The Second National Health Assembly
Agenda item 3.4 16 November 2009

Enhancing the Primary Care System in Thailand To Improve Equitable Access to Quality Health Care

The importance of the primary care system

1. The primary care system is the first point of contact or gateway for people to access and utilize health services in Thailand. It is an important mechanism for enabling people to access quality health care service on a continuous basis. It is also a measure to improve efficiency in health service use and allows people to achieve good health at a reasonable price[1]. The primary care system is seen as a key mechanism and strategy to achieve health equity and progress on health system reform[2], and has received support from the World Health Organization for over 30 years, since 1978. Evidence from international and Thai literature indicates that the primary care system plays an important role in improving equity in health and equitable access to the public health care service[3].

2. The primary care system can be seen as the core element in the development of a national health care system. In other words, it is neither developed specifically for some disadvantaged groups nor for the poor in particular. Also, the strategy of developing the primary care system has to be appropriate and in harmony with the social context and evolving health problems. Changes in the burden of disease from acute communicable diseases to chronic non-communicable diseases (NCD) with or without disability become a major challenge which requires integrated and continuing health care. The primary care system can provide such health services better than those from secondary care providers or from a luxurious hospital. It also can offer proactive outreach services with better engaging of target groups in the rural and remote areas. In the context of increasing disease burden from chronic NCD, curative services from hospitals alone cannot cope with the significant increase in demand for public services, and this is the important role of the primary care system.

3. The Statute on National Health System 2008, Chapter 6, Section 44 states that the objective of the national health services is to support the primary care system to be well accepted, respected, trusted, and be the first choice of medical care sought by the people. It has to be effectively linked with other levels of public health service systems, and support the local community to access health promotion services and better self-reliance.

Current situation on the primary care system

4. A primary care unit (PCU) is the smallest unit at the sub-district level providing health services at the front line in an integrated manner. These services include curative care, health promotion, disease prevention, and rehabilitation either in a health facility or in the community. The major role of the PCU is to take care and look after the population in a designated area, or to people who have registered with the PCU.

5. In Thailand, the term PCU includes health centers, community health centers, community medical units, municipal-affiliated health care centers, and private clinics funded by NHSO, that have expanded their responsibilities to cover health promotion and disease prevention in the designated

[1] Starfield B, Shi L, and Macinko J (2005). Contribution of Primary Care to health systems and health. The Milbank Quarterly 83(3): 457-502.
[2] McDonald, J. and Hare, L. (2004). Literature review: the contribution of primary and community health services. The Center for Health Equity & Training, Research & Evaluation Centers for Primary Care & Equity, UNSW. Retrieved from http://www.cphce.unsw.edu.au/cphceweb.nsf/resources/CHETREreports6to10/$file/McDonald_J_(2004)_The_Contribution_of_ Primary_Care.pdf.
[3] WHO (2008). The World Health Report 2008 Primary Health Care: Now More Than Ever. Geneva, World Health Organization.

area rather than curative care only. The names of PCUs are different depending on which agency they are affiliated with. The Ministry of Public Health (MOPH) is the government agency responsible for the largest number of PCUs registered with Universal Coverage Scheme (or 98% of all primary care units). The MOPH is also responsible for the majority of the population under the public health insurance system which accounts for 91% of the whole population[4].

6. Health centers operate as the core primary care unit of MOPH contributing to the strength of the public health care system in Thailand. The health centers located at the sub-district are close to the population in the rural areas, and have been continuously developed for the past 30 years. Currently, every 'Tambon' or sub-district in Thailand has at least one health center and some even have more than two centers. In total, there are 9,762 health centers nationwide distributed across the country[5]. However, there was not much increase in the number of health centers and in the number of staff after 2001. As a result, while the population was increasing and thus, proportionately, the number of staff working in the health centers has declined since 2003. The decade of expansion of health centers during 1992-2001 was marked by the government through the MOPH allocating additional investment centering on development of infrastructure, premises and equipments. However, few resources were allocated to human resources and were not proportionate to the investment in infrastructures and equipments.

