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SHA-Based Health Accounts in the Asia/Pacific Region
: Thailand 2005

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SHA-BASED HEALTH ACCOUNTS IN THE ASIA/PACIFIC REGION : THAILAND 2005

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ABSTRACT

This report provides a systematic analysis of national health expenditure of Thailand from 1994 to 2005, which is classified by types of financing sources, health care functions and health care providers following the OECD System of Health Accounts (OECD SHA). Results of the analysis came from research activities of the fourth phase of the Thai National Health Accounts. Fourteen sources of finance were aggregated into 3 main categories, namely government, non-government sources, and rest of the world. Government health expenditure was collected from involving government organizations and institutes. Non-government health expenditure was consisted of many sectors but mainly from household out-of-pocket payments and private health insurance. An estimate of household out-of-pocket payments was imputed by using secondary data of the nationally representative household Socio Economic Survey (SES) conducted by the National Statistical Office of Thailand (NSO). Health expenditure by the rest of the world (ROW) was collected from Thailand International Development Cooperation Agency (TICA) of the Ministry of Foreign Affairs.

In 2005, total health expenditure (THE), including capital formation, of Thailand was 248 billion baht at current prices. The ratio of THE to GDP was 3.4 percent in 1994 and reached 4.1 percent in 1997, the year of the Asian Financial Crisis. In 2005, the ratio of THE to GDP was 3.6 percent. THE per capita in 1994 at current prices was 2,160 baht and increased over 12 years to 3,974 baht in 2005.

In 2005, the share of public financing sources was 63.7 percent of THE, of which the central government accountable for 52.1 percent, local government 3.6 percent, and the Social Security Scheme 8 percent of THE**.** The non-government sources shared 36.1 percent of THE in 2005, of which household out-of-pocket payments contributed the major share of 27.6 percent of THE, and other private sectors (voluntary health insurance, private social insurance, non-profit institutions and private corporations) represented 8.5 percent of THE. Financing from the rest of the world plays a minimal role with a share of 0.2 percent of THE in 2005.

In 2005, 78.5 percent of THE was used for purchasing personal medical services. Thailand spent approximately 4.3 percent for medical products, 8.5 percent for health-related administration, 4.8 percent for disease prevention, and 3.9 percent for gross capital formation.

Due to a nature of complexity of national health expenditure, producing and updating NHA is not an easy task. Aggregate figures of public health expenditure were comparatively not difficult to obtain in Thailand, and it was necessary to have a primary survey data to disaggregate it into health care functions and providers. Estimates of household out-of-pocket payments for health care were the most difficult part. In Thailand, the estimates relied mostly on the national household survey of the Socio-Economic Survey (SES) conducted by the National Statistic Office (NSO). A regular survey and its accuracy was an important to facilitate the construction of NHA matrix. NHA work needed a team work; single hero/heroine was not able to succeed in NHA development. Therefore, a critical mass of researchers and a continuous commitment to strengthen and improve NHA including a good

relationship with other key partners are the key success of NHA establishment. One of the most challenging issues is how to produce an acceptable NHA in terms of accuracy and reliability with an appropriate time for application. NHA can be used as a health financing diagnostic tool for evidence based policy making. It is essential for technical level policy analysts. In the future when linkage of NHA with BOD profile is achieved, policy makers will know how much is spent on each disease category.

ABBREVIATION

CGD	The Comptroller General's Department
CSMBS	Civil Servant Medical Benefit Scheme
DOI	Department of Insurance
GFMIS	Government Fiscal Management Information System
GG	General Government
HSRI	Health System Research Institute
HWS	Health and Welfare Survey
IP	In-patient
MOPH	Ministry of Public Health
NESDB	the National Economic and Social Development Board
NHA	National Health Account
NHSO	National Health Security Office
NPI	Non Profit Institutions
NSO	National Statistical Office
OP	Out-patient
PES	Post Enumerative Survey
ROW	Rest of the World
SES	Socio-Economic Survey
SHI	Social Health Insurance
SSO	Social Security Office
SSS	Social Security Scheme
SWS	Social Welfare Scheme
TCE	Total Current Health Expenditure
THE	Total Health Expenditure
TICA	Thailand International Development Cooperation Agency
TPE	Total Public Expenditure
TPL	Third Party Liability
UC	Universal Health Care Coverage
WCF	Workmen's Compensation Fund

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INTRODUCTION

1. The first Thai National Health Accounts (NHA) was established by a group of researchers coordinated by Chulalongkorn College of Public Health in 1993. International Health Policy Program Thailand (IHPP: Thailand) have been involved in the whole process of development since the beginning. NHA development can be categorized into three phases.

