Global Health Initiatives and Health System: Experiences of Thailand

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Health Delivery System

- **Health infrastructure is vital for implementation of all vertical program**
- Thailand -> heavy investment in infrastructure since 1980s
- Public health care providers: geographical coverage at all levels
- Acceptable qualify staff to provide quality health services
- Number of health personnel: gradually increase

<table>
<thead>
<tr>
<th>Manpower to pop ratio</th>
<th>1994</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>1 : 4165</td>
<td>1 : 3305</td>
</tr>
<tr>
<td>Dentist</td>
<td>1 : 19677</td>
<td>1 : 15143</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>1 : 1150</td>
<td>1 : 652</td>
</tr>
</tbody>
</table>

- But mal-distribution among regions
- Increasing role of private sector but limited in urban area
Role of GHI's in Thailand

- Financial supports: very small role
  - ✓ GF  ✗ GAVI, PEPFAR, MAP
- Thai National Health Account (NHA) 1994-2005
  - ROW mainly from GF: average 0.14% of THE/yr
    - min 0.02% and max 0.40% of THE
    - (or about 0.005% of GDP/yr)
  - Its main function was for infrastructure – 57% of total ROW.
Strengths of GHI

- Ensuring country ownership.
- Encourage CSO and NGOs to involve in the process
  - Member in the CCM
  - Another PR beside the MoPH/DCD
- Reaching the unreachable population
  - Thailand, universal access to ARVs, the GF money were used for migrants
- NGO can benefit from GHI’s support.
Challenges of GHI in relation to HS (1)

- GF funding -> additionality, must not replace the existing government budget.
- Long term financial sustainability

<table>
<thead>
<tr>
<th>Year</th>
<th>UC of ARVs</th>
<th>Total (mln baht)</th>
<th>UC of H insurance (mln baht)</th>
<th>Total ARVs compared to UC budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NAPHA</td>
<td>GF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>100%</td>
<td>-</td>
<td>278</td>
<td>56,494</td>
</tr>
<tr>
<td>2003</td>
<td>100%</td>
<td>-</td>
<td>282</td>
<td>56,494</td>
</tr>
<tr>
<td>2004</td>
<td>88%</td>
<td>12%</td>
<td>811</td>
<td>61,476</td>
</tr>
<tr>
<td>2005</td>
<td>85%</td>
<td>15%</td>
<td>1,317</td>
<td>65,471</td>
</tr>
<tr>
<td>2006</td>
<td>89%</td>
<td>11%</td>
<td>2,849</td>
<td>77,973</td>
</tr>
<tr>
<td>2007</td>
<td>94%</td>
<td>6%</td>
<td>3,699</td>
<td>89,253</td>
</tr>
</tbody>
</table>

- Universal access to ARVs in Thailand
  - GF is not large proportion and really additional.
  - Substantial part of GF were for capital investment and human resource development for long term used.
Challenges of GHI in relation to HS (2)

- When GHI's terminate, **which source of finance and how to fund NGO** in order to continue interventions for hard-to-reach population.
  - Difficulties to subsidize NGO and CSO using government budget
  - Thailand: 15 mln USD this year to support NGOs work on the HIV
- **Harmonization** of ongoing GF grants with prior GF grants and other bilateral and multilateral grants
- One size fit all by GF is **not pragmatic** e.g. IDU program when a country applies needle exchange program.
- Need clear **evidences** presenting an impact of GHI's to strengthen HS as a whole
Lessons Drawn (1)

1. **Upstream proposal development**
   - Existing national policy and program are vital entry point -> alignment of proposal to national priority
   - **National capacity** to develop the proposal, and/or capacity to work with consultants in proposal development
     - But poor resource settings have less capacity to do
     - Therefore, take the opportunity to learn from external consultants.
2. **Down-stream implementation**

- Existing health delivery system is vital
  - Adequate number of functioning health care providers
  - Coverage of health care provisions at all levels

- Small discrepancy of the staff payment rates between projects funded by GHI and MOPH
  - Large difference will result in internal brain drain
  - Thailand, GF resources is for new temporary staff, not ‘additional pay’

- Harmonization programs implemented by NGOs and government
Conclusion from Thai Experiences

1. GHIs: a significant role initially on financial support -> additionally and sustainability

2. Both the vertical and horizontal approaches are needed -> constructive engagement

3. National capacity
   - Upstream proposal development
   - Down-stream implementation
Prince Mahidol Award Conferences (PMAC) 2008

Bangkok, Thailand
31 Jan - 1 Feb 08
Recommendations from PMAC (1)

Five recommendations from GHI and PHC session

1. Need to achieve a balance e.g.
   - Comprehensive vs disease specific approaches
   - Communicable vs non-communicable diseases
   - Public vs non-public sectors
   - Short-term vs long term sustainability and capacity building
   - Treating the consequence vs solving the causes
   - Respond to urgent crisis vs long term consequence

2. Need to build the evidence base

3. Need to promote and support country ownership of health planning and implementation
Recommendations from PMAC (2)

4. Need to place more focus on social and environmental determinants of health
   - GHI resources should be used to address not only proximate cause of disease, but also address less proximate cause.

5. Need to develop health system capacity
   - ↑ efficiency and sustainability at all levels of HS; financing, policy development, planning and human resources
Thank you for your attention