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Universal health insurance

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More Thai people are using health services. Health resources are used more efficiently.



Universal health insurance has increased Thai people's access to health services. The poor benefit more than the rich because the poor do not pay the capital costs of their care, and because the government provides more funding to primary facilities and district hospitals.



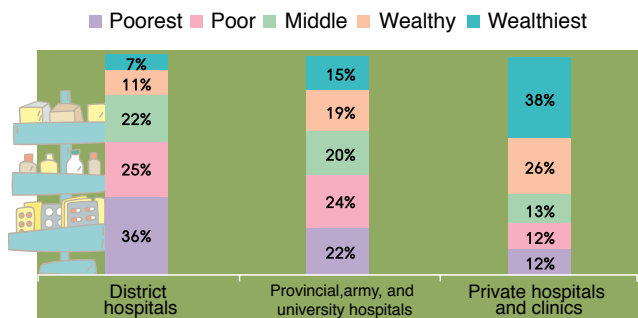
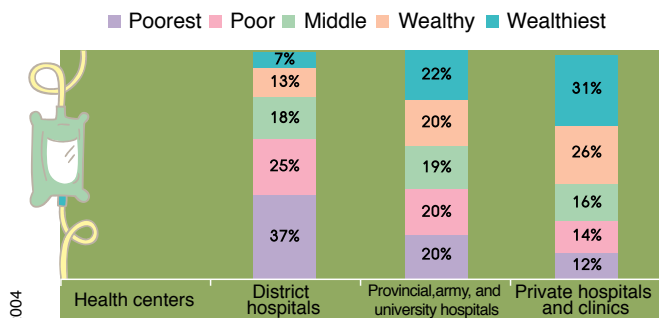
After the announcement of the universal health care policy, the number of out patient visits at hospitals increased from 172.5 million in 2001 to 213.0 million in 2003 and 220.2 million in 2004. The number of inpatient visits increased from 5 million in 2001 to 5.3 million in 2003 and 6.1 million in 2004. New policies to encourage the use of local-level facilities and to improve the referrals system clearly reduced the number of visits to provincial hospitals. Household expenditure on travel to hospitals also fell. The efficiency of all levels of the Thai health care system improved.

Moreover, subsidies given to health centers and district hospitals mainly assisted the poor. People in the poorest income quintile received 40% of funds going to health centers and 37% of funds going to district hospitals, while people in the richest quintile received, respectively, 4% and 7%. In 2000, 5.4% of all households spent more than 10% of their income on health care. By 2002, the proportion spending more than 10% on health care had fallen to 3.3%, and by 2004 it had fallen to 2.8%.

Although the poor spend a smaller proportion of their income on health care than other people, expenditure on health care nevertheless contributes to the hardship they face.



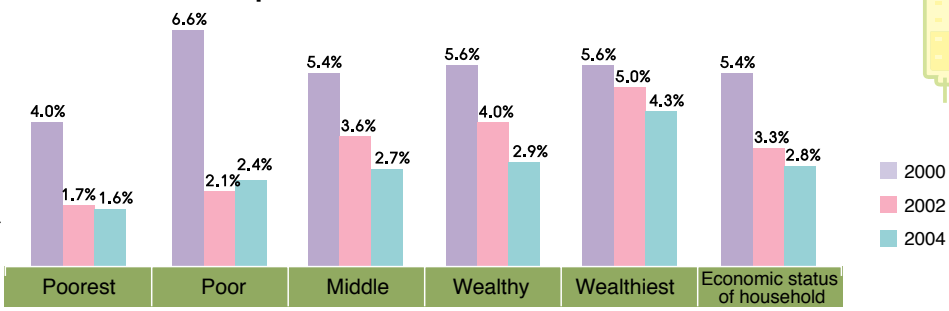
Percent distribution of expenditure on outpatients Percent distribution of expenditure on inpatients



Note: The estimates are based on the formula EXPENDITURE = NUMBER OF VISITS x (UNIT COST - OUT-OF-POCKET PAYMENTS)
 Source: Viroj Tangcharoensathien and others, Report on the Household Socio-Economic Survey 2004