2. *Phase I - Incubation period* In 1994 Health Systems Research Institute (HSRI) provided financial support for the development of the NHA in Thailand. The 1994 NHA was based on an international literature review, and produced a simple matrix suited to Thailand's pluralistic health system. This simple matrix provided the flow of funds from the five ultimate sources of finance to 12 financing agencies. This indicated the proportion of health expenditure borne by different sources of finance, both public and private. The 1994 NHA estimation differed markedly from the National Economic and Social Development Board (NESDB) estimation at 2.01% OF GDP. These two estimations also showed large difference in the public and private proportion of health expenditures, at 46:54 in NHA and 18:82 in NESDB**.** The 1994 NHA was quite successful and challenges the NESDB's estimation of health expenditure based on the National Account approach (UN Systems of National Accounts – UN SNA), as there was a large discrepancy between the results produced by the NHA and UN SNA. [1]

3. *Phase II –Consolidation*. The objective of this phase was to modify the 1994 NHA matrix in order to facilitate international comparison – a modified OECD model was adopted for 1996 and 1998 and the 1994 NHA was revised using the OECD model. The 1996 and 1998 NHAs were the main outputs of this phase.

4. *Phase III--Institutionalization of NHA*. IHPP assumed a responsibility as a national focal point for the continuous updating of the NHA. In this phase IHPP and partners produced the 1994-2001 NHA (8 year series) applying the methodology outlined in the OECD Systems of Health Account's (SHA). The whole series of 1994 to 2001 NHA were produced in a three dimensional matrix of health financing agencies, healthcare functions and healthcare providers.

5. NHA encompasses all the expenditures for the improvement of the health of the population in a country, including public, private and donor expenditures. It illustrates the flow of funds between healthcare sectors such as the taxes paid by households and enterprises to the Ministry of Finance. In Thailand, the annual budget bill, after approval by the House of Representatives, allocates budgets for health programs to central and local government agencies. These are the financing agencies which purchase healthcare services from either public or private healthcare providers for people in the country.

6. Together with the NHA, the IHPP also produced a National AIDS Account for the four year period of 2000 to 2003 to illustrate the total HIV/AIDS expenditures from all funding sources, including public, private, households and external sources. As the 1999 and 2004 Burden of Diseases publication [2] indicates, HIV/AIDS was the cause of the largest Disability Adjusted Life Year loss among Thai men and women

over this period. The National AIDS Account aims to inform national policy makers of the magnitude and profile of HIV/AIDS expenditure, as well as institutionalizing routine monitoring of HIV/AIDS spending.[3]

HEALTH FINANCING

7. Prior to the launch of the universal coverage (UC) health care policy in October 2001, Thailand had three major health insurance schemes financed by the government. The Government funded Civil Servant Medical Benefit Schemes (CSMBS) covers current and retired public employees and their dependants including spouses, parents and children. The Social Security Scheme (SSS) covered private sector employees, but not their dependants. The Government funded Social Welfare Scheme (SWS) which was means-tested for household income, covered poor families, all elderly above 60 years old, children under 12 years and other socially disadvantaged groups. A voluntary public insurance scheme (the Health Card Scheme) covered the non-poor households, with the government subsidizing 50% of the annual premiums.

