning of Modern Medicine

1886 Siriraj Hospital (Siriraj Payaban) was established as a government hospital providing medical care to the people.

1888 **The Nursing Department** was established, under the Ministry of Education (Dharmmakarn), responsible for the supervision of Siriraj Hospital and the operation of public health programmes, with the establishment of Medical and Midwifery Schools, a smallpox vaccine production institute, city medical officers, and production of low-priced drugs for sale.

1905 **The Nursing Department was abolished and all hospitals were transferred to the Ministry of City Affairs (Nakhon Ban),** except that Siriraj Hospital was transferred to the Department of Education; the Divisions of Vaccine Production, Pharmacy, Preventive Medicine, and City Medical Officers remained under the Ministry of Education.

1908 At the request of the Ministry of Interior (Mahad Thai), the Divisions of Vaccine Production and Pharmacy were transferred from the Ministry of Education to the Department of Local Administration (Phalamphang), Ministry of Interior.

1912 **A new Department of Nursing was established,** independent of the Department of Local Administration, comprising six divisions: Administration Division, Medical Services Division, Epidemic Prevention Division, Pasteur Council Division, Sanitation Division, and Government Pharmacy Division.

1916 The **Nursing Department was renamed "Public Protection (Prachaphiban) Department"** under the Ministry of Interior, comprising four divisions: Administration Division, Sanitation Division, Nursing Division, and Medical Supplies Division.

The Second Era: The Beginning of the "Thai Public Health"

27 November 1918 **The Department of Public Protection was renamed "Department of Public Health"** under the Ministry of Interior; (and later, November 27th has been recognized as the Ministry of Public Health's establishment day.)

1925 The Department of Public Health was reorganized, comprising six divisions: Population Division, Health Education Division, Public Health Division, Narcotics Division, Government Pharmacy Division, and Sanitation Division. At the provincial level, there were regional inspectors-general, regional public health officers, provincial public health officers, local royal medical officers, assistant medical officers, sanitary inspectors, smallpox inoculation inspectors, sanitary medical officers, and Tambon (commune) doctors. The Department was in charge of health services, focusing on disease prevention and health promotion.

The Third Era: Establishment of the Ministry of Public Health

10 March 1942 **The Ministry of Public Health Affairs was established** according to the Ministries and Departments Reorganization Act (Amendment No. 3), B.E. 2485 (1942), comprising seven

departments: Office of the Secretary to the Minister, Office of the Permanent Secretary, Department of Medical Services, Department of Public Welfare, Department of Medical Sciences University, Department of Medical Sciences, and Department of Public Health.

1952 The **Ministry of Public Health Affairs was renamed "Ministry of Public Health"** (MoPH - the name currently used); the Department of Public Welfare was transferred to the Ministry of Interior; and the Department of Public Health was renamed "Department of Health". Provincial **hospitals were established, one in each and every province.**

1959 The Department Medical Sciences University was transferred to the Prime Minister's Office.

The Fourth Era: Reform of the Ministry of Public Health

During this period, the MoPH was reorganized with its **vertical** structure being changed to an **integrated** one; and health services were expanded at the provincial level.

1972 The first major reorganization of the MoPH was undertaken; the Department of Health and the Department of Medical Services were merged as one key Department of Medical and Health Services providing integrated health services.

1974 The second major MoPH reorganization was undertaken, separating the Department of Medical Services and the Department of Health, expanding the jurisdiction of the Permanent Secretary's Office (to oversee all operational activities while other departments providing technical support), and establishing the **Department of Communicable Disease Control and the Food and Drug Administration.**

1977-1987 That was the era of provincial health services system development. District hospitals and tambon (subdistrict) health centres were built/established, one in each and every **district and tambon,** respectively. The primary health care programme was expanded to cover each and every village nationwide.

The Fifth Era: Reorienting the Role of the Ministry of Public Health

1992 The third major MoPH reorganization was undertaken, establishing a Mental Health Institute (later became **the Department of Mental Health)** and the **Health Systems Research Institute,** an autonomous public organization under the MoPH oversight. It was a period of health care reform aimed at improving health care equity, efficiency and quality according to the national economic and social development guidelines in the industrial and democratic systems. The economy was growing rapidly, resulting in a great deal of expansion of private health facilities. **The role of the MoPH has shifted from a "service provider" to being an agency of standards establishment and monitoring and support of private healthcare facilities.**

1997 During the **economic crisis,** the MoPH undertook a number of reform activities such as the provincial drug purchasing system and the transformation of one of the district hospitals into a public organization (Ban Phaeo Hospital).

The Sixth Era: Health System Reforms

2000 There was a movement for health system reforms, the regulation of the Prime Minister's Office on health system reforms was announced in July 2000, establishing the National Health System Reform Committee under the chairmanship of the Prime Minister and setting up the Office of the National Health System Reform under the Health Systems Research Institute (HSRI). A National Health Act was expected to be enacted within 3 years (by July 2003). Decentralization plans and procedures were also formulated while an Area Health Board approach was implemented on a pilot scale.

2001 The new government initiated the universal coverage of health security scheme (30-baht healthcare scheme). A major revision was made on the budgeting and administrative systems to ensure efficiency, quality and equity.

The Health Promotion Fund Act was enacted in 2001; since then the Fund has been established with the budget specifically allocated by the government, i.e. 2% of alcohol and tobacco excise duties.

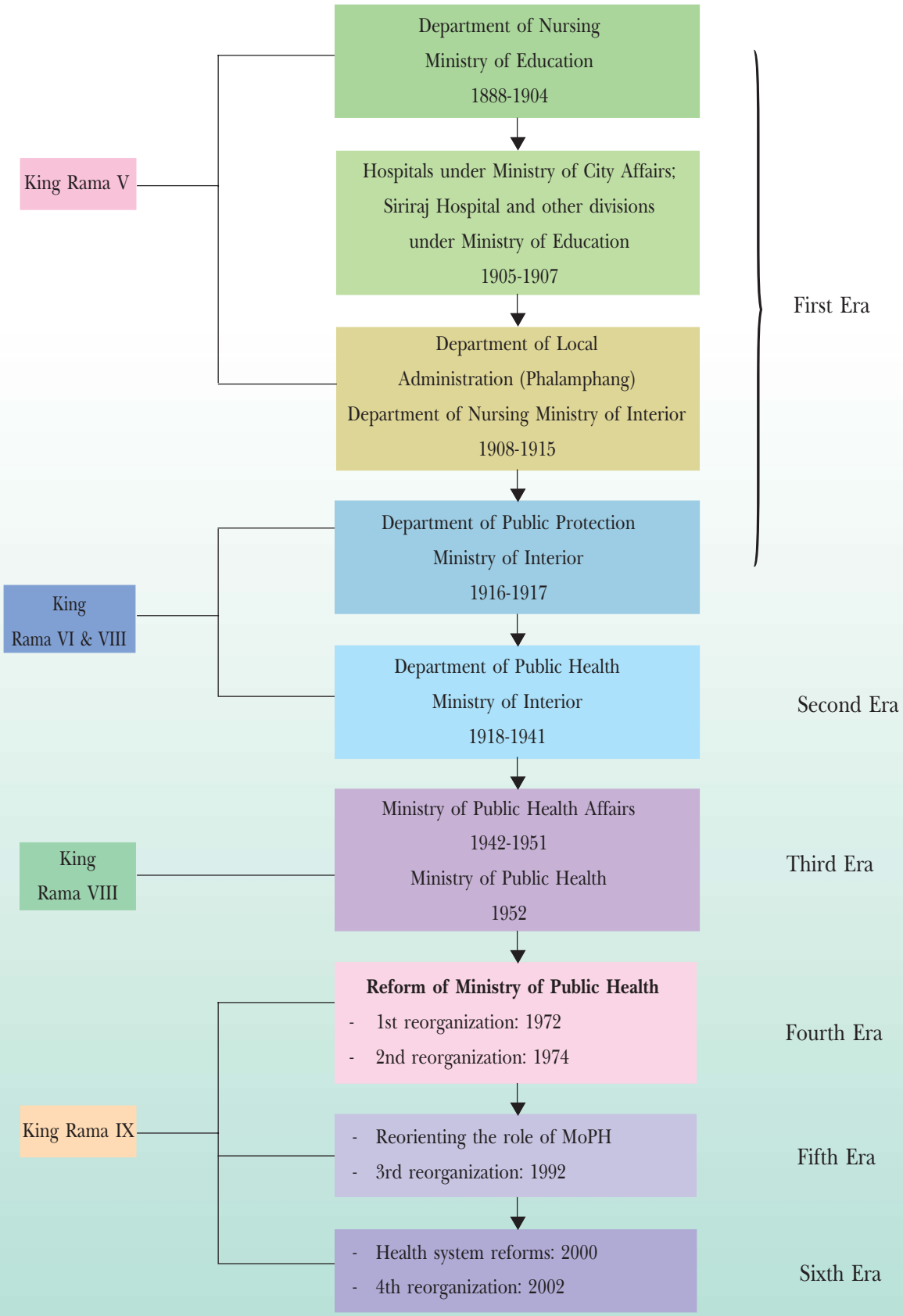
2002 The National Health Security Act was promulgated in 2002 to implement the universal coverage of healthcare scheme in a sustainable manner.

The MoPH underwent a 4th major restructuring under the Reorganization of Ministries and Departments Act of B.E. 2545 (2002), comprising nine departments, including two new departments (Department for Development of Thai Traditional and Alternative Medicine and Department of Health Service Support). The Department of Communicable Disease Control was renamed Department of Disease Control with broader functions covering the prevention and control of all diseases and health risks (including non-communicable diseases as well as occupational and environment-related diseases).

Overall, the MoPH has been reorganized into three major clusters, each supervised by one Deputy Permanent Secretary. The three clusters are: the Cluster of Medical Service Development (Department of Medical Services, Department for Development of Thai Traditional and Alternative Medicine, and Department of Mental Health), the Cluster of Public Health Development (Department of Disease Control and Department of Health), and the Cluster of Public Health Service Support (Department of Health Service Support, Department of Medical Sciences, and Food and Drug Administration).

2003 The Regulation of the Prime Minister's Office on Health System Reform was amended thereby extending the functioning and timeframe of the National Health System Reform Committee and the legislation of the National Health Bill for another two years (until July 2005).

Figure 7.1 Evolution of the Ministry of Public Health, 1888-Present



2. The Ministry of Public Health: Present and Future Trends

2.1 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.**

2.2 Administrative Structure

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

2.2.1 The Central Administration (Figure 7.2) is composed of 10 agencies: (1) the Office of the Minister, (2) the Office of the Permanent Secretary for Public Health, and (3) eight departments in major clusters comprising the Department of Medical Services, the Department for Development of Thai Traditional and Alternative Medicine, the Department of Mental Health, the Department of Disease Control, the Department of Health, the Department of Health Service Support, the Department of Medical Sciences, and the Food and Drug Administration. Their functions are as follows:

(1) Office of the Minister

The Office deals with political matters in support of Minister's functions, compiles information, analyzes/screens documents, and makes recommendations for decision-making by the Minister.

(2) Office of the Permanent Secretary

The Office deals with strategy development, the translation of Ministry's policies into operational plans, the allocation and management of resources, the monitoring and evaluation of programme implementation of agencies under the Ministry, the development of information technology systems, public relations, international cooperation, and the amendment of relevant laws.

