



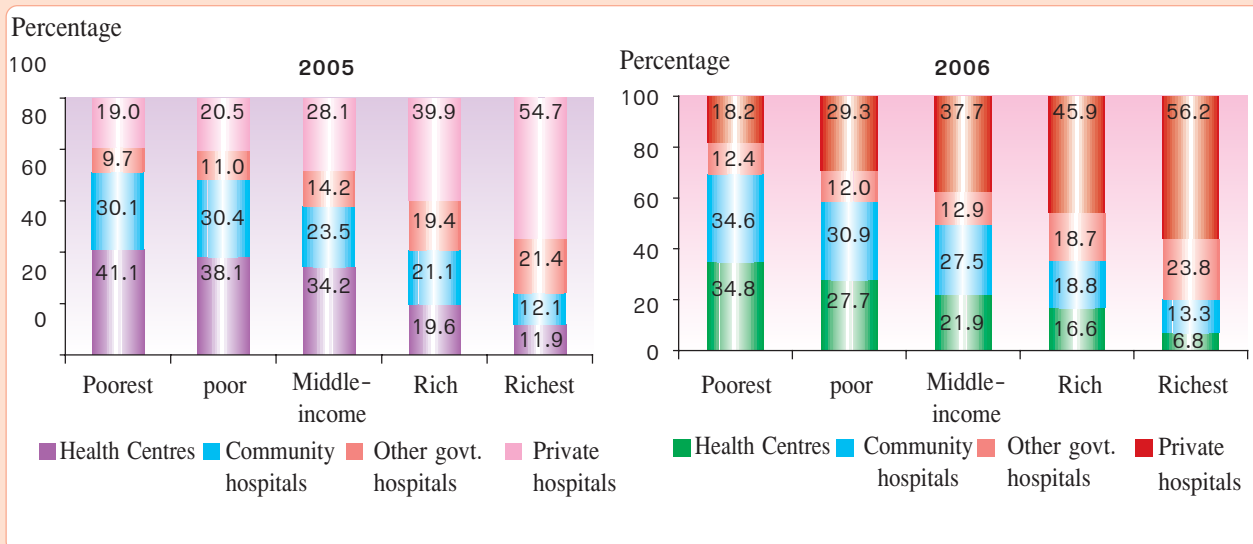
7. Equities in Health Services

7.1 Equities in Health Service Utilization

Chances of choosing health services for people are different depending on their socio-economic status. The 2005-2006 health and welfare survey revealed that, only for services at subdistrict health centres, community hospitals, regional/general hospitals, and private hospitals, the poorest group attended health centres the most (35-40%), while the richest group chose private hospitals the most (50%). That reflects the chances of choosing services; private hospitals are attended mostly by high-income groups and general/regional hospitals are also attended by a largest proportion of the richest group (Figure 6.90). The differences in the health service selection opportunity might affect the quality of services according to the capacity of health facilities; the more services will be required if the illness needs to be treated at a high-capacity facility.



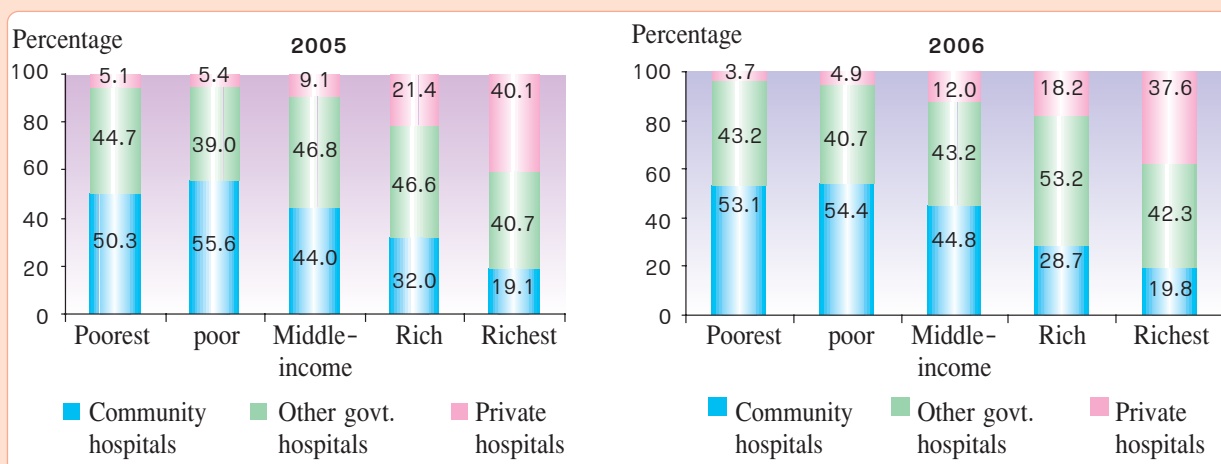
Figure 6.90 Percentage of health facility selection when ill by level of household's average monthly income, 2005-2006



Source: Viroj Tangcheroensathien et al. Analysis of data from the 2005-2006 Health and Welfare Survey, National Statistical Office.

For cases requiring hospitalization, the characteristics are similar, i.e. the poorest group would be admitted to community hospitals the most (50%), while the richest would have the highest chance of being admitted to private hospital (40%), compared with other income groups. However, hospitalization at general and regional hospitals is not much different; all income groups have a 40% to 45% chance of being hospitalized (Figure 6.91), indicating that the poorest group still has a rather high chance of getting admitted to high-capacity hospitals although their chance of getting hospitalized in private hospitals is smallest.