7. In the inception phase of the Universal Coverage Scheme, the PCU was indicated as the contracting unit providing health care services to UC beneficiaries in the catchment area, and thereafter it received greater attention by health authorities which led to the development of PCUs in many forms. There was more participation by the private sector and by other government agencies other than the MOPH in the development of the primary care system. However, the quality of the primary care system was not fully implemented due to a limited body of knowledge and inadequate staff at health centers. These weaknesses of health centers require long term improvement and continuous support from all stakeholders.

8. The budget for operating PCUs mainly comes from the government budget allocated by the National Health Security Office (NHSO) and this source of finance covers approximately 76% of the total expenditure of PCU. Only 6.5 % of the total expenditure comes from the government budget allocated by the MOPH[6] [7]. When the total expenditure of PCU was categorized by type of expenditure, salaries and other staff costs accounted for approximately 69% of the total allocated budget. The operating budget of the PCU is allocated for the provision of ambulatory services, health promotion and disease prevention activities overseen by the hospitals. It should be noted that patterns of financial management vary greatly from area to area. However, the common problem of PCUs is lacking participation in the budget planning process which leads to inappropriateness of resource allocation and inflexibility of long-term resource management. In addition, the government budget allocated to the PCU is rather low, being on average 150 Baht per year per capita of the catchment area (excluding staff salaries)[8].

9. The number of PCU staff affiliated with the MOPH tended to increase very slowly. In 2007, there were on average only 2.8 health workers per PCU and half of all PCUs are below standard for the health worker staffing ratio (one health worker per 1,250 of population). Approximately half of the PCUs have a graduate nurse or a nurse practitioner, whilst the PCU with a medical doctor was only 2%. At the same time, workload of PCUs have been increasing due to the increase in population

[4] Bureau of Health Insurance Information, National Health Security Office.
[5] Ministry of Public Health, Suwit Wibulpolprasert et al (editors)(2007). Thailand Health Profile 2005-2007.
[6] Supattra Srivanichakorn et al (2009). Situation Report on Primary Care System under the MOPH (photocopied document).
[7] Samrit Srithamrongsawat et al (2009). Report on the Financial Situation of the Primary Care Units and Health Centers in Thailand.(photocopied document).
[8] Pinij Faramnuayphol (2008). The Allocation of Financial Resources to and Financial Situation of Primary Care (Health Centers) under the Universal Coverage Health Insurance Scheme (photocopied document).

and demand for health care services, especially after a big shift in chronic disease care (e.g. diabetes and hypertension) from secondary or tertiary care health facilities to health centers and PCUs. Also, the Universal Coverage policy has stimulated an increase in demand for services in general, adding more workload for the PCU in dealing with curative care, which might undermine its vital roles in providing health promotion and disease prevention activities, as well as its outreach proactive services. Another factor is the growing role of local government units where the career of health workers working for primary medical services is more attractive than that given by the MOPH. This results in the brain drain and transfer of quality and experienced staff of PCU from health centers to the local governing bodies, thus aggravating the existing shortage of staff in the PCU[9].

10. Utilization of outpatient services provided by MOPH health facilities, particularly at health centers and community hospitals has been considerably increasing for years. In 2003, the proportion of those using outpatient services at the health centers increased to 48% of the total number of all outpatients. However, the proportion of those using outpatient services at the health centers declined slightly a few years later, compared with those using outpatient services from other health care levels. In 2006, the proportion of people using outpatient services at health centers declined to 41.1%, those using community hospitals 38.8%, and regional and general hospitals 20.1%[10]. These findings indicate that health care use at health centers is the majority of outpatient service use by Thais, followed by community, and regional/general hospitals. At the same time, the increase in health service use at community and regional/general hospitals has a negative impact on the quality of health service provision as shown by an increasing number of complaints and medical lawsuits regarding medical errors and the conflicts between patients and health workers in the hospitals. The increase in chronically ill patients requiring long-term and continuous care also aggravates the limitation of health service provision in the hospitals. From this situation, there is a need for developing an adequate number of PCUs nationwide with good quality and effective referral systems.

