Building up Sustainable Health Systems Capacity in Thailand:

One century of development: 4 main era of continuous investment. learning and reform

Bellagio Conference, October 28th 2008

Dr. Suwit Wibulpolprasert
Senior Advisor on Disease Control
Ministry of Public Health, Thailand

Basic Information in 2007

- Population 65 millions; Literacy rate: 95 %
- Life expectancy (yrs.):
  Male = 70 Female = 75
- IMR: 18 per 1000 Live Births
- MMR: 30 per 100,000 Live Births
- GDP/cap/yr.: $US 3,300 or 8,000 (ppp.)
- Dr:pop ~ 1:2,300, Nurse:pop ~ 1: 700
- Bed:pop ~ 1:500

Health care infrastructures

	Urban		Rural		
	Bangkok	Provinces	Districts	Tambons	Villages
Medical schools	6	5	-	-	-
Special Hospitals	24	22	-	-	-
General Hospitals					
Public	29	92	724	-	-
Private	131	342	-	-	-
Private Clinics	3,143	9,063	-	-	-
PH Centres	85	-	132	9,704	-
PHC Centres	-	-	-	-	63,443
1st cl drug stores	2,553	2,797	-	-	-
2nd cl drug stores	724	4,409	-	-	-
Groceries	-	-	-	-	400,000

Scope of HS Capacity - Capacity to:

- Generate and manage knowledge to inform the situation, trends, priority problems of the HS – ***HP/HS research, HS metrics***
- Transform Knowledge to Solutions and Policies – ***Policy Analysis and Advocacy***
- Implement and Monitor the Policies and Reformulation – ***Management***
- Effectively Deliver the Essential Services – ***Service Delivery Capacity*** – cadres, number, quality, motivation, and distribution

First era: start modernization of HS (1888-1950): *delivery capacity*

- 1st medical schools established – later **RF supported**
- Provincial hospitals – 15/72 – *no user fees*
- Rural district health centers – 343/650
- **Established MoPH – 1942**
- Mainly produce doctors, pharmacist and dentists
- Start non-registered nurses, practical nurses
- Start midwives, junior sanitarians trained under *'rural recruitment, local training and hometown placement' concept, and work in rural health centers*

2nd era: expand provincial hosp (1950 – 1975): start of *policy analysis capacity*

- 1st NESDP - 100% coverage PH
- Expand rural district HCs, sub-dist midwifery centers
- Private sector start to grow - *<10%*
- **Big reform of the MoPH** – integration of services with establishment of *Health Planning, Health Statistics, and Epidemiology division* – ***Policy analysis capacity***
- Establishment of *user fees at the public hospitals*
- Massive brain drain – 3 yrs public works for new MD with hardship allowance, begin specialty training for MD.
- ***Start school of PH – all MoPH mid level managers***

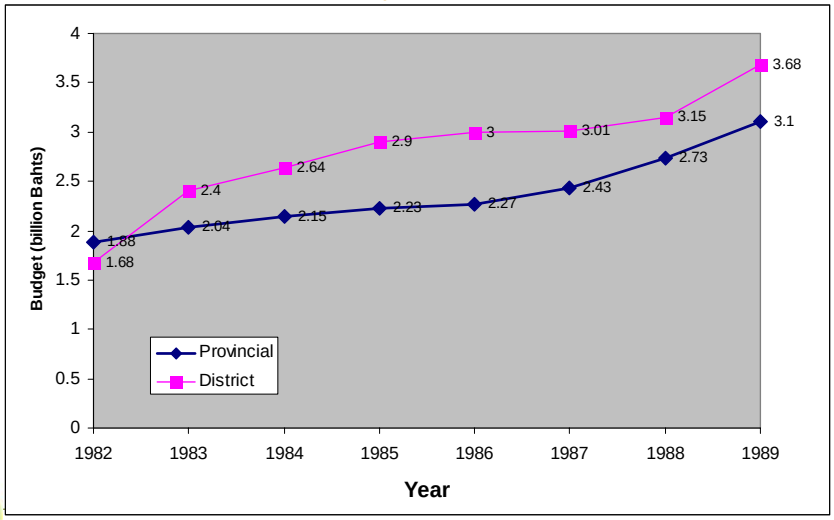
3rd era HFA/PHC rural HSD (1975-2000): *FETP, HPHS, Management capacity*

