

5. Accessibility to Health Services

5.1 Coverage of Health security

Thailand has a tendency to expand health security or insurance to cover all the people under major schemes: civil servants medical benefits (also for state enterprise employees), social security, medical services for the poor and society-supported groups, voluntary health insurance project, private health insurance, and vehicle accident victims protection. In 2001, all the schemes could cover 71.0% of the population. Since 2001, under the universal health care policy, the coverage of health security had risen to 96.0% by 2006 (74.3% under the universal coverage of health care schemes), leaving 4.0% without any health insurance coverage (Table 6.20).

Table 6.20 Percentage of Thai people with health security, 1991, 1996, 2001 and 2003–2006

Health insurance scheme	Before the launch of the UC healthcare scheme			After the launch of the UC healthcare scheme			
	1991	1996	2001	2003	2004	2005	2006
1. Universal coverage healthcare	–	–	0.9	74.7	73.5	72.2	74.3
– Gold card with Tor (not paying 30 baht/visit)	–	–	–	74.7	30.6	28.1	28.6
– Gold card without Tor (paying 30 baht/visit)	–	–	0.9		42.9	44.1	45.7
2. Medical welfare for the poor (Sor Por Ror)	12.7	12.6	31.5	–	–	–	–
3. Medical benefits for civil servants and state enterprise employees	15.3	10.2	8.5	8.9	9.4	9.8	8.9
– Civil servants	13.2	9.0	7.5	8.9	9.4	9.8	8.9
– State enterprise employees	2.1	1.2	1.0				
4. Social security and workers' compensation fund	–	5.6	7.2	9.6	10.7	11.0	11.4
5. Voluntary health insurance	4.5	16.1	22.1	1.7	0.8	1.0	0.7
– Health card, MoPH	1.4	15.3	20.8	–	–	–	–
– Private insurance	3.1	0.8	1.3	1.7	0.8	1.0	0.7
6. Others	0.9	1.0	0.8	–	–	1.1	0.7
Population with health insurance	33.5	45.5	71.0	94.9	94.3	95.1	96.0
Population without health insurance	66.5	54.5	29.0	5.1	5.7	4.9	4.0

Sources: 1. Reports on Health and Welfare Surveys, 1991, 1996, and 2001. National Statistical Office.
 2. Viroj Tangcharoensathien, et al. An analysis of data from the Reports on Health and Welfare Surveys, 2003–2006. National Statistical Office.

Note: The number of insured persons with private health insurance companies in 2004 was 2.88 million, or 4.4% of total population, but some of them had coverage from more than one scheme.

In addition, it was found that, in 2006, the proportion of rural residents with universal healthcare cards was higher than that for urban residents. But more urban residents had healthcare coverage under the social security scheme and the medical benefits scheme for civil servants than did rural residents (Table 6.21).

Table 6.21 Percentage of people with health insurance coverage in municipal and non-municipal areas, 1991, 1996, 2001, 2003, 2004, and 2006

Health insurance coverage	Municipal areas						Non-municipal areas					
	1991	1996	2001	2003	2004	2006	1991	1996	2001	2003	2004	2006
No insurance	65	58	42	9	10.1	7.7	68	52	22	3	3.5	2.5
Civil servants and state enterprise officials	22	17	16	15	15.3	14.1	6	7	9	6	6.5	6.6
Universal coverage healthcare	-	-	-	56	54.6	56.3	-	-	-	84	82.8	82.1
Social security	-	11	13	18	18.2	19.8	-	3	4	6	7.0	7.7
Medical welfare for the poor	7	5	15	-	-	-	21	16	39	-	-	-
Health card	1	6	10	-	-	-	2	20	27	-	-	-
Private health insurance	5	2	3	3	1.8	1.6	1	1	1	1	0.3	0.3
Others	1	1	1	-	-	0.6	1	1	1	-	-	0.7

Sources: 1. Reports on Health and Welfare Surveys, 1991, 1996 and 2001. National Statistical Office.