8. In October 2001, the government merged the SWS and Health Card Scheme under one umbrella and extended the coverage to include the uninsured population in the Universal Health Care Coverage Scheme (UC Scheme). In Thailand, in the UC era, the public sector funds more than two thirds of Total Health Expenditure, with private finances, mostly household spending, funding the remaining third. Household out-of-pocket expenditure still plays a role in the UC era, as self-prescribed medicine, private clinic services, and services bypassing the contractor providers are not covered and are liable to full payment by individuals. As the UC scheme is fully funded by Government, and the CSMBS is a non-contributory Government funded scheme, long term sustainable financing is a major challenge. This has prompted IHPP and ILO to jointly investigate the long term resource needs of the health sector and Thailand's fiscal capacity to meet these needs.[4]

9. As a result of this reform, by 2002 there were three major public health insurance schemes providing health coverage for the entire population. These are:

(1) The CSMBS, which covers public sector employees and their dependants (parents, spouses and up to three children under 20 years old), with approximately 5.7 million beneficiaries. This medical fringe benefit scheme was introduced in the 1960s, in order to compensate public sector employees for their lower than market salaries. It is a Government-financed, non-contributory scheme, providing medical welfare to relatively poorly paid government employees. The Comptroller General Department of the Finance Ministry is the manager of the Scheme. The CSMBS, historically, applied the fee for service reimbursement model. This results in rapid cost escalation and inefficient use of resources. The state enterprises also apply the principles of the CSMBS for their employees in their medical benefit schemes.

(2) The SSS is composed of two compulsory health insurance schemes for private sector employees. The first is the Workmen Compensation Scheme (WCS)

which was first launched in 1972 - being an employer liability scheme for work-related injuries, illness, disability and death. The second is the Social Health Insurance (SHI) which was launched in early 1990s - a mandatory tripartite (government, employers and employees) contributory scheme for private sector employees. SHI covers approximately 7.2 million beneficiaries for non-work-related illness and injuries - including death - and maternity compensation. SSS applied capitation contract models whereby public and private contractor hospitals provide services to its beneficiaries.

(3) The UC scheme covers the rest of population (approximately 47 million beneficiaries) who are not beneficiaries of CSMBS or SSS. The UC is financed by the Government on the basis of a capitation contract model. The design of the payment mechanism of the UC scheme has kept in mind the desirability of harmonization across schemes. The benefit package of all three public insurance schemes cover the whole range of services including outpatient services, health promotion and prevention, inpatient services, accident and emergency services. High cost care items such as cancer radiation therapy and chemotherapy are included. [5]

10. In Thailand private health insurance plays a relatively minor role in financing health care. Less than 5% of the population is covered by indemnity private insurance, with the majority of beneficiaries being higher income earners. In addition private insurance premiums are adjusted for risk. Individuals in high risk beneficiary classes – such as the elderly – are therefore reluctant to pay the higher premiums and relatively few are covered by private health insurance]

NHA 1994-2005

11. By 2003, a series of 1994 to 2001 NHA had been produced from the Thai NHA phase III. This was a complete eight year series of accounts applying the OECD SHA, providing a three dimensional matrix of health financing agencies, healthcare functions and healthcare providers.

12. Subsequently IHPP and other key partners reached an agreement to update the Thai NHA for four more four years (2002-2005). The decision to update the eight year series to 12 years was taken on the basis of: (1) the significant change in Thai health policies – with the introduction of universal coverage to the whole population in 2002, and a large Government funded public health insurance scheme, (2) the availability of good data on household expenditure on health, from a national representative household survey conducted by the National Statistical Office (NSO) since 1974 , and (3) a perceived need to continue to foster the NHA network within Thailand as well as outside the country.

13. This paper presents the results of the 12 year series of Thai NHA (1994-2005) in a SHA format. A description of the methodological approaches used in the Thai NHA and SHA tables comparing the first (1994) and the last (2005) NHAs are provided in annexes.

14. Currently the Thai NHA identifies 14 financing agencies from the public, private, or rest of the world sectors. IHPP categorizes the 14 financing agencies into **[spell out]** ICHA codes as outlined in **Table 1**.