The Office has five agencies at the central level.

(3) The Cluster of Medical Service Development comprises three agencies as follows:

(3.1) Department of Medical Services

The Department is responsible for conducting research studies, developing and transferring appropriate medical technologies, and providing complex, specialized or tertiary medical care.

The Department has 21 agencies including four support units and 17 technical units.

(3.2) Department for Development of Thai Traditional and Alternative Medicine

The Department is responsible for taking actions with regard to the law relating to the protection and promotion of Thai traditional medicine wisdom and to other relevant laws; conducting research studies; developing and transferring knowledge and technologies, establishing and developing

standards; making recommendations on consumer protection in relation to Thai traditional medicine, folk medicine and alternative medicine; and promoting and supporting the provision of Thai traditional medicine, folk medicine, and alternative medicine in the healthcare system.

The Department has three major agencies including one support unit and two other technical units.

(3.3) Department of Mental Health

The Department is responsible for conducting research studies, developing and transferring knowledge and technologies relating to the promotion of mental health, and prevention, treatment as well as rehabilitation of mental health problems, and providing services especially for serious or complicated cases of mental disorders.

The Department has 10 major agencies and 12 Mental Health Regional Centres, classified as four support units, six technical units, and 12 units located in the provinces.

(4) The Cluster of Public Health Development comprises two agencies as follows:

(4.1) Department of Disease Control

The Department is responsible for conducting research studies, developing and transferring knowledge and technologies for the surveillance, prevention, control, diagnosis, and treatment of diseases and health risks, coordinating with relevant agencies, international organizations and local administrative organizations in the surveillance, prevention and control of diseases and health risks as well as other international health problems.

The Department has 12 central level agencies and 12 Offices of Disease Prevention and Control, classified as four support units, eight technical units, and 12 units located in the provinces.

(4.2) Department of Health

The Department is responsible for conducting research studies, developing and transferring knowledge and technologies relating to health promotion and environmental management that facilitate healthy status; establishing and developing the quality and standards for health impact assessments; and supporting local administrative organizations, communities and public/private sector partnerships to participate in health promotion efforts and in environmental management for health.

The Department has 12 central level agencies and 12 Regional Health Promotion Centres, classified as four support units, six technical units, two units established from a merger of technical divisions, and 12 units located in the provinces.

(5) The Cluster of Public Health Service Support comprises three agencies as follows:

(5.1) Department of Health Service Support

The Department is responsible for promoting and coordinating efforts for the development of health services system; taking actions with regard to laws relating medical registration, healthcare facilities, and other relevant laws; supporting the operations of programs on health education and health systems of the people; conducting research studies; and conducting research and disseminating knowledge and transferring appropriate medical technologies relating to health services systems.

The Department has seven agencies, classified as one support unit and six technical service units.

(5.2) Department of Medical Sciences

The Department is responsible for establishing and developing the standards of laboratory analyses and methods; developing knowledge and technologies relating to health products, herbal medicine, and diagnostic investigations; providing laboratory analysis services and serving as reference laboratories; and developing laboratory quality assurance systems.

The Department has 10 agencies and 12 Regional Medical Sciences Centres as follows, classified as two support units, eight technical service units, and 12 units located in the provinces.

(5.3) Food and Drug Administration

The Food and Drug Administration (FDA) is responsible for taking actions according to laws relating to foods, drugs, cosmetics, hazardous substances, psychotropic substances, narcotics, medical devices, and volatile substance abuse prevention and surveillance; monitoring and inspecting the quality and standards of products, business places, and advertisements as well as adverse effects of health products; conducting research studies and developing knowledge and technologies as well as systems for consumer protection relating to health products; and developing the potential of consumers in selecting health products and protecting their rights.

The FDA has 10 agencies, classified as two support units, seven product monitoring and control units, and one consumer potential promotion unit.

(6) Agencies under the supervision of the MoPH

In addition, the MoPH has some other agencies under its supervision, but are not under any of the aforementioned clusters, as follows:

(6.1) Autonomous agencies: there are four agencies, two of which are the Praboromarajchanok Institute (of the Office of the Permanent Secretary) and the National Institute of Health (of the Department of Medical Sciences), whose bills are under the legislative process; and another two agencies whose acts have been enacted, i.e.:

A. Health Systems Research Institute (HSRI). This agency performs functions related to research, in a multidisciplinary fashion and in association with other sciences (such as social sciences, economics, anthropology, and psychology), so as to further develop health programmes systematically and to resolve health problems more effectively.

HSRI is governed by the HSRI Committee appointed by the Cabinet, chaired by the Minister of Public Health and comprising 18 other members, seven of whom are expert members.

B. National Health Security Office (NHSO). This agency is charged with expanding the coverage of health insurance or security to the people who have not yet been covered by any other government health insurance scheme. It is also responsible for developing standardized benefit packages and for the financing and providing rights to health security to the target population groups.

NHSO is governed by the National Health Security Board appointed by then Cabinet, chaired by the Minister of Public Health and comprising another 30 members, seven of whom are expert members.

(6.2) One state enterprise: The Government Pharmaceutical Organization (GPO)

GPO is the only state enterprise under MoPH, responsible mainly for producing drugs and medical supplies, and for conducting research studies on the drug and medical supply production as well as on raw materials for use in such production. GPO is governed by the GPO Board appointed by the cabinet as suggested by the Minister of Public Health.

(6.3) Public organizations:

According to the Public Organization Act of B.E. 2542 (1999), four categories of health facilities (regional/general/community hospitals and health centres) are expected to be converted into public organizations whenever they are ready. To date a royal decree has been enacted for only one hospital, i.e. Ban Phaeo Hospital in Samut Sakhon Province. Another three royal decrees are being legislated for establishing the following agencies: Institute of Specialty Medicine, Bureau of Emergency Medical Services, and Institute of Hospital Quality Improvement and Accreditation.

2.2.2 The Provincial Administration

Public health agencies under the provincial administration are Provincial Public Health Offices, hospitals under the MoPH, District Health Offices, and health centres (Figure 7.3).

Beginning in 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 the resolution of health problems at the local level, serving as one of the members of the provincial administrators, with technical support from the MoPH.

(1) Provincial Public Health Offices

The Provincial Public Health Office (PPHO) in each province directly reports to the Provincial Governor and is headed by the Provincial Chief Medical Officer (PCMO), who represents the MoPH in the province and is in charge of all health activities at the provincial level. The PPHO is supervised and logistically supported by the Office of the Permanent Secretary and other technical departments.

Under each PPHO, there are one or two 150- to 1,000-bed regional/general hospitals, and several 10- to 150-bed community (district) hospitals, all reporting to the PCMO.

(2) District (and Subdistrict) Health Offices

The District/Subdistrict Health Office in each district or subdistrict (king amphoe) reports to the District Chief and is headed by the District/Subdistrict Health Officer, taking charge of management, support, promotion, monitoring and evaluation of activities implemented by health centres; and it is supervised and supported, technically and administratively, by the PPHO.

(3) Health Centres

Health centres provide integrated health services at the tambon (commune of several villages in a district or subdistrict) level to the people in their designated rural areas, each covering a population of approximately 1,000 to 5,000. One health centre is generally staffed by community health officers (a male

health worker, a midwife and a technical nurse), who graduated from one of the Sirindhorn Public Health Colleges or Boromarajchonnani Nursing Colleges. Currently, the MoPH has assigned a dental auxiliary, a professional nurse and a health technical officer to work at each of some large health centres throughout the country.

As the present government has set a policy on universal healthcare coverage, all hospitals and health centres have to set up **"community health centres"** to provide integrated health services in a holistic manner and on a continuous basis to the people with programmes for home visits, counselling and referrals.

Until 2003, approximately 5,946 community health centres had been established.

Under the universal coverage of healthcare system, each of the provincial and community hospitals serves as a "contracted unit of primary care (CUP)"; and health centres will receive resources from the hospital, but under the line of command of the district health officer.

Figure 7.2 Structure of Ministry of Public Health

Agencies under the Supervision of MOPH:
- Health Systems Research Institute
- National Health Security Office
- Praboromarajchanok Institute of Health Workforce Development (Act required)
- National Institute of Health (Act required)

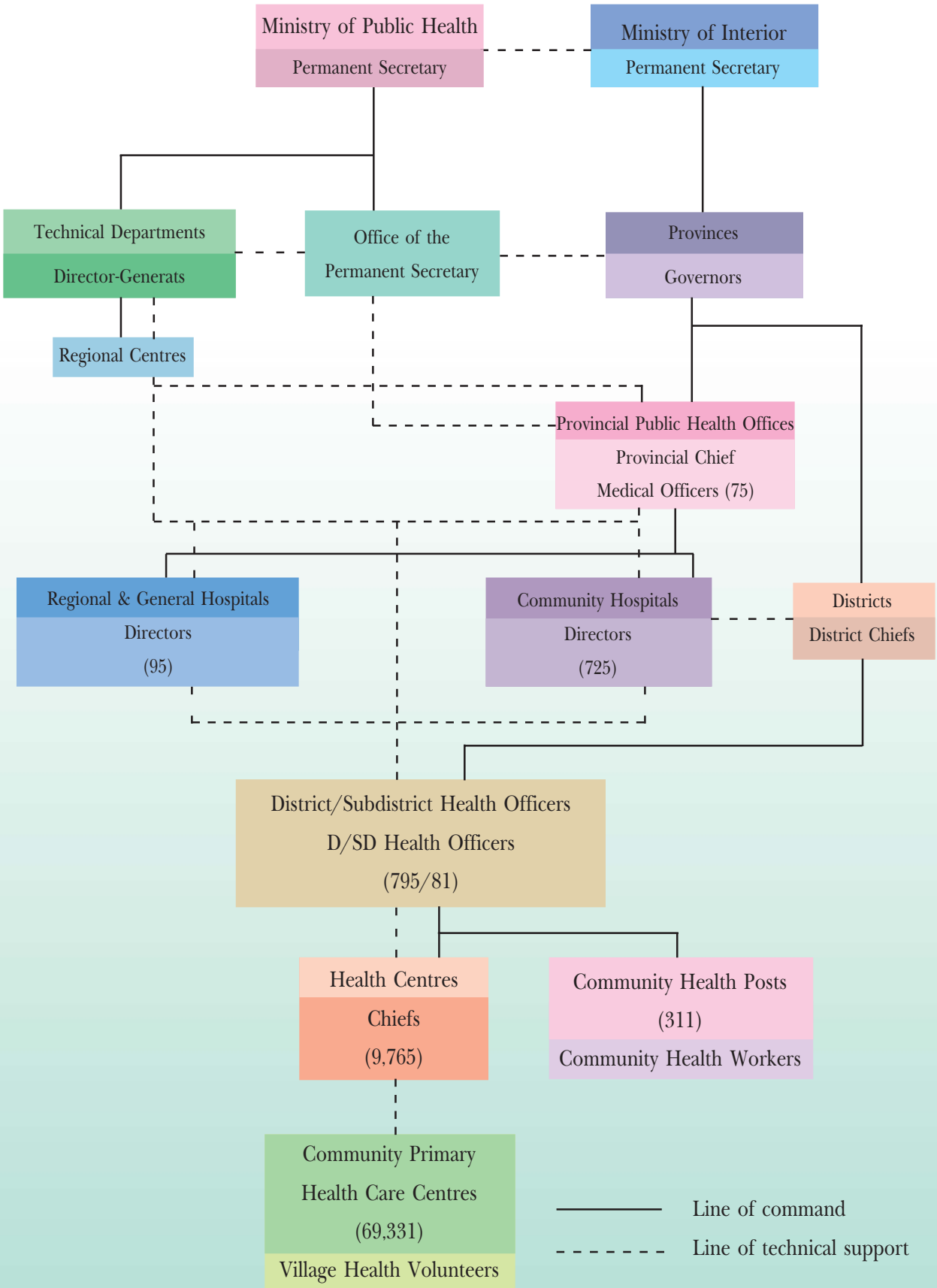
State Enterprise:
- Government Pharmaceutical Organization

Public Organizations (Royal Decrees required)
- Health facilities (Royal decree enacted for Ban Phaeo Hospital)
- Institute of Specialty Medicine
- Bureau of Emergency Medical Services System
- Institute of Hospital Quality Improvement and Accreditation (HA-Thailand)

Source: Ministerial Regulations of the Ministry of Public Health, 2002

Note: Public organizations and agencies under the supervision of the MOPH are not under any of the clusters.