11. The development of the Excellence Center to present has focused on promoting specialized medical care in tertiary care facilities which are mainly located in the Bangkok Metropolitan Area and large cities, resulting in a common problem of inequitable access to health services due to geographical barriers. Failure of the Excellence Center in reducing the mortality rate of cancer stems from a lack of primary care and primary health care development in a comprehensive manner. Also, a lack of disease screening activities and an effective referral system are two contributing factors to the failure of the excellence centers in reducing incidence and mortality of a number of diseases[11].

12. The Determining Plans and Process of Decentralization Act (1999) required the transfer of duties and responsibilities concerning public health to local governments, and the MOPH has implemented such transfer on a pilot basis by transferring 26 health centers to Tambon Administration in some pilot areas since 2007. However, the MOPH has not determined a specific guideline or plan in response to the Act, even though a preliminary assessment has found the transfer of health centers to local governments does not have any clear negative impact on the work of health centers and on the health status of the people in the areas where the transfer has occurred.

13. A 5-year strategic plan for the development of the primary care system (for the period 2007-2011) was developed by the MOPH in cooperation with the National Health Security Office (NHSO) and other alliances. Then, a steering committee to guide the direction and draft a framework with the operational plan according to the 5-year strategic plan was established. Subsequently, the

[9] Nonglak Pagaiya, Ekachai Daanchanchai, Yolruedee Tantasith, Poonsup Ponesingha (2007). Research report on Satisfaction of Primary Health Care Personnel (photocopied document) .

[10] Ministry of Public Health, Suwit Wibulpolprasert er al (editors) (2007). Thailand Health Profile 2005-2007.

[11] Samrit Srithamrongsawat, Weerasak Putthasri, Penkae Larpying, Prae Jittinun (2008). Assessment Report on Development of Tertiary Service System under the Universal Health Insurance Scheme, Nonthaburi, Health Insurance Research Office.

NHSO took the framework to draft its own work plan to support the primary care and primary health care systems. In contrast, the MOPH did not take any action on this plan because there was no budget to support implementation of this strategic plan. Nor has the strategic plan been approved by the cabinet, such being a necessary condition if the budget to support implementation is to be drafted.

14. Even though an amount of 1,000 million Baht per year has been arranged by NHSO for investing in primary care development since 2006, the use of this budget is subject to certain restrictions. The budget was specified mainly for investment in the infrastructure such as buildings, premises, health care and medical durables and equipments, and not to be used fully for human resources, even though the latter are lacking in most primary care units. Furthermore, the NHSO itself played only a limited role in developing the health service entities within the Universal Coverage scheme, despite the fact that Thailand does not have adequate PCUs to serve. Even though the government of Prime Minister Abhisit Vejjajiva has stimulated the economy and intended to improve the public health system by injecting more than 80,000 million Baht under the national project of "Strengthening Thailand 2012," the majority of the budget has still been directed to the development of basic infrastructure, procuring materials, medical equipments for the enhancement of secondary and tertiary health services. The budget for building up human capacity and the production of new health workers was only around 1,090 million Baht. Furthermore, this meager budget allocation lacks flexibility due to the bureaucratic system, and cannot be adjusted among different service areas. Also, it is unclear on how much will be allocated towards developing personnel for the primary care system.

Key problems

15. Management of the PCUs suffers from a lack of unity and coordination among key stakeholders and concerned parties:

15.1 Though most PCUs are affiliated with the MOPH, their operating budget mainly comes from the NHSO through budget allocation from the contracting unit of primary care (CUP) or primary care network. In addition, the existing Determining Plan and Process of Decentralization indicates the transfer of health centers from MOPH to local governments in the near future. This will therefore lead to difficulties in coordination and unity in management of PCUs in the future. At present, however there is still not yet, within the decentralization plan, a coherent mechanism to coordinate the development of PCUs.

15.2 The financial support from NHSO for the capital investment and operation of PCUs is rarely in line with the operational plan and budgeting system of the district and provincial health care systems.