Table 1: Source of finance (financing agencies) in National Health Account in Thailand

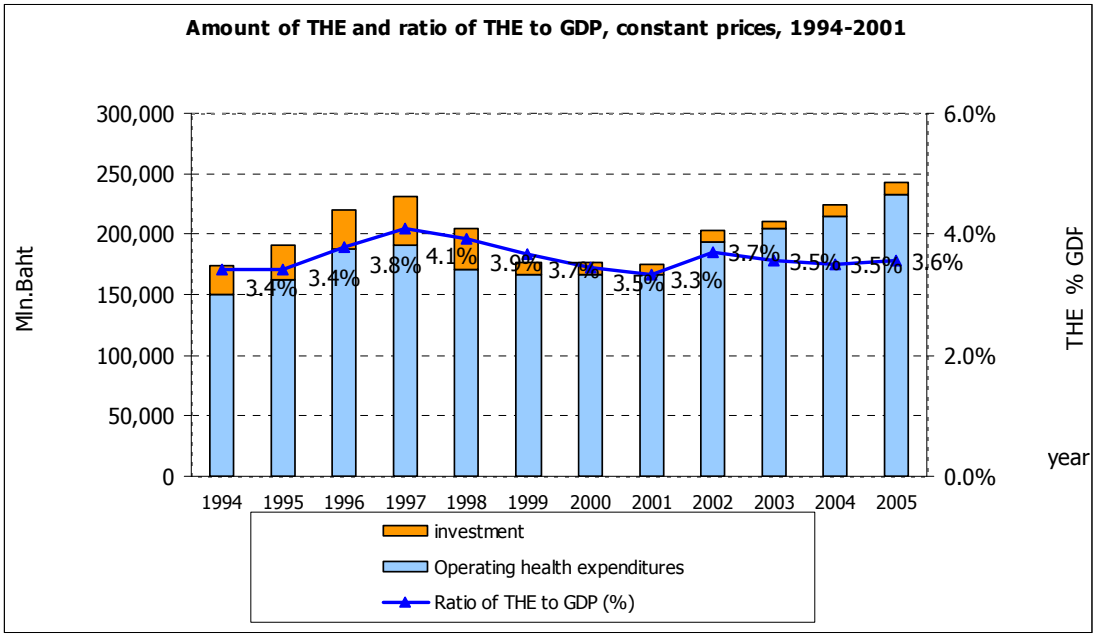
ID	SOURCE OF FINANCE in Thai context	Name	ICHA code	Name
HF1	MOPH	Ministry of Public Health	HF.1.1.1.1	Ministry of Health
HF2	Other Ministry	Other Ministry	HF.1.1.1.2	Other Ministries
HF3	Local Government	Local Government	HF.1.1.3	Local / municipal government
HF4	CSMBS	Civil servant medical benefit scheme	HF.1.1.1.2	Other Ministries
HF5	State enterprise	State enterprise medical fringe benefit scheme	HF.1.1.1.2	Other Ministries
HF6	UC	Universal Coverage scheme	HF.1.1.1.1	Ministry of Health
HF7	SSS	Mandatory social security scheme	HF.1.2	Social security funds
HF8	WCF	Mandatory Workmen compensation Fund	HF.1.2	Social security funds
HF9	Private insurance	Voluntary private insurance	HF.2.2	Private insurance (other than social insurance)
HF10	Traffic insurance	Mandatory Third party liability scheme	HF.2.1	Private social insurance
HF11	Employer benefit	Employer benefit	HF.2.5	Corporations (other than health insurance)
HF12	household	Household out of pocket spending	HF.2.3	Private households out-of-pocket exp.
HF13	NPI	Non profit institutions	HF.2.4	Non-profit institutions serving households
HF14	ROW	Rest of the world	HF3	Rest of the world

15. The expenditure reports produced by each financing agency have a different format. Most public agencies - such as MOPH and other Ministries - report their expenditures to the Ministry of Finance by program and project so that this information can be used for planning, monitoring and evaluation purposes. It was therefore difficult to directly construct NHA according to the healthcare function and healthcare providers in the matrix. Expenditures by program and projects in the matrix were therefore reclassified: Firstly IHPP assigned the spending to the main ICHA categories. Then curative expenditures were assigned to the relevant health care provider and health care function by using the results of the Health and Welfare Survey (HWS) conducted by NSO. Finally, private sources of financing - especially on out-of-pocket household spending - were imputed by using socio economics surveys conducted by NSO.