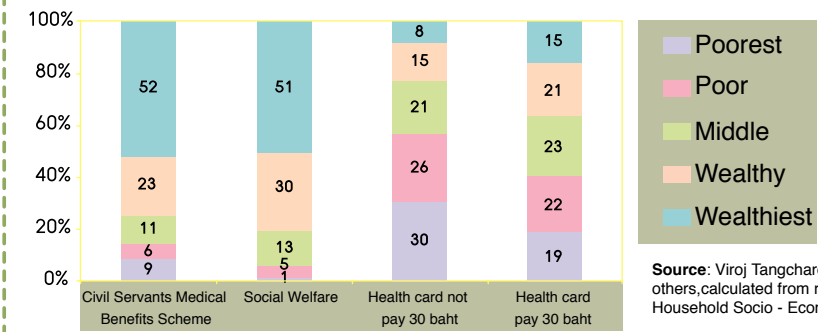
Source: Report on the Household Socio-Economic Surveys 2000-2004

Proportion of households with high expenditures on health care



When it was announced in 2001, the universal health care policy was known as the 'thirty Baht, Treat All Illness' scheme. Four years later its name was changed to the 'Thirty Baht, Help Thais Avoid Illness' scheme. In 2004, 52% of members of the Civil Servants Medical Benefits Scheme, and 51% of members of the social welfare scheme, belong to the wealthiest income quintile. In contrast, 56% of members of the universal health care scheme where members do not have to pay any fees, 'The Health card not pay 30 Baht' scheme, belonged to the two poorest quintiles. Similarly, 41% of members of the universal health care scheme where members pay 30 baht fees, 'The Health card pay 30 Baht' scheme, belonged to the two poorest quintiles.

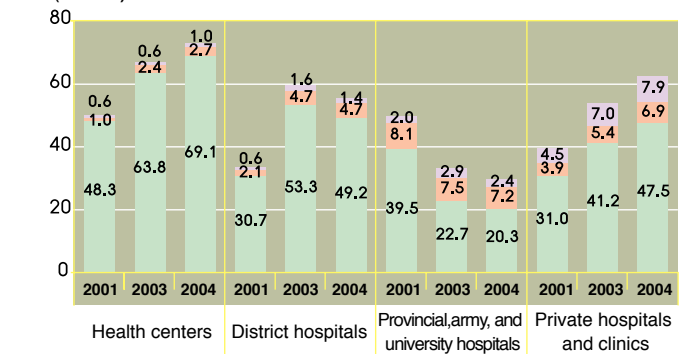
Income distribution of members of health insurance schemes



Source: Viroj Tangcharoensathien and others, calculated from report on the Household Socio - Economic Survey, 2005

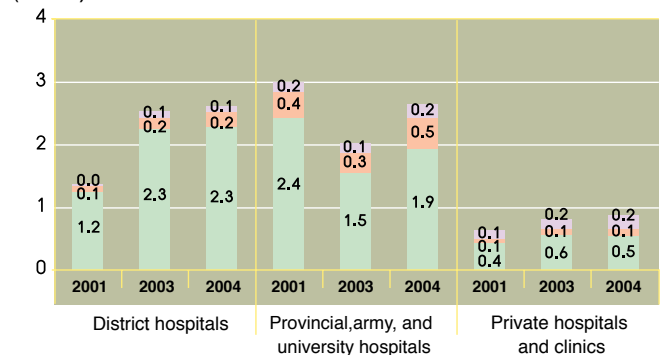
The categories 'Poorest', 'Poor', 'Middle', 'Wealthy' and 'Wealthiest' refer to income quintiles. People in the lowest quintile have household incomes in the lowest 20% of the income distribution, people in the second quintile have household incomes in the second-lowest 20%, and so on.

Number of outpatient visits, by health insurance scheme and year



Source: Viroj Tangcharoensathien and others, calculated from report on the Household Socio Economic Survey, 2005

Number of inpatient visits, by health insurance scheme and year



Gold Card: The figures for 'Gold Card' in 2001 refer to people who do not belong to the Civil Servants Medical Benefit Scheme or the Social Welfare Scheme, since the 'Thirty Baht, Treat All Illnesses' Scheme did not yet exist. The figures for 'Gold Card' in 2003 and 2004 refer to people who have Gold Cards or do not know what Scheme they belong to

Source: Viroj Tangcharoensathien and others, calculated from report on the Household Socio Economic Survey, 2005