Figure 7.3 Structure of the Provincial Health Administration



2.3 Specific Characteristics of the MoPH Structure

The organizational structure and operational systems of the MoPH have been revised from time to time. The reorganization undertaken in 2002 was regarded as a significant one and has become the foundation of the present-day health system with four key features as follows:

2.3.1 **The Office of the Permanent Secretary** is the sole agency of the MoPH that oversees all principal health services units at the provincial level. In coordination with other MoPH's technical departments, the Office of the Permanent Secretary supports all such services units.

2.3.2 All agencies under the MoPH, at both departmental and divisional levels, are collaboratively implementing their respective functions **with the same objectives, using their strategies as an important tool.** Thus, operational outcomes are not a result of any particular agency; rather, they are the achievements of the entire ministry.

2.3.3 The structures of all MoPH agencies have been designed so as to cover all geographical areas at all levels and to provide curative, promotive, preventive and rehabilitative care in an integrated manner.

2.3.4 MoPH's provincial health administration has solidarity as only the **Office of the Permanent Secretary can have provincial health agencies with Provincial Public Health Offices and major health service facilities,** under its jurisdiction (in all provinces). On the other hand, other departments have only **technical offices in 12 regions only,** providing technical support to the provincial health agencies. The regional offices will be expanded to cover 19 regions or zones so as to correspond with the 19 clusters of provinces, according to the CEO-style management policy at the provincial level of the country.

2.4 Future Trends

According to the 2002 MoPH restructuring and the National Health Security Act, as well as the Planning and Steps of Decentralization Act, the MoPH especially its central-level agencies tends to become smaller and smaller in the future. All such agencies will perform functions related to policy and standard setting and technical support. Almost all the budget for health services delivery has been appropriated to the National Health Security Office. However, according to the transitional provisions of the National Health Security Act, the MoPH will continue to handle the budget management for all its health facilities during the first three years (until FY 2005).

All provincial level health facilities (particularly hospitals) have had more powers and flexibility in the management of their service systems, and they might become **autonomous public organizations** under the supervision of either MoPH or local authorities (in the form of an Area Health Board). Such a change began in 2000, under the terms and conditions of the RTG-ADB agreement, which specifies that at least one provincial level hospital will become an autonomous organization. As a result, Ban Phaeo Hospital of Samut Sakhon Province has become a public organization. As for health centres, they might become part of local administration agencies such as Tambon Administration Organizations or part of a cluster of health facilities that is a public organization.

However, the present government has had a policy to restructure the management system of all health facilities so that they will be more independent and flexible like a public organization, but still under the government system. The details of such system are still under the development process.

3. Programmes/Projects of the MoPH

The MoPH implements its programmes and projects as detailed in the Health Development Plan, under the National Economic and Social Development Plan (see details in Chapter 3) and its plans of action, in accordance with government policies as well as the policies set by high-level health administrators, such as the Minister of Public Health and the Permanent Secretary for Public Health.

The MoPH information system has been established to monitor progress of its programmes. Such a system is also able to show Thai people's health status and problems derived from surveys, including surveillance and reporting systems.

In implementing various programmes/projects, although in an integrated manner by provincial level health agencies, technical and resource support are still provided by central agencies in a vertical manner with inadequate inter-agency coordination.

4. Human Resources of the MoPH

4.1 Basic Information on Human Resources

Previously 70% of MoPH personnel were civil servants and 30% were permanent employees. Since 1989 the proportion of permanent employees had declined to just 20.7% in 2003; and since 1999 the proportion of civil servants has steadily declined as there have been more and more "state employees" and as a result of the early retirement policy of the government in 2001 as shown in Figures 7.4 and 7.5.

In 2003, the MoPH had a staff of 218,069, of which 151,473 (69.5%) were civil servants, 45,089 (20.7%) were permanent employees, and 21,507 (9.9%) were state employees. The Office of the Permanent Secretary had the greatest proportion of personnel, i.e. 88.2% of all MoPH civil servants, 74.9% of all permanent employees, and 93.6% of all state employees; and the Department for Development of Thai Traditional and Alternative Medicine had the smallest (only 0.1% of all MoPH work force). The Department of Disease Control had a lower proportion of civil servants compared with that of permanent employees (Table 7.1).

Since 1999, the MoPH has appointed MoPH and RTG fellowship graduates as "state employees", totalling 21,057 in number, rather than as civil servants. A state employee has a semi-civil-servant/ permanent-employee status. Most of such employees are doctors, dentists, pharmacists, and professional nurses (Table 7.2). However, since May 2004, according to the Cabinet's resolution of 11 May 2004, 27,385 state employees have been converted to civil servants to resolve the problem of medical personnel shortages, especially in the rural areas, where there have been a lot of resignations after completing their compulsory service obligation, due to inadequate incentives and compensations commensurate with workload, and no legal protection in healthcare-related lawsuits for damages.

Nearly all MoPH personnel (particularly of the Office of the Permanent Secretary) are working in the **rural areas;** most of whom are those who have studied on MoPH fellowships at one of MoPH training or educational institutions.

Table 7.1 Numbers of Civil Servants, Permanent Employees, and State Employees of MoPH, 2003

Department	Civil servants		Permanent employees		State employees		Total	
	No.	%	No.	%	No.	%	No.	%
Office of the Permanent Secretary	133,597	88.2 (71.2)	33,783	74.9 (18.0)	20,135	93.6 (10.7)	187,515	86.0
Department of Medical Services	6,816	4.5 (65.7)	2,882	6.4 (27.8)	674	3.1 (6.5)	10,372	4.8
Department of Health	1,972	1.3 (48.9)	1,822	4.0 (45.2)	235	1.1 (5.8)	4,029	1.8
Department of Disease Control	3,354	2.2 (46.0)	3,832	8.5 (52.5)	111	0.5 (1.5)	7,297	3.3
Department of Medical Sciences	960	0.6 (74.5)	287	0.6 (22.3)	41	0.2 (3.2)	1,288	0.6
Food and Drug Administration	482	0.3 (74.3)	73	0.2 (11.2)	94	0.4 (14.5)	649	0.3
Department of Mental Health	3,089	2.0 (59.0)	1,931	4.3 (36.9)	217	1.0 (4.1)	5,237	2.4
Department of Health Service Support	1,080	0.7 (9.4)	477	1.1 (30.6)	0	0.0 (0.0)	1,557	0.7
Department for Development of Thai Traditional and Alternative Medicine	123	0.1 (98.4)	2	0.004 (1.6)	0	0.0 (0.0)	125	0.1
Total	**151,473**	**100.0 (69.5)**	**45,089**	**100.0 (20.7)**	**21,507**	**100.0 (9.9)**	**218,069**	**100.0 (100.0)**

Sources: Personnel divisions/sections of all departments, MoPH, October 2003.

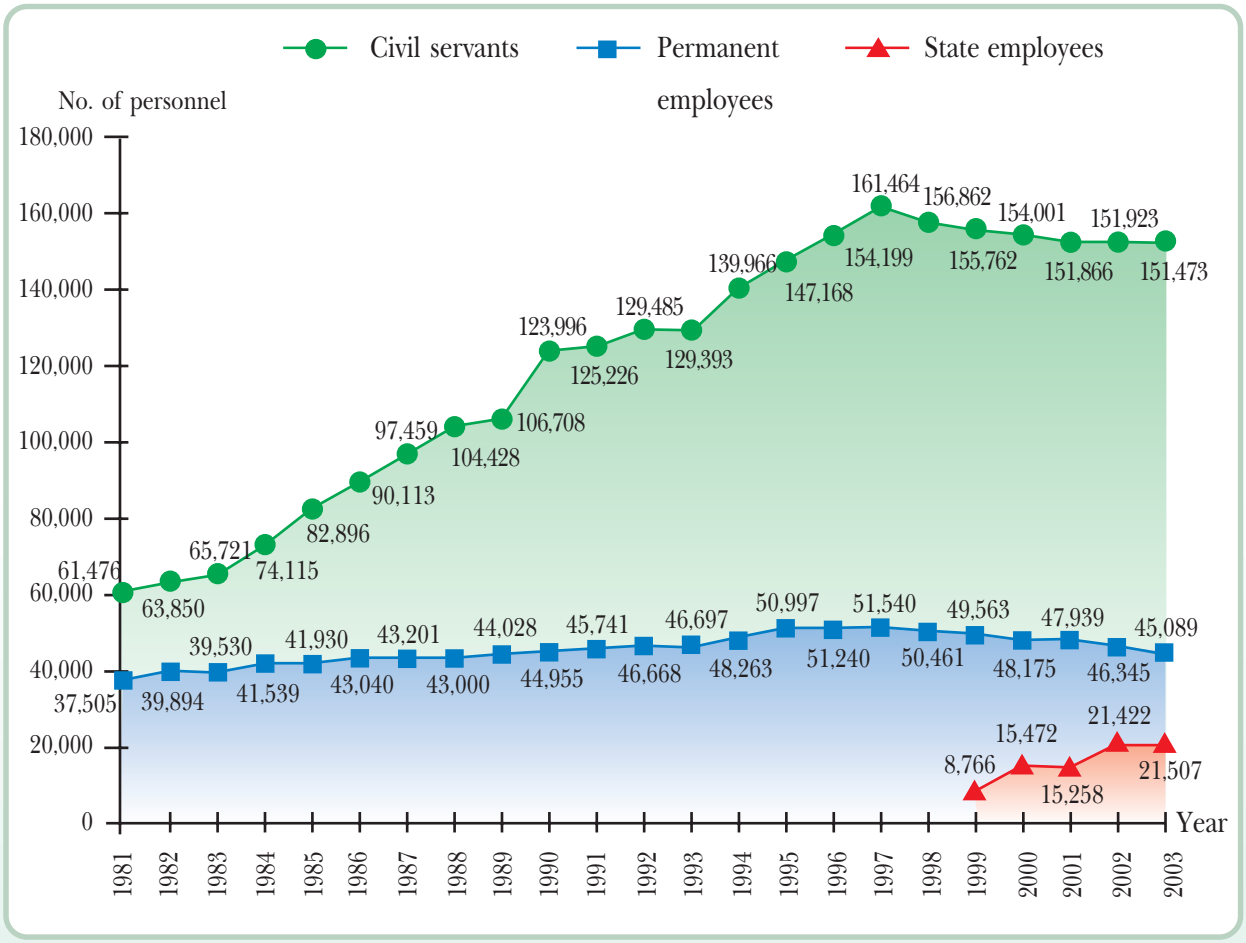
Notes:
1. Figures for civil servants and permanent employees of all departments are based on the numbers of actually filled positions, October 2003.
2. Figures in parentheses are percentages on their respective horizontal lines (of their own departmental totals).