Figure 6.91 Percentage of health facility selection when hospitalized by level of household's average monthly income, 2005-2006



Source: Viroj Tangcheroensathien et al. Analysis of data from the 2005-2006 Health and Welfare Survey, National Statistical Office.



Besides, a comparison of health service utilization according to patients' entitlement reveals that the implementation of the universal healthcare policy has resulted in the people's access to and attendance of health facilities when ill increasing from 49% in 1991 to 71.3% in 2006. For the group without any health insurance, their chance of utilizing health facilities has increased from 47% in 1991 to 55.1% in 2006; and, for the groups with civil servants benefits and universal health care coverage, their utilization of health facilities when ill is highest, compared with other groups (Table 6.22).

Table 6.22 Morbidity rates and proportions of utilization of health facilities by type of medical welfare scheme, 1991, 1996, 2001 and 2004-2006

Welfare scheme	Morbidity rate (episodes/ person/yr)						Percentage of utilizing health facilities					
	1991	1996	2001	2004	2005	2006	1991	1996	2001	2004	2005	2006
No health insurance	5.7	3.5	3.3	3.2	3.4	2.6	47	62	61	60.6	66.6	55.1
Universal (30-baht) healthcare scheme	-	-	3.4	5.1	4.8	3.4	-	-	62	72.8	76.5	72.1
Medical care for the poor	7.2	6.9	5.3	-	-	-	50	67	74	-	-	-
Health card, MoPH	7.0	4.5	3.7	-	-	-	55	68	71	-	-	-
Welfare for civil servants and state enterprise employees	5.4	3.7	3.6	4.8	4.5	4.1	60	71	75	73.1	75.1	75.8
Social security	-	2.5	2.5	3.0	2.7	1.9	-	58	66	63.0	68.6	66.8
Private insurance	4.4	3.5	3.0	1.9	2.1	2.4	42	72	65	60.2	77.0	50.6
Total	5.9	4.0	3.9	4.7	4.4	3.3	49	65	70	71.6	75.3	71.3

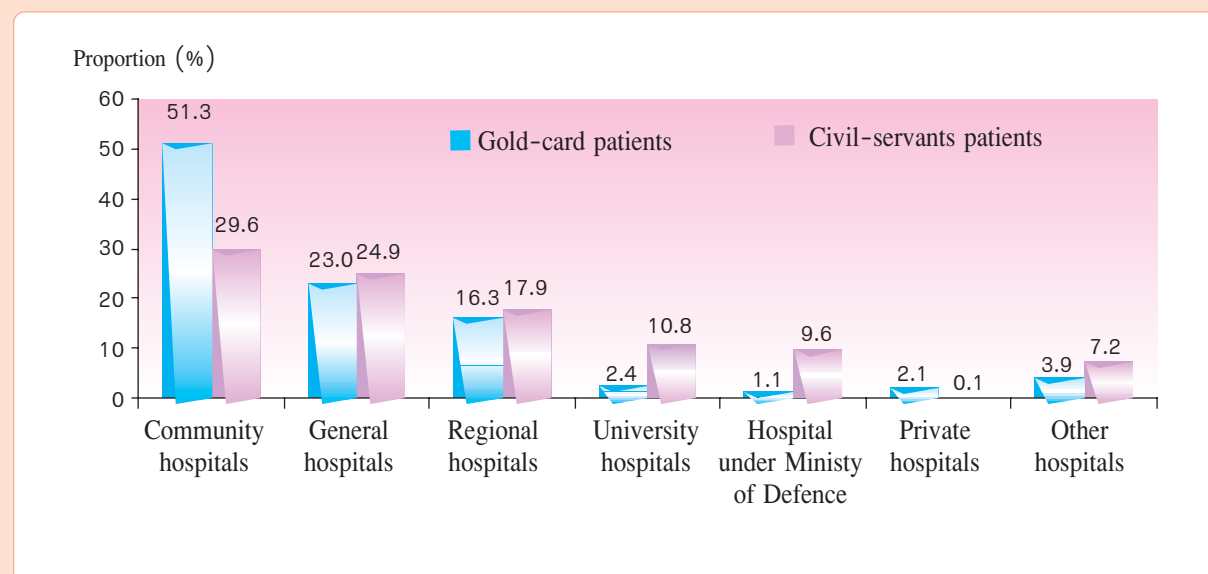
Sources: 1. Reports on Health and Welfare Surveys, 1991, 1996 and 2001. National Statistical Office.
2. Viroj Tangcharoensathien and colleagues. An analysis of data from the Reports on Health and Welfare Surveys, 2004-2006. National Statistical Office.

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.



A comparison of proportions of hospitalization by level and category of hospitals of patients with different healthcare entitlements reveals that, based on data on patients claiming medical expenses, patients under the universal healthcare scheme (gold-card holders) have a higher proportion of hospitalization at community hospitals than the patients who are civil servants, while the patients who are civil servants have a higher proportion of hospitalization at general/regional hospitals, university hospitals and Ministry of Defence's hospitals than gold card holders. For private hospitals, data available are minimal due to limitations in claiming medical expenses (Figure 6.92). Such differences in the proportions reflect the differences in the choices of selecting hospitals for patients with different health insurance entitlements.

Figure 6.92 Proportion of hospitalizations in different types of hospitals of patients under two health insurance schemes



Source: Pinij Faramnuayphol. Analysis of inpatient data, 2004. National Health Security Office.