- ***Student revolution*** with democratic government - 100% coverage of rural HS by ***budget shifting***
- Extensive community involvement– volunteer and funds
- **Start 'Rural Doctor Society'- 1976, and many NGOs**
- Rapid expansion of private sector – *20% share*
- ***Start FETP (1980), HE/HCF program (1985)- IHPP***
- Begin HI for the poor, the near poor and SS – 75%
- Start *Thailand Research Fund, NSTDA and Health Systems Research Institute – 1992*
- *Start **management** training: RDS and MoPH*

4th era: UC and HS reform (2001 – now) – power shift in health governance

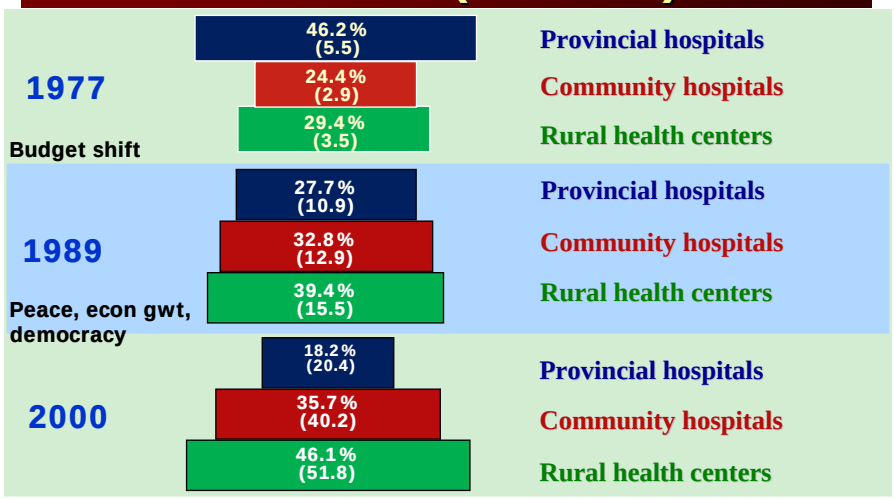
- UC of HI – cover from 1st to last $ ***with no co-pay***
- *Thai Health Promotion Fund* – 2001 – sin tax 90 mil$
- *National Health Security Office* - 2002 – 3 billion$ for UC
- *National Health Commission Office* – 2007, HPP and first annual NHA in December 2008
- Decentralization with *devolution of HCs*
- Very strong civil society – RDS, HIV/AIDs and consumer and patient groups – *CL on 7 patented drugs*
- *Many knowledge nodes* – HAI, IHPP, HITAP, HIRO, HISO, NHES, HSIO, HRD, CAS, TRC, DHPP, TDRI, University, etc,
- ***Next reform of MoPH?????***

Shift of Budget Allocation from urban hospitals to rural health centers & hospitals



Dr. Suwit Wibulpolprasert, Ministry of Public Health, Thailand

From reverse to upright triangle: PHC utilization (OP visits)

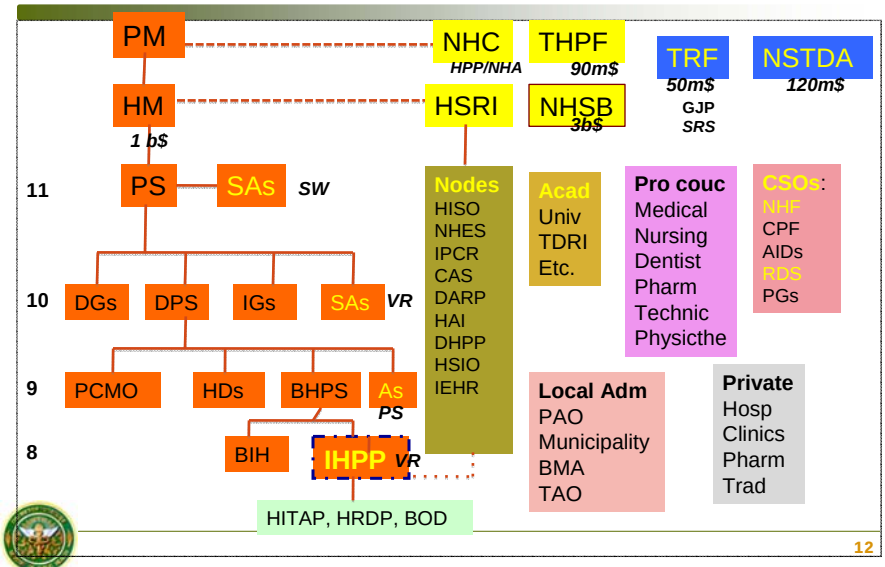


( ) : Number of OPD visits (millions)