Table 7.2 Number of State Employees of MoPH by Professional Category, 2003

No.	Professional category	Number of personnel in 2003
1	Medical doctors	2,877
2	Dentists	979
3	Pharmacists	2,173
4	Professional nurses	10,927
5	Disease control specialists	2
6	Health technical specialists	380
7	Technical nurses	1,723
8	Community health officers	850
9	Dental health officers	485
10	Pharmaceutical officers	568
11	Medical science officers	250
12	Medical rehabilitation officers	41
13	Audiovisual aid officers	49
14	Medical statisticians	127
15	Dental technicians	8
16	Disease control officers	68
	Total	**21,507**

Source: Personnel divisions/sections of all departments, MoPH.

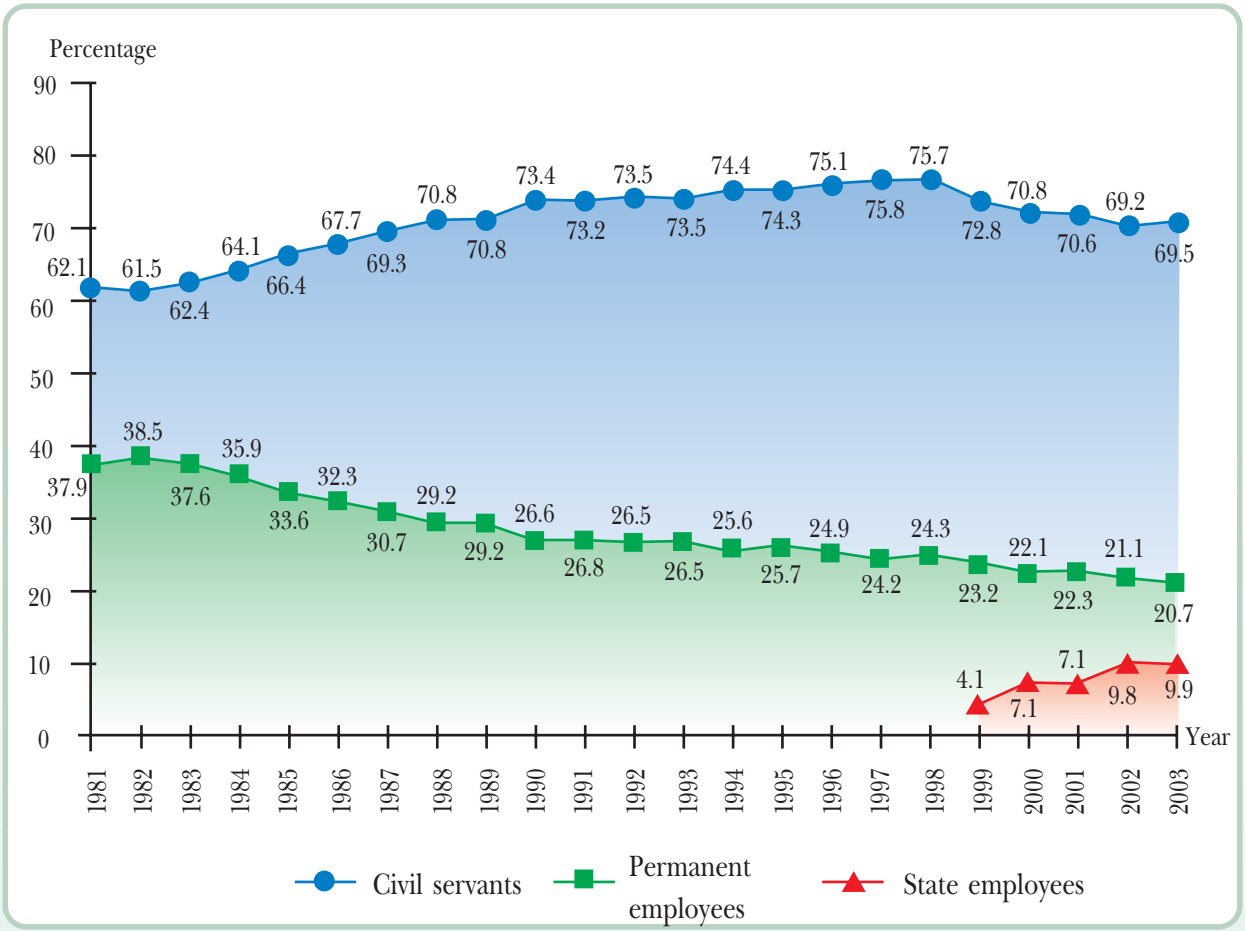
Figure 7.4 Numbers of Civil Servants, Permanent Employees, and State Employees of MoPH, Fiscal Years 1981-2003



Sources: Data for 1981-1997 are derived from HEALTH DIARY of the National Health Association of Thailand.
Data for 1998-2003 are derived from personnel divisions/sections of all departments, MoPH.

Note: For 1998 onwards, the data represent actually filled positions.

Figure 7.5 Proportions of Civil Servants, Permanent Employees, and State Employees of MoPH, Fiscal Years 1981-2003



Sources: Data for 1981-1997 are derived from Health Diary of the National Health Association of Thailand. Data for 1998-2003 are derived from personnel divisions/sections of all departments, MoPH.

Note: For 1998-2003, the proportions are based on the numbers of actually filled positions.

The workforce of the MoPH classified by major group/profession includes 172,980 actually filled positions (2003) in 29 groups, excluding permanent employees, (Table 7.3).

Table 7.3 Workforce of the MoPH (excluding permanent employees) by Major Group/Profession: Number and Proportion of Actually Filled Positions, 2003

Group/Professional category	Civil servants		State employees		Total	
	No.	%	No.	%	No.	%
1. Professional nurses	49,056	32.4	10,927	50.8	59,983	34.7
2. Technical nurses	22,032	14.5	1,723	8.0	23,755	13.7
3. Community health officers	17,752	11.7	850	4.0	18,602	10.7
4. Health technical specialists	11,426	7.5	380	1.8	11,806	6.8
5. Health administration officers	9,914	6.5	-	-	9,914	5.7
6. Medical doctors	7,458	4.9	2,877	13.4	10,335	6.0
7. Correspondence, finance, logistics, statistics, data recording, computer, and typing officers	6,471	4.3	-	-	6,471	3.7
8. Dental nurses, dental assistants, and dental health officers	3,892	2.6	485	2.3	4,377	2.5
9. Pharmacists	3,279	2.2	2,173	10.1	5,452	3.2
10. Medical science technicians	3,154	2.1	250	1.2	3,404	2.0
11. Pharmaceutical assistants/officers	2,693	1.8	568	2.6	3,261	2.0
12. X-ray/medical radiation officers	1,634	1.1	-	-	1,634	0.9
13. Dentists	1,542	1.0	979	4.5	2,521	1.4
14. General administration officers	1,358	0.9	-	-	1,358	0.8
15. Statisticians and computer specialists	999	0.7	127	0.6	1,126	0.7
16. Medical technologists	980	0.6	-	-	980	0.6
17. Disease control officers	804	0.5	68	0.3	872	0.5
18. Civil-works, electrical, and telecommunication engineers/technicians	876	0.6	-	-	876	0.5
19. Medical scientists and scientists	703	0.5	-	-	703	0.4
20. Policy and plan analysts	669	0.4	-	-	669	0.4
21. Physiotherapy and medical rehabilitation officers	589	0.4	41	0.2	630	0.4
22. Social workers and psychologists	557	0.4	-	-	557	0.3
23. Personnel officers, training officers, professional registration officers, and human resource development specialists	490	0.3	-	-	490	0.3

Table 7.3

Group/Professional category	Civil servants		State employees		Total	
	No.	%	No.	%	No.	%
24. Nutritionists	441	0.3	-	-	441	0.2
25. Public relations, information, audio-visual aid, communication, and library officers	404	0.3	49	0.2	453	0.3
26. Physiotherapists	381	0.3	-	-	381	0.2
27. Lecturers	220	0.1	-	-	220	0.1
28. Medical radiation specialists and medical physicists	202	0.1	-	-	202	0.1
29. Others	1,497	1.0	10	0.0	1,507	0.9
Total	151,473	100.0	21,507	100.0	172,980	100.0

Source: Personnel Divisions of all Departments of the Ministry of Public Health, October 2003.

Note: Major staffing patterns were re-designed and professionals re-categorized in 2002 according to the MoPH restructuring as part of the bureaucratic reforms, resulting in a decrease in the number of professional categories: the positions for health promotion specialists, disease control specialists, sanitation specialists and health education specialists were abolished, but the positions for health technical specialists have been established instead, for more flexibility in the process of transfer and assessment for taking such positions.

4.2 Problems of the MoPH Workforce

4.2.1 The number of personnel is not consistent with the increased workload. Health agencies have to carry a greater burden of responsibilities according to the existing government programmes/projects, the national socioeconomic development plan, and new programmes/projects while the number of personnel decreases, resulting in an inadequate staff to perform the tasks efficiently in response to the ministry's policies.

4.2.2 Lack of overall manpower planning. This problem has resulted in an inappropriate and inefficient utilization of personnel. After the restructuring and reorientation of the MoPH's structure and missions, it has been found that the staffing of certain agencies is not flexible and consistent with their new mission. For example, the Department of Communicable Disease Control has been restructured as the Department of Disease Control with additional responsibilities for non-communicable diseases (NCDs), but they lack personnel with expertise in NCD prevention and control, as most of them have had experiences only in the prevention and control of communicable diseases.

4.2.3 Lack of an efficient personnel re-distribution system. The re-distribution of personnel in the past has not been as efficient as expected because such re-distribution cannot be done within the same ministry. Besides, newly established agencies, such as the Department for Development of Thai Traditional and Alternative Medicine, need highly competent personnel but they have been allocated an inadequate number of personnel, whose qualifications are not suitable for initiating new tasks in the new agency.

4.2.4 Lack of a personnel utilization examination system. This problem has resulted in the inability to identify which agencies have had an inadequate or excess number of personnel. In the past, the staff requirement was in accordance with the staffing patterns approved by the Civil Service Commission, based on the size of each health facility and its numbers of beds and operating rooms. Such a practice did not reflect the workload of health facilities at each level and the access to health care of the people.

4.2.5 Loss in the health system. A major loss of health personnel in the health system is the resignation of a number of doctors due to a higher workload as well as inadequate compensation and incentives. In addition, there have been some indirect losses such as the utilization of personnel that is not relevant to their qualifications.