16. The financial support for operation of PCUs is inequitable, insufficient, and inflexible.

16.1 The government investment in developing the primary care and primary health care system is irregular and poor in terms of collaboration.

16.2 The increase in the operating budget for primary care services has been less than that of curative care in the hospitals. This is especially true for the UC budget allocated for in-patient care receiving a highest average increase of 25% during 2003-2008, compared with the increasing rate of budget support for out-patient care and health promotion activities which were only 3% and 5% per annum respectively. In addition, the unclear guidelines of the government budget allocation result in a merging of the budget for primary care with the budget for curative care of the hospitals. Therefore, this has led to great variations in the quality of primary care services among different areas, depending on the administrative capability of the primary care network and CUP.

16.3 Although the 5-year strategic plan for the primary care development from 2007 to 2011 is available, this strategic plan has not yet been approved by the cabinet. Therefore, responsible organizations and budget arrangements for this strategic plan have not been specified and are unavailable.

16.4 The government budget allocated for the project of “Strengthening Thailand 2012” mainly emphasizes on investment in the infrastructure, premises, and medical equipment for secondary and tertiary care. Approximately 1% of the total budget is allocated for health workforce production and capacity building of primary care health workers. Furthermore, this budget is lacking flexibility from the bureaucratic system which leads to difficulties in managing the resources among different areas and context.

17. Chronic shortage of staff in the primary care units.

17.1 There is insufficient staff working at the PCUs, in terms of the number of basic health personnel, and specialized health workers to deal with health priorities and challenges in the designated areas. For example, a health educator who is keen in promoting a behavioral change of the people, and can effectively communicate health information to the public, is scarce.

17.2 The main reason why the number of staff has not increased is the unclear policies of the government on human resources for primary care. Also, there are limited civil servant positions for recently graduated public health students. In addition, an incentive system to attract people to work in the PCU is inadequate.

17.3 There is also a problem of lacking career advancement in primary care work, because most staff in the PCU graduated from a two-year course at the Public Health College owned by the MOPH. This is the case, for example, with community health workers and dental health technicians. Such health workers face limitations in career advancement and thus many of them switch to other organizations which have better career advancement opportunities, especially positions in the hospitals, district or provincial health offices, or local governments.

18. Pattern of health service provision is limited and insufficiently meets health priorities and needs of different areas.

18.1 Though there have been a variety in development of primary care models providing health service provision in both urban and rural areas, but support given by the NHSO and MOPH suffers from a lack of continuity and consistency. The MOPH still emphasizes the development on a project basis, and uses the same approach or strategy for all service areas of the country.

18.2 The development of Tambon health promotion hospitals supported by the MOPH to the sub-district level still emphasizes fast construction of infrastructures, buildings and the like. It is worth noting that plans for human resource development and managing the primary care system still lack clarity.

19. Local and community participation in primary care development, as well as that of various parts of society, is still very small.

19.1 Management to raise participation of the locality and community in order to advance the development of PCUs is still poor, both at the policy formulation and implementation levels.

20. According to the Statute on National Health System 2009; Five-Year Strategic Development Plan for the Primary Care System; A Decade Strategic Plan for National Human Resource Development (2007-2016); and brainstorming forums among relevant agencies and partners including representatives of local governments as well as public, a consensus has emerged as to the principles and strategies to promote the primary care system as follows:

“The state should arrange for a PCU which is the first point of contact for the people, to provide quality health services, namely, curative care, health promotion, disease prevention, and rehabilitation. It should be a service that is easily accessible to people of all groups and areas, and has good quality of service provision, and takes care of the people in the area using an integrated and comprehensive approach with continuity. It also should be a proactive outreach health service, encouraging people and community to be able to look after their own health. It should provide health services at the people’s home or in their community, in the case where they cannot travel to the health facilities. There also has to be an effective referral system for when the PCU cannot handle the case. This is so that the people will receive high quality service in relation to their specific context. The

primary care provision can vary in terms of nature and form, depending on the specific context of the areas and the needs of the locality.

Issues for consideration by the National Health Assembly.

It is requested that the Assembly consider Health Assembly Document 2/Draft Resolution 4.