Source: Rural Health Division, MoPH

Dr. Suwit Wibulpolprasert, Ministry of Public Health, Thailand

Thai Health Systems Governance, 2008



Dr. Suwit Wibulpolprasert, Ministry of Public Health, Thailand

Prof. Dr. Prawase Wasi

- Folk doctor movements
- NEBT – National Health Foundation
- PHC, budget shift
- Rural doctor movements
- HSRI, Thai Health Promotion foundation, National Health Security Office and National Health Commission Office
- Social and political reform based on ***'Triangle that moves the mountain' strategy***

Professor Dr. Sem Pringpuangkaew

- User fees in Public facilities
- Prime mover on UC of provincial hospitals
- PHC/HFA – VHV/VHC
- Shift of budget for UC of rural district hospitals
- Father of the rural doctor movements
- NDP and ED

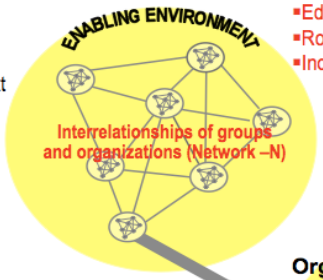
Respect seniority is the key value of the rural doctor group

Conceptual Framework for Longterm sustainable HP/HS capacity in Thailand

'INNE' model

Enabling environment (E)

Institutional context
Sociopolitical context
Economical context
Environmental context



Individual capacity (I)

- 'heart based' recruitment
- Pre-post doc HP/HS researches
- Education in linked internat institutes
- Roles in national/international fora
- Incentives: non-financial/financial

Attach to Nodes (Organizations)

Organization (Node –N)

- HSRI – IHPP, HAI, HITAP, HIRI,HISO,
- National Health Security Office
- Thai Health Promotion Foundation
- National Health Commission Office - NHA
- Ministry of Public Health
- Universities, other research institutes

STAFF (DEGREES) as of Sep 2008

IHPP Office

Degree	Doctoral		Master		Bachelor	Total
	Domestic	Inter	Domestic	Inter	Domestic	
Finished	1	11	8	4	9	33
Studying	2	3	3	-	-	8
Total	3	14	11	4	9	41

HITAP Office

Degree	Doctoral		Master		Bachelor		Total
	Domestic	Inter	Domestic	Inter	Domestic	Inter	
Finished	1	4	7	1	7	1	21
Studying	3*	1	6*	-	-	-	10
Total	4	5	13	1	7	1	31

Capacity Building activities

- Academic Presentations/Journal clubs
- Training, Workshops/Conferences, Teaching, Invited Lectures
- Organize Training, Workshops, Study Visits
- HS/HP research, publication/ dissemination
- *Policy analysis, communication, advocacy*
- *Global/Regional Forums – RC, EB, WHA, GF, PCB, etc*.
- Social and political movements

PROJECT SUMMARY

	DOMESTIC		INTERNATIONAL	
YEAR	Finished	Ongoing	Finished	Ongoing
2004	7	0	10	0
2005	6	1	12	1
2006	8	0	10	1
2007	12	5	16	8
2008*	2	3	1	7
Total	35	9	49	17

* as of Feb 2008

Note: any funded projects

PROJECT GRANT 2004-2008 : Million Baht

YEAR	DOMESTIC	INTERNATIONAL	TOTAL
2004	4.91	17.15	22.06
2005	23.62	23.59	47.21
2006	15.27	6.16	21.43
2007	47.65	29.60	77.25
2008*	2.27	30.35	32.62
TOTAL	93.72	106.85	200.57

* as of Feb 2008

Recommendations for Global movements on HS capacity building

- Long term commitments VS 'hit and run'
- "INNE" model – building the whole brain n PNS
- Independence n close relation with policy makers
- 'Triangle that moves the mountain' n 'Tipping point'
- 'Aparihaniya dham' – respect seniority, ladies, history, culture; regular collective activities

"Regional networks, nodes, individuals"
"Alliance HSHSR, WHO, WB, IGOs, INGOs"

“Triangle that move the mountain”

“Tipping point”