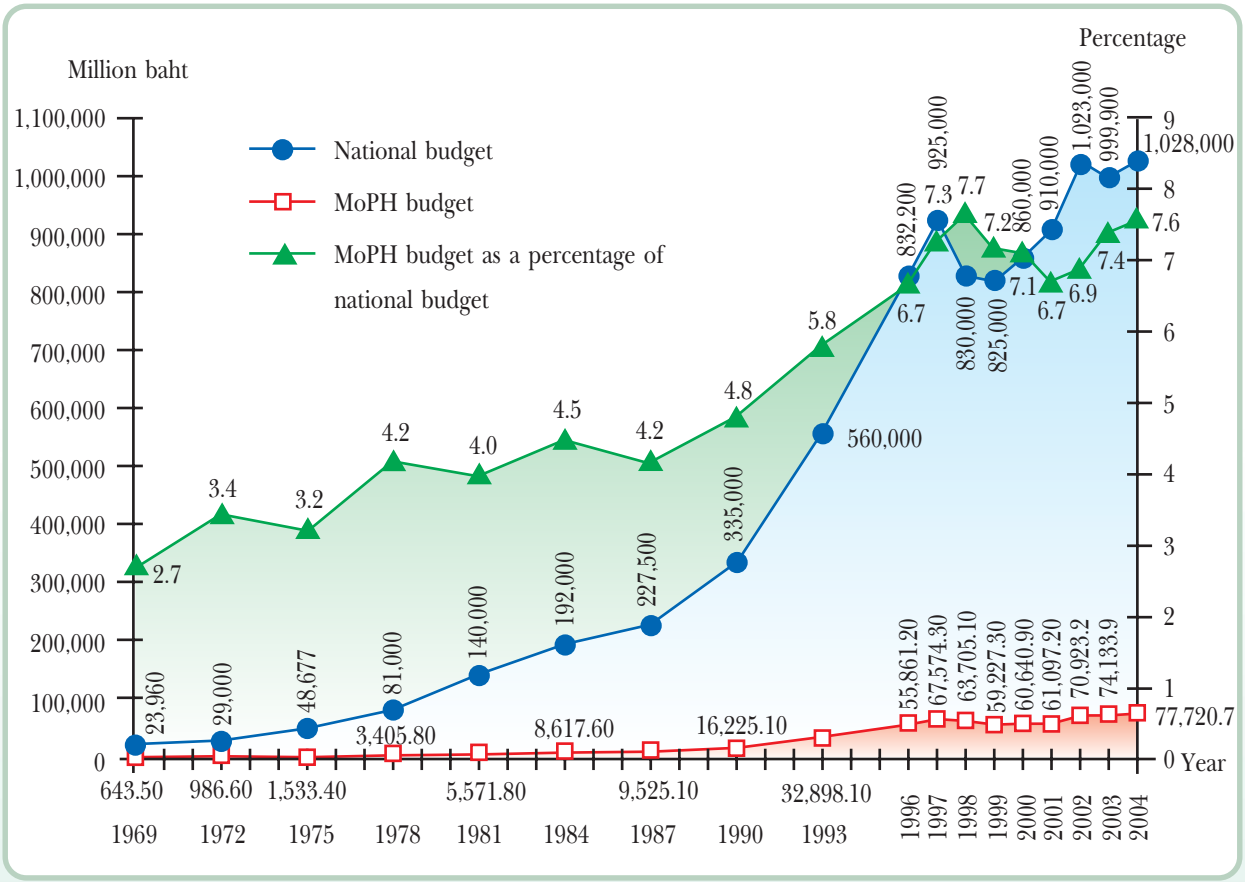
5. The Budget of the Ministry of Public Health

5.1 Proportion of the Budget

The proportion of annual budget allocated to the MoPH was 2.7-7.7% of the national budget during 1969-2004 (Figure 7.6) or approximately 0.4-1.3% of the gross domestic product (GDP). It can be noted that the MoPH's budget has increased significantly during the past decade, similar to those in other social service sectors, due to a decrease in foreign debt repayments and security expenditure. Until the economic crisis in 1997, the foreign debts have increased from 5.0% in 1997 to 13.2% in 2004 (Figure 7.8). The proportion of MoPH's annual budget had declined until 2001. But since FY 2002, its annual budget has increased substantially as a result of the government policy on universal coverage of health care (Figure 7.7). In FY 2004, the budget is 45,147.9 million baht plus a health insurance revolving fund of 32,572.8 million baht, totalling 77,720.7 million baht, or 7.6% of the national budget (Figure 7.6).

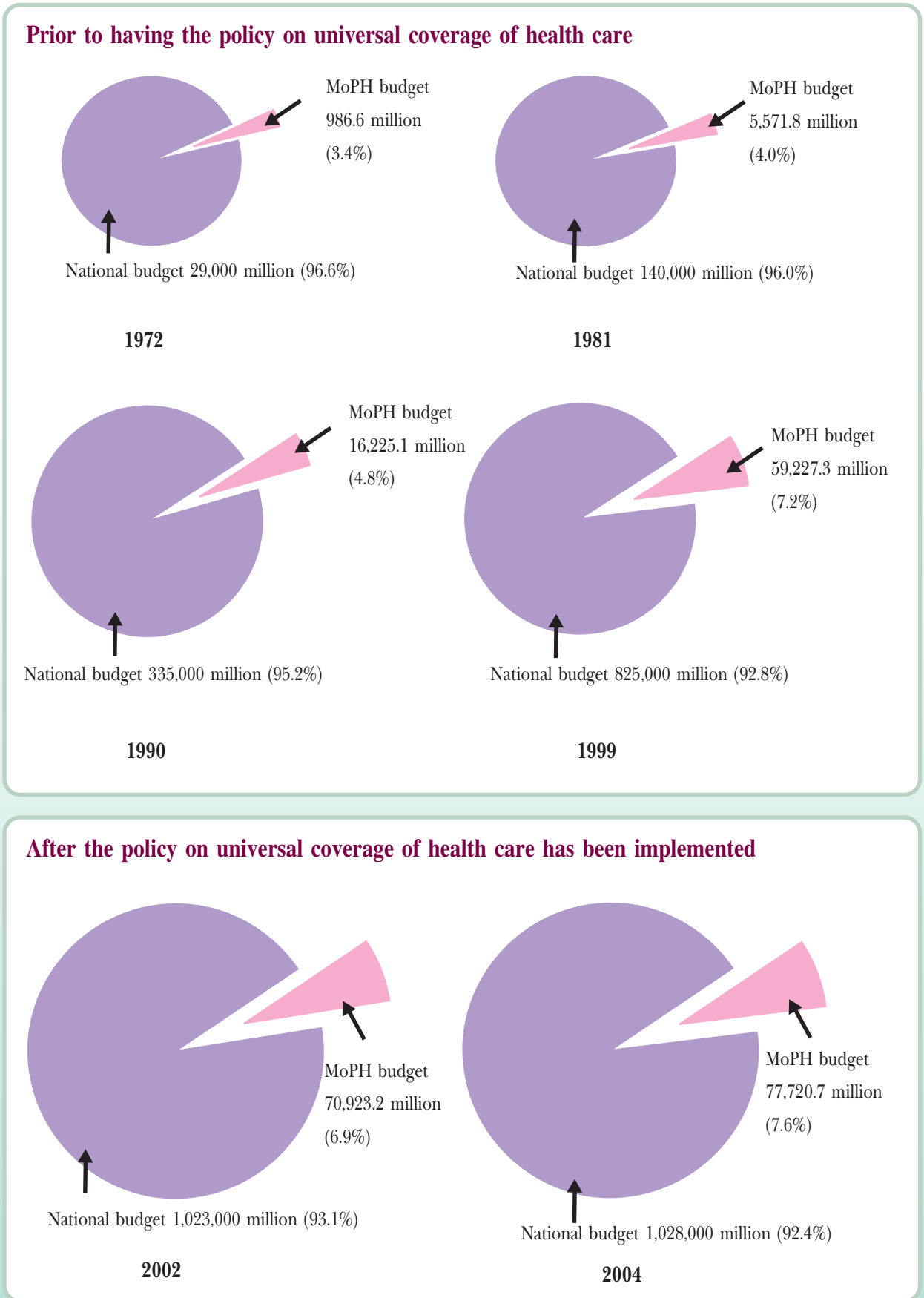
In real terms, the 2004 budget is less than that for 1997; and it is noteworthy that there were large amounts of foreign loans during 1997-2001, but none during 2002-2004 (Table 7.4).

Figure 7.6 Amounts and Proportions of MoPH's Budget Compared with the National Budget (Present Value), FYs 1969-2004



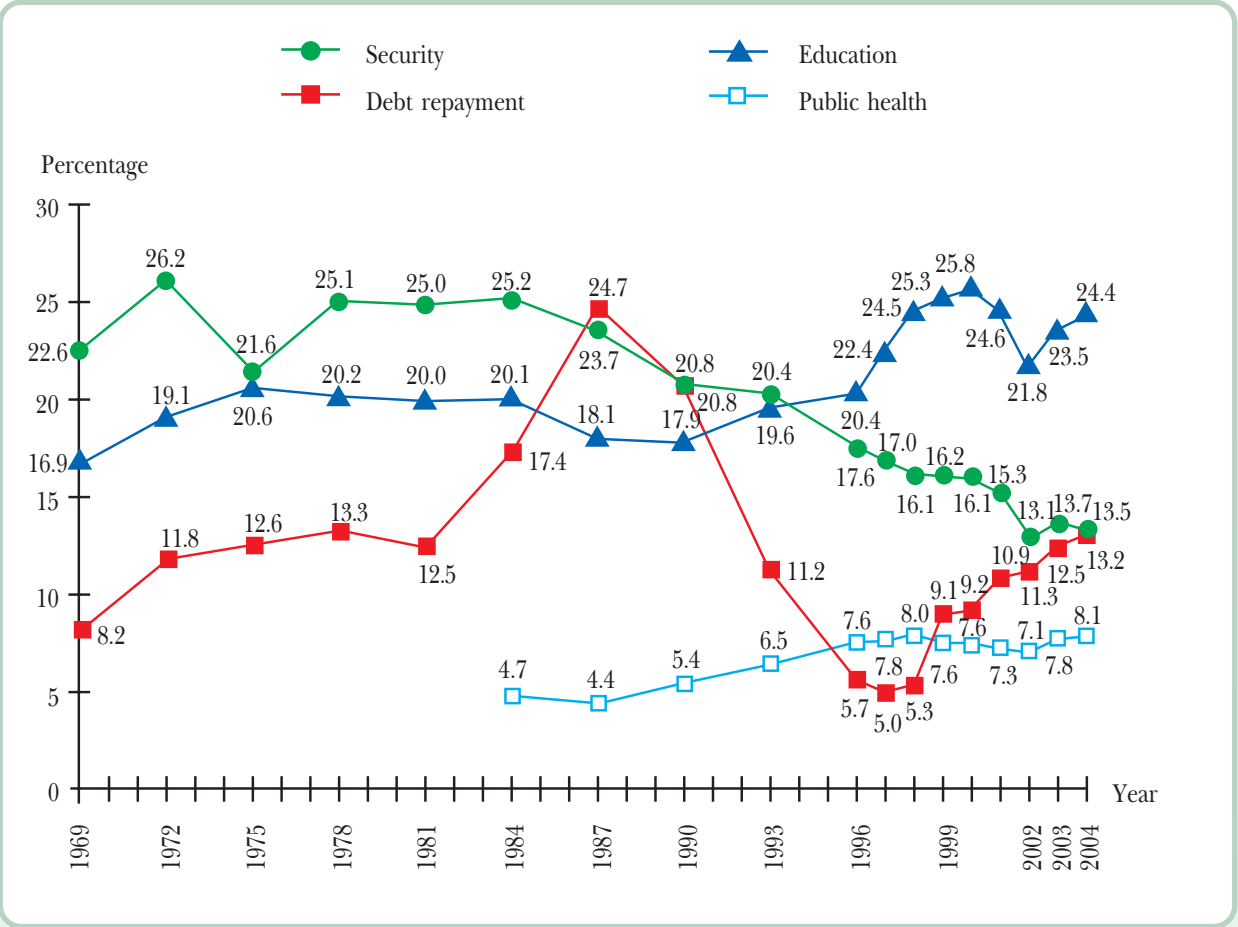
Sources: - Bureau of Policy and Strategy, Ministry of Public Health.
- Bureau of the Budget.