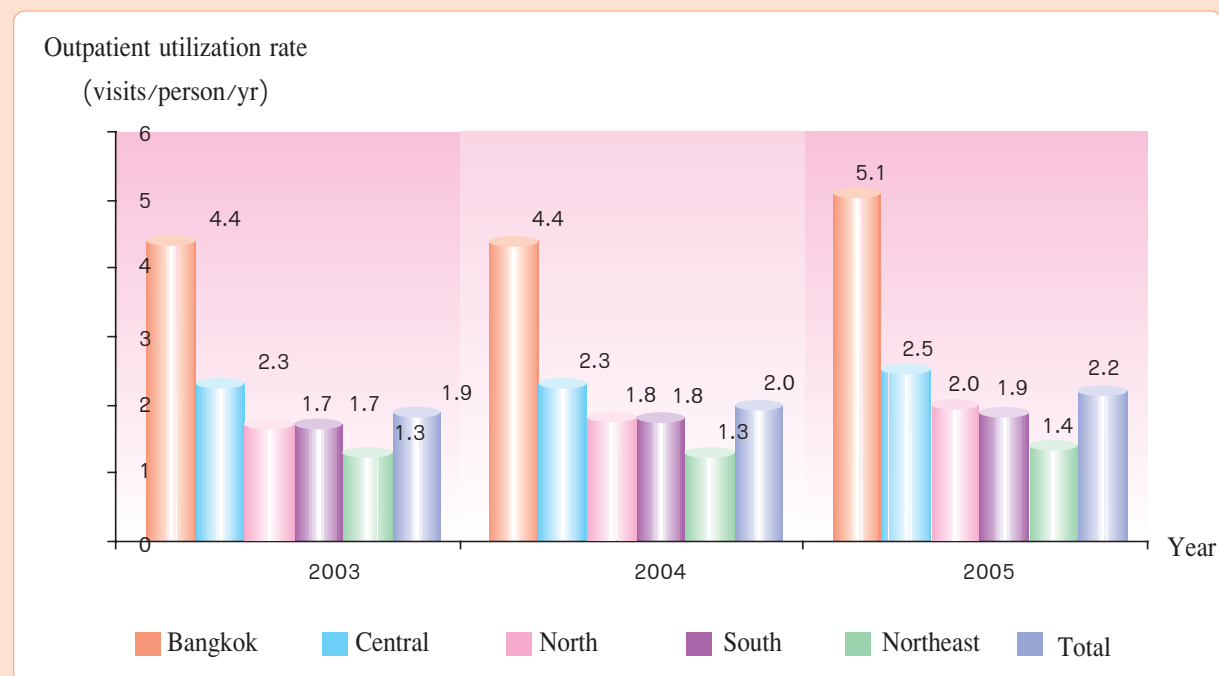
2. Viroj Tangcharoensathien et al. An analysis of data from the Reports on Health and Welfare Surveys, 2003, 2004 and 2006. National Statistical Office.

Note: The number of insured persons with private health insurance companies in 2004 was 2.88 million, or 4.4% of total population, but some of them had coverage from more than one scheme.



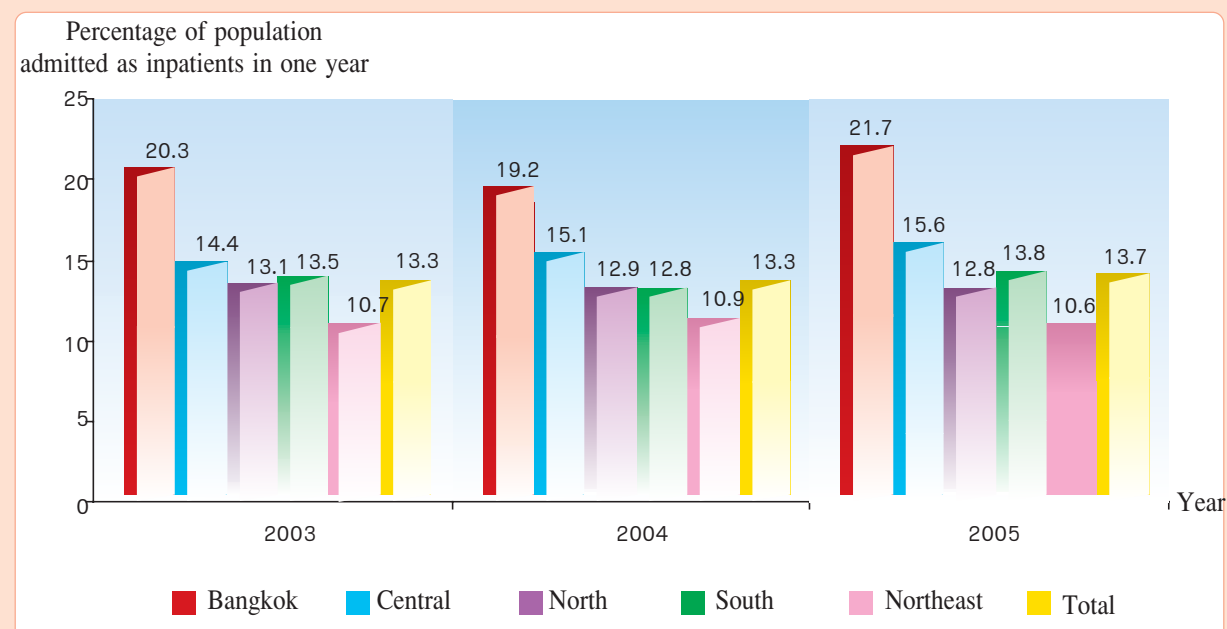
An analysis of the relationship between service utilization and the population/doctor ratios and between inpatient service utilization and the population/bed ratios (Figure 6.76 and Figure 6.77) reveals that the provinces with a lot of health resources (low population/doctor and population/bed ratios) will have higher utilization rates, confirming the influence of health resources on the chances of people's service utilization.

Figure 6.74 Rate of outpatient service utilization, 2003-2005



Source: Report on Health Resources Survey, Bureau of Policy and Strategy, MoPH.

Figure 6.75 Rate of inpatient service utilization, 2003-2005



Source: Report on Health Resources Survey, Bureau of Policy and Strategy, MoPH.