The shortage of Human Resources for Health (HRH) is currently the major problem threatening the Thai Health system. Overall, the proportion of doctors for 2,500 people is 1. Comparing to other countries with a similar level of economic development (in relation to Gross Domestic Product), the doctor shortage in Thailand is significant.

Nevertheless, the Thai government has been increasing the number of future doctors to solve the HRH shortage problem. In 2006, more medical, dental and nursing students were recruited into the education system. There was an increase in the number of medical students by about 50 percent from 2002.

Despite the future increase in the number of medical staff, the distribution of HRH has been found inequitable, particularly the inequitable distribution between rural and urban areas. The poor and remote area in the Northeast of Thailand where the majority of the country resides has the highest ratio of population per one health personnel. In 2004, the ratios of population per doctor, per dentist, per pharmacist and per nurse of the Northeast region were 8.5, 4.4, 2.8 and 3.6 times higher than those of Bangkok, respectively.

In relation to work settings, the majority of HRH work under the Ministry of Public Health, except pharmacists. The proportion of pharmacists working in private sector was slightly higher than that of the public sector (54 percent).

To attract and retain HRH working in rural and public facilities, the government has implemented ranges of measures. Increase the HRH production is among the measures used by the government. The implementation of local recruitment, local training and hometown placement approach has been initiated in which students recruited locally, train at local academic institutes and are posted near to their hometown after graduation. Compulsory public service has been seen as important measure to increase HRH in rural areas. In this approach, HRH were compelled to serve the public for 2-4 years after graduation. If they beach the contract, they are fined. This combined with various forms of incentives that have been implemented, such as, financial awards and career advancement schemes has resulted in an improvement of the HRH distribution, particularly in rural areas.
Physicians per 1,000 population and GDP per capita

Annual production capacity of Health workforce in 2004 2005 and 2006

Proportion of health workforce by size of hospital in 2006

Population per health workforce in 1987, 1997 and 2006

Geographical distribution of Health workforce in 2007

Source: Thailand Health Profile 2005-2007


Source: Report on Health Resources 2004, Bureau of Health Policy and Plan, MOPH


Source: Personnel Division, Office of Permanent Secretary for Public Health cited in Thailand Health Profile 2005-2007