Figure 7.7 MoPH's Budget Compared with the National Budget (baht)



Source: Figure 7.6.

Figure 7.8 Proportions of Security, Debt Repayment, Education and Public Health Budget, Compared with the National Budget, FYs 1969-2004



Source: Bureau of the Budget.

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

Table 7.4 MoPH's Budget in Present Value and Real Terms (million baht)

Year	MoPH budget	Health insurance revolving funds	Total MoPH budget (present value)	Consumer price index (1994 = 100)	Budget at 2004 value	Increase/ decrease from previous year (2004 value)	Percentage of national budget
1992	24,640	-	24,640	92.1	36,572	-	-
1993	32,898	-	32,898	95.1	47,289	+29.3	5.8
1994	39,319	-	39,319	100	53,749	+13.7	6.3
1995	45,103	730	45,833	105.8	59,219	+10.2	6.4
1996	55,236	625	55,861	112.0	68,180	+15.1	6.7
1997	66,544	1,030	67,574	118.2	78,150	+14.6	7.3
			(68,934)		(79,723)	(+16.9)	(7.4)
1998	62,625	1,080	63,705	127.8	68,141	-12.8	7.7
			(65,065)		(69,596)	(-12.7)	(7.8)
1999	57,171	2,056	59,227	128.2	63,154	-7.3	7.2
			(62,787)		(66,950)	(-3.8)	(7.6)
2000	58,426	2,215	60,641	130.2	63,668	+0.8	7.1
			(63,001)		(66,146)	(-1.2)	(7.3)
2001	58,697	2,400	61,097	132.3	63,129	-0.8	6.7
			(61,563)		(63,610)	(-3.8)	(6.8)
2002	43,311	27,612	70,923	133.2	72,787	+15.3	6.9
2003	41,996	32,138	74,134	135.7	74,680	+2.6	7.4
2004	45,147	32,573	77,720	136.7[1]	77,720	+4.1	7.6

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 number in ( ) includes 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. Since FYs 1995-2001, the MoPH has received a supplementary budget for health insurance cards called "health insurance revolving fund subsidies", 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 card revolving fund"; the MoPH continues to administer the revolving fund of the National Health Security Office for the first three years after the National Health Security Act came into force.
5. [1]Consumer price index as of January 2004.
6. The health insurance revolving fund does not include personnel and operating costs.

5.2 Budget Allocation by Department

Considering the budget allocation for each department, it was found that in 2004 the National Health Security Office (including the health insurance revolving fund) received the largest amount of budget (43.2%), followed by the Office of the Permanent Secretary for Public Health (41.4%, including salaries for civil servants and employees, which are part of the universal healthcare budget), and the Department for Development of Thai Traditional and Alternative Medicine received the least (0.2%) (Table 7.5 and Figure 7.9).

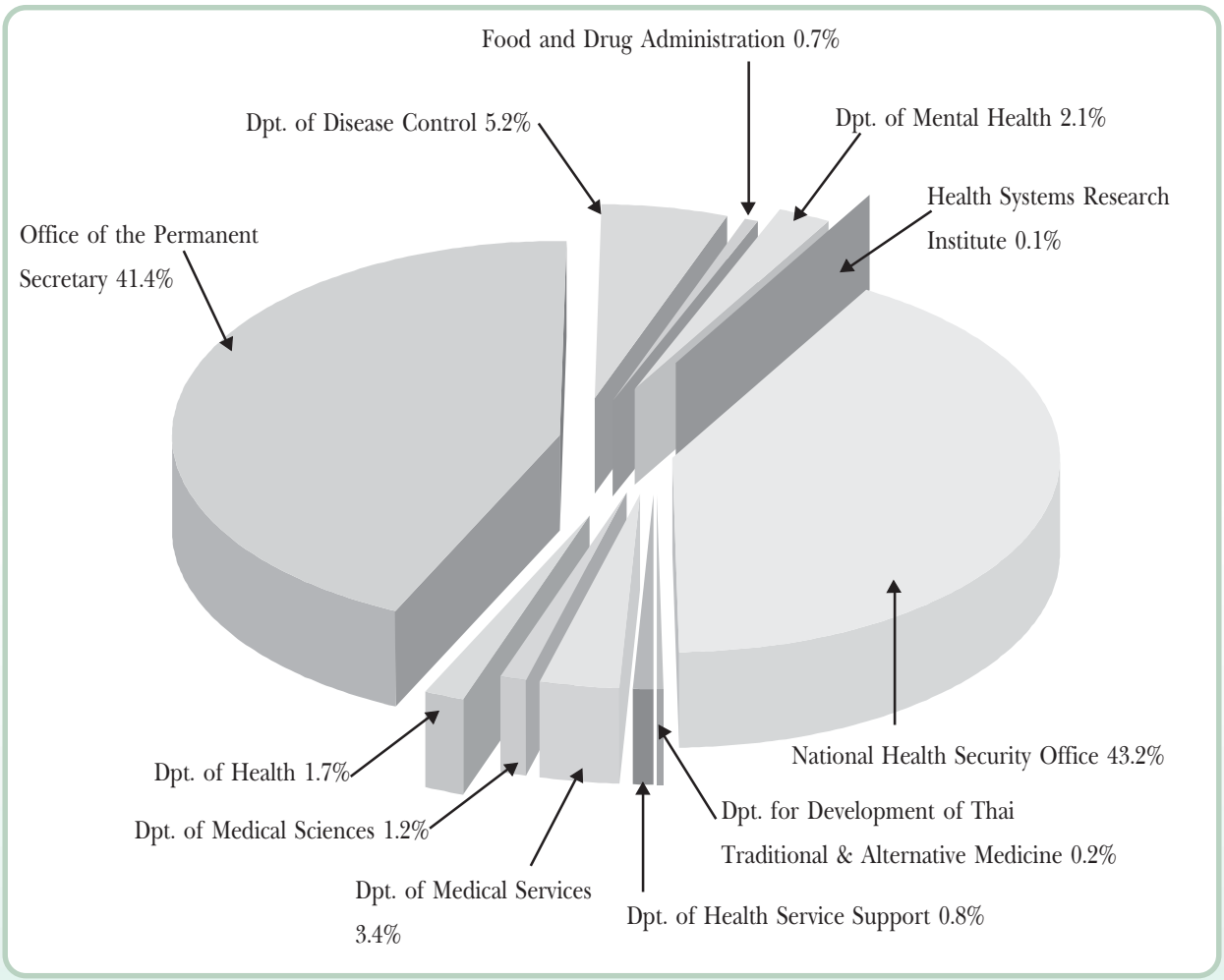
Table 7.5 The Budget of the Ministry of Public Health, 1997-2004

Department	Budget received (million baht)															
	1997	1998		1999		2000		2001		2002		2003		2004		
	Amount	Amount	Increase/ Decrease from 1997 (%)	Amount	Increase/ Decrease from 1998 (%)	Amount	Increase/ Decrease from 1999 (%)	Amount	Increase/ Decrease from 2000 (%)	Amount	Increase/ Decrease from 2001 (%)	Amount	Increase/ Decrease from 2002 (%)	Amount	Increase/ Decrease from 2003 (%)	Proportion (%)
- Whole country	**925,000.0**	**830,000.0**	**-10.3**	**825,000.0**	**-0.6**	**860,000.0**	**+4.2**	**910,000.0**	**+5.8**	**1,023,000.0**	**+12.4**	**999,900.0**	**-2.3**	**1,028,000.0**	**+2.8**	**-**
- MoPH	**67,574.3**	**63,705.1**	**-5.7**	**59,227.3**	**-7.0**	**60,640.9**	**+2.4**	**61,097.2**	**+0.8**	**70,923.2**	**+16.1**	**74,133.9**	**+4.5**	**77,720.7**	**+4.8**	**-**
- Office of the Permanent Secretary	52,137.3	48,730.2	-6.5	45,307.6	-7.0	46,487.4	+2.6	46,691.6	+0.4	29,802.0	-36.2	28,978.7	-2.8	32,177.5	+11.0	41.4
- Department of Medical Services	3,518.9	3,307.4	-6.0	3,003.9	-9.2	3,083.7	+2.7	3,189.3	+3.4	2,556.7	-19.8	2,490.4	-2.6	2,664.7	+7.0	3.4
- Department Disease Control	3,646.7	3,713.5	+1.8	4,039.8	+8.8	4,185.4	+3.6	4,501.4	+7.6	3,670.1	-18.5	3,635.6	-0.9	4,081.5	+12.3	5.2
- Department of Health	5,380.8	5,098.7	-5.2	4,205.3	-17.5	4,073.8	-3.1	3,755.2	-7.8	2,708.5	-27.9	1,185.6	-56.2	1,340.8	+13.1	1.7
- Department of Mental Health	1,514.9	1,438.1	-5.1	1,382.4	-3.9	1,478.5	+7.0	1,628.3	+10.1	1,591.7	-2.2	1,553.2	-2.4	1,623.4	+4.5	2.1
- Department of Health Service Support	-	-	-	-	-	-	-	-	-	-	-	1,125.6	0.0	587.4	-47.8	0.8
- Department of Medical Sciences	893.2	877.0	-1.8	797.0	-9.1	815.9	+2.4	804.5	-1.4	782.3	-2.8	747.3	-4.5	927.2	+24.1	1.2
- Department for Development of Thai Traditional and Altemative Mesicine	-	-	-	-	-	-	-	-	-	-	-	73.7	0.0	120.1	+63.0	0.2
- Food and Drug Administration	422.5	480.2	+13.7	431.3	-10.2	451.1	+4.6	454.0	+0.6	464.0	+2.2	495.5	+6.8	507.1	+2.3	0.7
- Health Systems Research Instute	60.0	60.0	0.0	60.0	0.0	65.1	+8.5	72.9	+12.0	138.4	+89.8	109.9	-20.6	96.9	-11.8	0.1
- National Health Security Office	-	-	-	-	-	-	-	-	-	1,597.4	-	1,600.0	+0.2	1,021.3	-36.2	1.3
- Health Insurance Revolving Fund	-	-	-	-	-	-	-	-	-	27,612.0	-	32,138.5	+16.4	32,572.8	+1.4	41.9

Source:
1. Bureau of Policy and Strategy, Ministy of Public Health.
2. National Health Security Office.

Notes:
1. For 1997-2001, the budget for the Office of the Pemanent Secretary included the health insurance card subsidies.
2. For 2002-2004, the budget for the Office of the Pemanent Secretary includes salaries and wages, which are part of the universal health care 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, another newly established agency under the supervision of the MoPH has received its own budget since FY 2002.

