

THAILAND

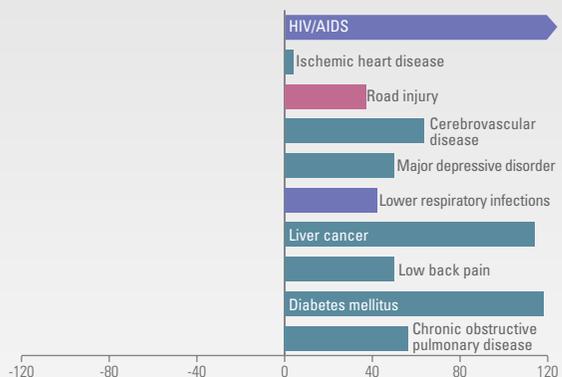
Social health insurance mechanisms, the largest of which is the Universal Coverage Scheme, cover about 98% of the population. The benefits package includes inpatient, outpatient, curative and preventive care. Noncommunicable diseases are the greatest causes of DALYs and years of life lost, with the exception of HIV infection, which is the number one cause of mortality and morbidity. Of the dimensions of availability, accessibility, acceptability and quality of the workforce, accessibility is perhaps in greatest need of attention, as disparities are observed in the geographical distribution of health workers. Availability of skilled health professionals is below the thresholds but with a good chance of scaling up before 2035. Evidence indicates that good mechanisms are in place for accrediting, regulating and licensing the health workforce. The strategic plan for human resources for health (2007–2016) includes a focus on addressing the inequitable distribution as well as other measures for scaling up and improving quality and performance.

POPULATION AND HEALTH

Population [all (000s); proportion under 15 (%); proportion over 60 (%)]	66.4; 21; 13	(2010)
Average annual rate of population change (%)	0.3	(2010–2015)
Population living in urban areas (%)	34	(2011)
Gross national income per capita (PPP int. \$)	8360	(2011)
Population living on <\$1 (PPP int. \$) a day (%)	<2	(2008)
Total expenditure on health as a percentage of gross domestic product (%)	4.1	(2011)
General government expenditure on health as a percentage of total expenditure on health (%)	76	(2011)
External resources for health as a percentage of total expenditure on health (%)	0.4	(2011)
Life expectancy at birth (years) [all; female; male]	74; 77; 71	(2011)
Total fertility rate (per woman)	1.6	(2010)
Neonatal mortality rate (per 1 000 live births)	8	(2011)
Infant mortality rate (per 1 000 live births)	11	(2011)
Under-five mortality rate (per 1 000 live births)	12 [8–17]	(2011)
Maternal mortality ratio (per 100 000 live births)	48 [33–70]	(2010)
Births attended by skilled health personnel (%)	99.4	(2009)
Antenatal care coverage - at least one visit (%)	99.1	(2009)
Antenatal care coverage - at least four visits (%)	79.6	(2009)
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)	99	(2011)
Postnatal care visit within two days of birth (%)	–	

Top 10 causes of morbidity and mortality (DALYs)

Communicable, maternal, neonatal, and nutritional Non-communicable Injuries



Disability-adjusted life years (DALYs) quantify both premature mortality (YLLS) and disability (YLDs) within a population. The top 10 causes of DALYs are ranked from top to bottom in order of the number of DALYs they contribute in 2010. Bars going right show the percent by which DALYs have increased since 1990. Bars going left show the percent by which DALYs have decreased.

HUMAN RESOURCES FOR HEALTH

AVAILABILITY

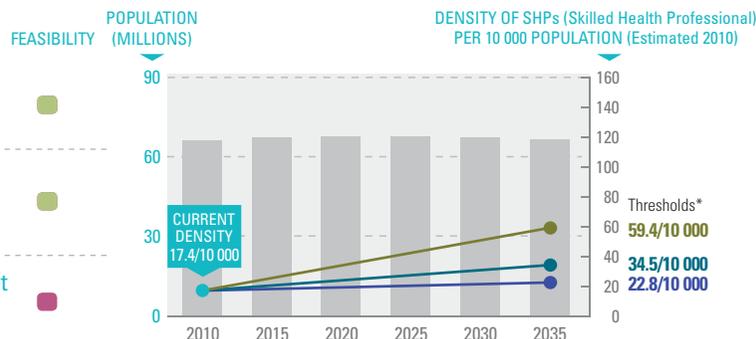
Feasibility of achieving thresholds: Most likely Somewhat likely Least likely

TO MEET THRESHOLDS BY 2035, REQUIRES:

32% increase to meet 22.8/10 000 threshold

99% increase to meet 34.5/10 000 threshold

243% increase to meet 59.4/10 000 threshold



ACCESSIBILITY

SUB-NATIONAL LOW NATIONAL AVERAGE SUB-NATIONAL HIGH

GEOGRAPHICAL DISTRIBUTION OF PHYSICIANS

(density per 10 000 population)

1.2 Physicians 3 Physicians 10.5 Physicians

ACCEPTABILITY

The ratio of nurses to physicians is ABOVE the OECD average.



QUALITY

Is there evidence that the country has mechanisms in place to:

ACCREDIT training institutions for:

Dentists	✓
Midwives	✓
Nurses	✓
Pharmacists	✓
Physicians	✓

REGULATE:

Dentists	✓
Midwives	✓
Nurses	✓
Pharmacists	✓
Physicians	✓

LICENSE/RE-LICENSE:

Dentists	✓*
Midwives	✓
Nurses	✓
Pharmacists	✓*
Physicians	✓*

HRH GOVERNANCE

Is there evidence that the country is adopting recommended good practices on HRH:

Leadership and Partnership

Is there government leadership on health workforce policy and management? ✓

Is there intersectoral and multi-stakeholder partnership to inform health workforce policy and management? ✓

Policy and Management

Is existing health workforce policy and human resource management:

related to population health needs? ✓

informed by data and strategic intelligence? ✓

addressing pre-service education? ✓

addressing geographical distribution and retention? ✓*

addressing health workforce performance (e.g. competence, responsiveness and productivity)? ✓

addressing international mobility of health workers; and where relevant the WHO Code of Practice on the International Recruitment of Health Personnel? ✓/✓

Strategy/Plan and Finance

Is there a national HRH strategy/plan resulting from the above mechanisms? ✓

For which period? 2007–2016

Does the strategy/plan account for the financial costs and resource requirements to implement it? ✗

✓ = Yes ✓* = Partial ✗ = No ? = Insufficient data

*See Annex 1 for full explanation on country profile methods and sources.