Figure 7.9 Proportion of MoPH's Budget by Agency, 2004



Source: Table 7.5.

Note: The budget of the National Health Security Office includes the budget for the Health Insurance Revolving Fund.

5.3 Budget Allocation by Programme

MoPH's budget for 2002-2004 has been allocated for the implementation of nine major programmes (Table 7.6), according to the new programme structure of the 9th Health Development Plan, which has only three programmes (see Chapter 3). It should be noted that the universal healthcare scheme and the drug abuse prevention and resolution scheme are in accordance with the policy of the present government. Thus, both programmes have been allocated a much larger budget proportion, while the budget for disease prevention and control as well as health promotion programmes remains constant at only 6.4% (Figure 7.10).

Table 7.6 Health Budget Allocation for Major Types of Programme During the First Half of the 9th National Plan (2002-2004): Amount in Million Baht

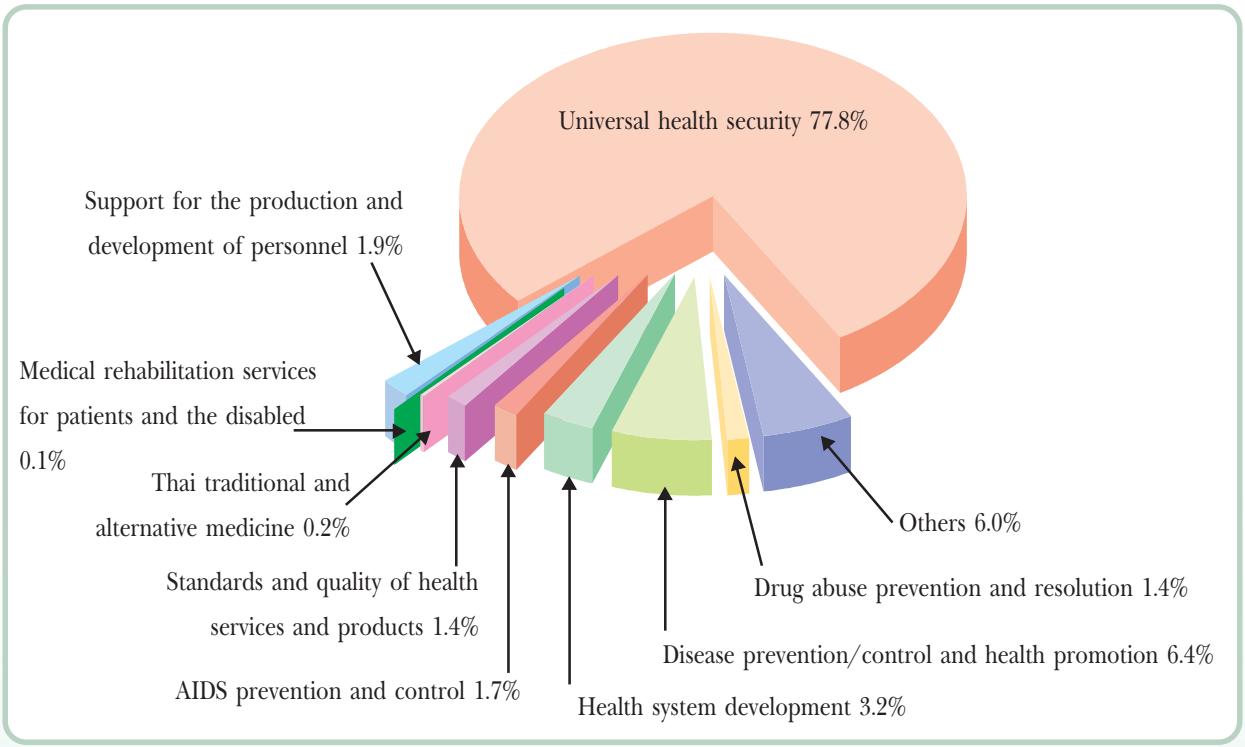
Type of programme	2002	2003		2004		Proportion (%)
	Amount	Amount	Increase/ Decrease from 2002	Amount	Increase/ Decrease from 2003	
1. Universal health security	53,022.9	57,697.2	+8.8	60,431.2	+4.7	77.8
2. Disease prevention/control and health promotion	7,619.9	6,292.0 [1]	n.a.	4,951.2 [2]	n.a.	6.4
3. Health system development	1,519.6	1,674.0	+10.2	2,474.5	n.a.	3.2
4. Support for the production and development of personnel	1,501.5	1,464.6	-2.4	1,495.9	+2.1	1.9
5. Standards and quality of health services and products	812.9	819.6	+0.8	1,085.0	+32.4	1.4
6. AIDS prevention and control	698.7	885.1	+26.7	1,355.1	+53.1	1.7
7. Drug abuse prevention and resolution	524.7	538.2	+2.6	1,100.1	+104.4	1.4
8. Thai traditional and alternative medicine	39.1	73.7	+88.5	120.1	+63.0	0.2
9. Medical rehabilitation services for patients and the disabled	65.7	79.5	+21.0	82.1	+3.3	0.1

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

Notes: [1] For FY 2003, budget for the 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.

[2] For FY 2004, budget for the disease prevention/control and health promotion is also decreased as the Department of Health has revised its role and thus the budget for disease prevention/control and health promotion under the health service programme has been shifted to the health system development component of the health system development support programme.

Figure 7.10 Proportion of MoPH's Budget by Major Type of Programme, 2004



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

5.4 Budget Allocation by Type of Expenditure

A large proportion of the budget of the Ministry of Public Health (33-47%) is used for staff salaries and wages and 28-51% for operating costs, which have been rising to approximately 50% since 2002. The proportion of investment budget has changed considerably according to the economic conditions (by 11-39%; Table 7.7). And since 2002, despite the economic recovery, the government still maintains a low level of investment budget as it has implemented the universal healthcare scheme with a much higher budget for this purpose.

During the first economic crisis (1983-1986) the investment budget decreased from 22.1% in 1982 to 11.3% in 1987 (Figure 7.3). 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 and 6.7% in 2004. Consequently, there are almost no construction projects at present.

Notably, although the MoPH was allocated a much less budget during the economic crisis as it is noted that the 2004 budget is, in real terms, less than the 1997 budget (Table 7.4), the MoPH 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 7.8). Between 2002 and 2004, the government continues to support such programmes, but in the form of health insurance revolving fund and capitation payment, covering a population of 46 million who have never had any health insurance coverage. The annual capitation rates are 1,202.4 baht in 2002 and 2003, and 1,308.5 baht in 2004.

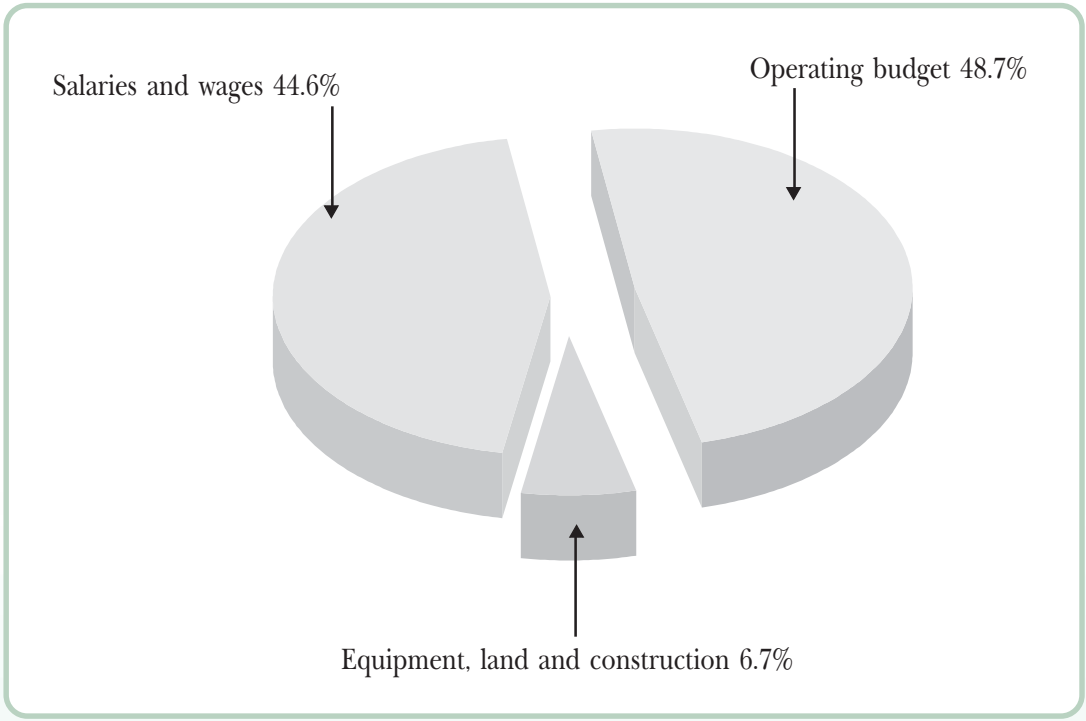
Table 7.7 Budget Received by the Ministry of Public Health, FYs 1997-2004 (Present Value: amount in million baht)

Category of budget	1997		1998		1999		2000		2001		2002		2003		2004	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
1. Salaries and wages	**22,639.3**	**33.5**	**24,503.3**	**38.5**	**26,407.5**	**44.6**	**28,355.8**	**46.8**	**28,807.6**	**47.2**	**29,532.3**	**41.7**	**33,035.0**	**44.6**	**34,664.7**	**44.6**
1.1 Salaries and permanent wages	22,591.3	33.4	24,458.0	38.4	26,361.6	44.5	28,310.0	46.7	28,757.0	47.1	29,489.2	41.6	32,991.3	44.5	34,620.4	44.5
1.2 Temporary wages	48.0	0.1	45.3	0.1	45.9	0.1	45.8	0.1	50.6	0.1	43.1	0.1	43.7	0.1	44.3	0.1
2. Operating budget	**18,755.4**	**27.8**	**21,794.2**	**34.2**	**23,825.7**	**40.2**	**25,304.1**	**41.7**	**26,910.6**	**44.0**	**35,786.5**	**50.4**	**37,780.6**	**51.0**	**37,864.8**	**48.7**
2.1 Compensation, supplies and miscellaneous	9,230.8	13.7	9,927.9	15.6	9,491.6	16.0	9,755.3	16.1	9,728.1	15.9	4,403.5	6.2	5,667.1	7.6	6,607.7	8.5
2.2 Utilities	1,036.1	1.5	843.6	1.3	811.2	1.4	851.8	1.4	848.0	1.4	325.0	0.4	317.0	0.4	309.0	0.4
2.3 Subsidies	8,350.2	12.4	10,360.0	16.3	12,773.2	21.5	13,606.0	22.4	14,171.5	23.2	3,964.7	5.6	3,166.4	4.4	2,275.4	2.9
2.4 Other expenses	138.3	0.2	662.7	1.0	749.7	1.3	1,091.0	1.8	2,163.0	3.5	27,093.3	38.2	28,630.1	38.6	28,672.7	36.9
3. Investment budget																
3.1 Equipment, land and construction	**26,179.6**	**38.7**	**17,407.6**	**27.3**	**8,994.1**	**15.2**	**6,981.0**	**11.5**	**5,379.0**	**8.8**	**5,604.3**	**7.9**	**3,318.3**	**4.4**	**5,191.2**	**6.7**
Total	**67,574.3**	**100.0**	**63,705.1**	**100.0**	**59,227.3**	**100.0**	**60,640.9**	**100.0**	**61,097.2**	**100.0**	**70,923.2**	**100.0**	**74,133.9**	**100.0**	**77,720.7**	**100.0**

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

Notes:
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 baht for 2000; and 2,400 million baht for 2001.
2. For FYs 2002-2004, 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; and 28,652.4 million baht for 2004.
3. For FYs 2002-2004, MoPH's investment budget includes budget includes the investment budget of the National Security Office, which is 3,428.8 million baht for 2002; 1,929.6 million baht for 2003; and 3,920.4 million baht for 2004.

Figure 7.11 Proportion of MoPH's Budget by Budget Category, 2004



Source: Table 7.7.

Table 7.8 Budget for Free Medical Services for the Poor and Underprivileged during 1979-2004

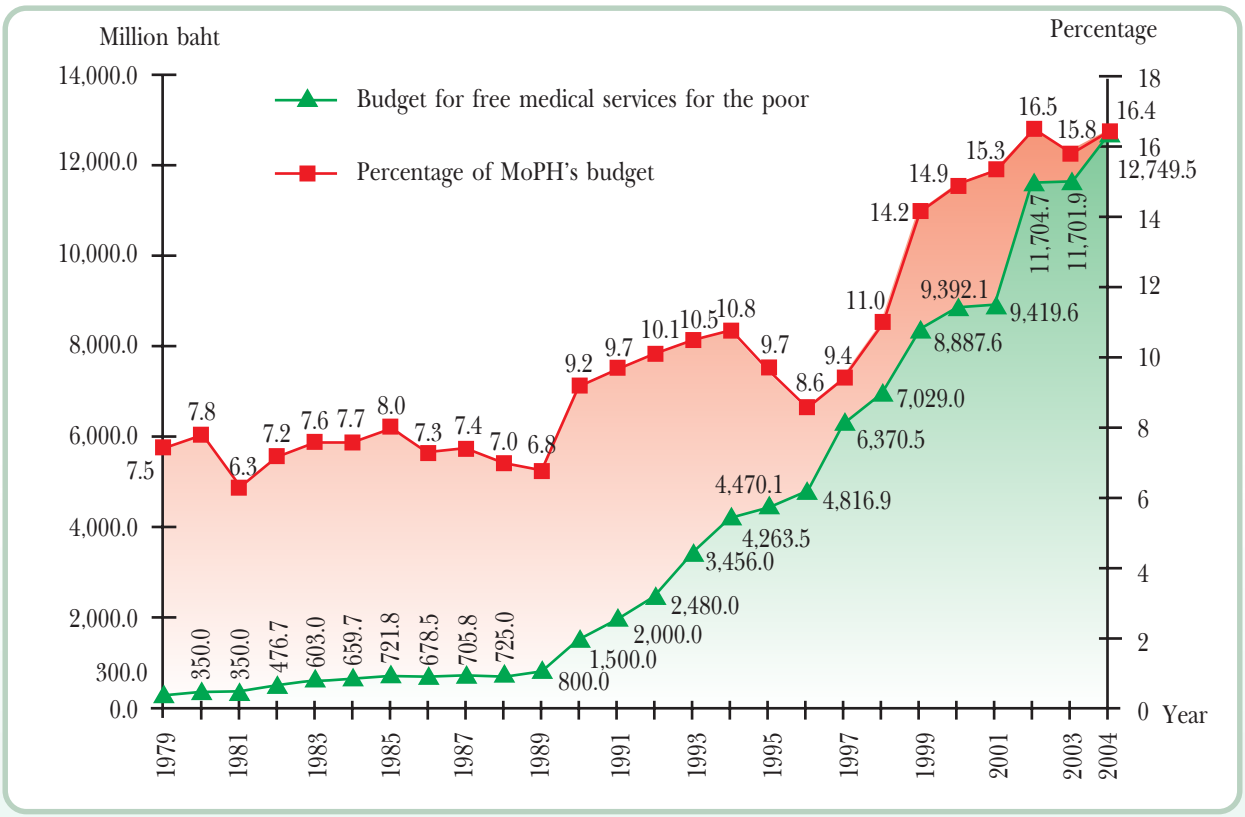
Year	MoPH's budget (million baht)	Budget for free medical services for the poor and underprivileged (million baht)			Percentage of MoPH's budget
		Present value	2004 value	Increase/decrease (real terms, %)	
1979	3,976.9	300.0	901.3	-	7.5
1980	4,494.5	350.0	879.5	-2.4	7.8
1981	5,571.8	350.0	780.5	-11.3	6.3
1982	6,652.3	476.7	1,010.3	+29.4	7.2
1983	7,902.4	603.0	1,230.3	+21.8	7.6
1984	8,617.6	659.7	1,336.0	+8.6	7.7
1985	9,044.3	721.8	1,425.9	+6.7	8.0
1986	9,274.7	678.5	1,315.6	-7.7	7.3
1987	9,525.1	705.8	1,336.3	+1.6	7.4
1988	10,372.5	725.0	1,321.4	-1.1	7.0
1989	11,733.1	800.0	1,384.3	+4.8	6.8
1990	16,225.1	1,500.0	2,449.8	+77.0	9.2
1991	20,568.6	2,000.0	3,089.3	+26.1	9.7
1992	24,640.4	2,480.0	3,681.0	+19.2	10.1
1993	32,898.1	3,456.0	4,967.8	+35.0	10.5
1994	39,318.7	4,263.5	5,828.2	+17.3	10.8
1995	45,832.6	4,470.1	5,775.6	-0.9	9.8
1996	55,861.2	4,816.9	5,879.2	+1.8	8.6
1997	67,574.3	6,370.5	7,367.6	+25.3	9.4
1998	63,705.1	7,029.0	7,518.5	+2.0	11.0
1999	59,227.3	8,405.6	8,962.9	+19.2	14.2
	(62,787)	(8,887.6)	(9,476.9)	(+26.0)	(14.2)
2000	60,640.9	8,910.1	9,354.9	+4.4	14.7
	(63,001)	(9,392.1)	(9,861.0)	(+4.1)	(14.9)
2001	61,097.2	8,966.3	9,264.5	-1.0	14.7
	(61,563)	(9,419.6)	(9,732.9)	(-1.3)	(15.3)
2002	70,923.2	11,704.7	12,012.3	+29.7	16.5
2003	74,133.9	11,701.9	11,788.1	-1.9	15.8
2004	77,720.7	12,749.5	12,749.5	+8.2	16.4

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

Notes: 1. Figures in ( ) include the loans from the Asian Development Bank and the World Bank, i.e. 482 million baht for 1999; 482 million baht for 2000; and 453.3 million baht for 2001.

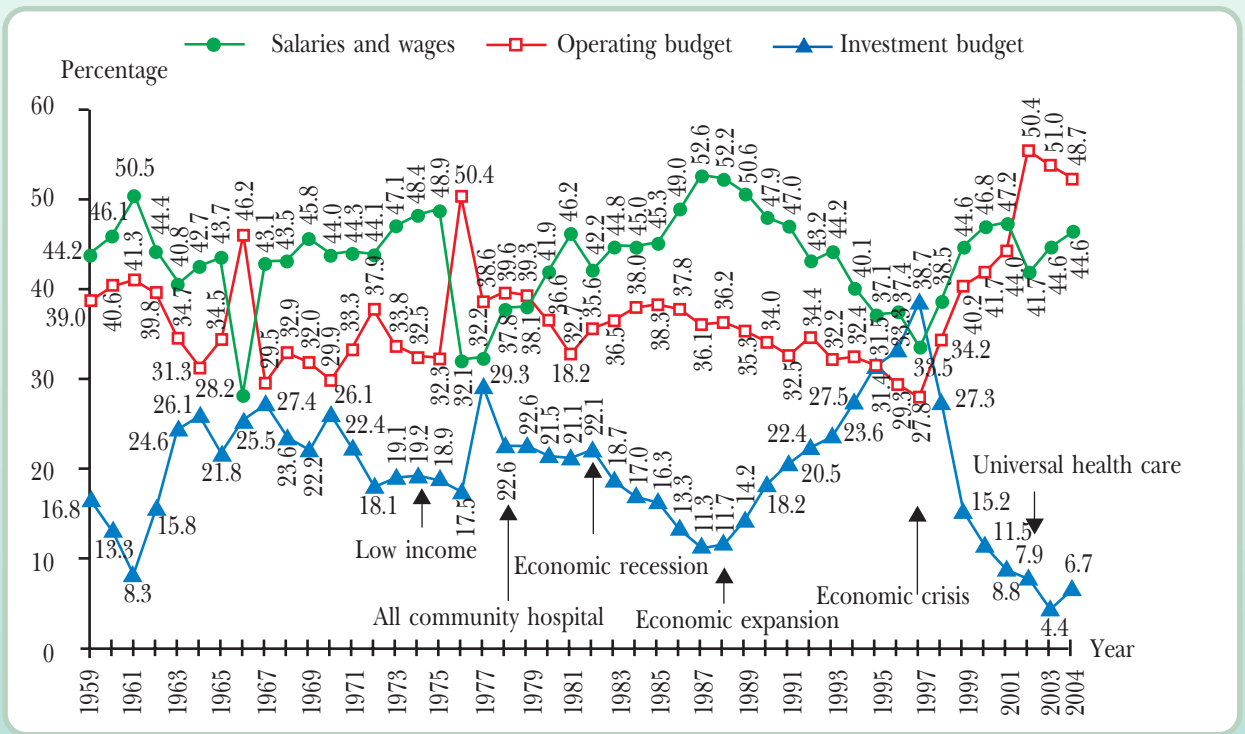
2. Numbers of health insurance cards (non-30-baht co-payment): 24,336,250 cards for 2002, 24,330,386 cards for 2003, and 24,359,065 cards for 2004.

Figure 7.12 Budget for Free Medical Services for the Poor and Underprivileged as Percentage of MoPH's Budget, 1979-2004



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

Figure 7.13 Percentage of MoPH Budget by Budget Category, 1959-2004



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

6. Summary of Adjustments of the Ministry of Public Health between 1997 and 2004

6.1 Reduction in the production of health personnel in academic institutions under the Ministry of Public Health by more than 60%.

6.2 Reduction in investment budget from 38.7% in 1997 to 6.7% in 2004.

6.3 Retention of the budget for essential programmes such as HIV/AIDS prevention and control, consumer protection, and health care for the poor and underprivileged, which has been expanded to cover all uninsured people so that they will have access to medical and health services.

6.4 Reorientation of the mission and restructuring of the MoPH in 2002 that will result in the MoPH being downsized in the future. Certain agencies will be transformed into agencies under the supervision of the MoPH, i.e. health facilities will become public organizations, or a kind of state agencies with more flexibility in their operations.

6.5 Preparation of the plan and steps for the decentralization of health administration systems, in the form of an Area Health Board, in cooperation with all concerned.

6.6 Implementation of the universal coverage of healthcare scheme, covering all 75 provinces and Bangkok Metropolis since 2002. Such a system has dramatically changed the country's health service system through the capitation payment mechanism, including staff salaries, and encouraging the people to use a primary care unit near their home.