SUMMARIES OF HEALTH EXPENDITURE

16. The total health expenditure (THE), including capital formation, of Thailand in 1994 was 127 billion baht at current prices (**Table 2**). THE slowly increased during the period from 1995 to 1997 before sharply dropping in 1998 due to the 1997 Asian Financial Crisis. However, THE increased progressively thereafter to be 248 billion baht (current year price) in 2005. The ratio of THE to GDP was 3.4 percent in 1994 and reached 4.1 percent in 1997, the year of the Asian Financial Crisis. The ratio decreased in the following years to be 3.3 percent in 2001 as health expenditure grew by less than the overall economy. However, after UC implementation the ratios increased again and reached 3.7 percent in 2002 before falling to 3.5 percent in 2003, and remaining at similar levels over the next two years (**Figure 1**).

Figure 1: Total Health expenditure, Thailand, 1994 to 2005, at 2005 constant price



17. Per capita THE at current prices was 2,160 baht in 1994 and increased rapidly over 12 years to 3,974 baht in 2005. The per capita THE in terms of US$ in 2005 was at the level of that in 1995 due to significant changes in the exchange rates from 1997 onwards.

18. In 1994, private sources of finance played the major role in financing health care, making up 55 percent of THE. From 2002 Thailand expanded Government funded health insurance - such as the SWS, the voluntary Health Card Scheme and finally UC Scheme - reducing out-of-pocket spending by households (see **Table 2).** Over the period 2002 to 2005, the public financing agencies had become the major funding agents for health in Thailand, funding 64 percent in 2005.

19. With the UC scheme having no financial barriers discouraging access to healthcare by members, the level of coverage of the Thai population has increased markedly. Over the period since 1991, evidence from a series of HWSs conducted by NSO reveals that the uninsured population has declined from 66.6 percent of the total population in 1991 to 30.2 percent in 2001, and fell to around 5 percent in 2003 after UC implementation.

Table 2: Total Health expenditure and selected indicators on Health spending, Thailand 1994-2005, current year prices

Indicator	**1994**	**1995**	**2002**	**2003**	**2004**	**2005**
THE, million baht	127,655	147,837	200,768	210,368	225,652	248,079
THE, % of GDP	3.52	3.53	3.68	3.55	3.47	3.49
Public Financing Agencies, million baht	56,885	69,407	126,850	133,401	145,412	158,033
Private Financing Agencies, million baht	70,771	78,430	73,917	76,966	80,240	90,046
Public Financing Agencies, %	45	47	63	63	64	64
Private Financing Agencies, %	55	53	37	37	36	36
THE, Baht per capita	**2,160**	**2,486**	**3,197**	**3,335**	**3,641**	**3,974**
THE, USD per capita	86	100	74	80	90	98

Health Expenditure by financing Source

20. Sources of public financing of health expenditure in Thailand include funds paid by the Ministry of Public Health (MOPH), other Ministries, local government, the CSMBS, the UC Scheme, the Social Security Scheme and the Workmen Compensation Fund. In 1994, the share of THE sourced from public funding was 45 percent. However, the relative importance of public sources of finance gradually increased, becoming the dominant portion, 56 percent of THE in 2001 and continuing to grow to 64% in 2005. 0f this 64 percent, the central government provides 52 percent of THE, local government provided 3 percent of THE and the Social Security Scheme provides 8 percent of THE**.**

21. Conversely, the non-government funding sources reversed this public funding trend from being the major portion, 55 percent of THE in 1994 to a minor portion 36 percent of THE in 2005. Of the total private sources of finance, in 2005 out-of-pocket payments by households contributed the major share, 28 percent of THE, whereas other private sector (voluntary health insurance, private social insurance, non-profit institutions and private corporations) represented 8 percent of THE, See **Figure 2** and **Table A1**.

22. Financing from the rest of the world played a minimal role throughout the period, increasing gradually from 153 million baht, 0.1% of THE in 1994 to 596.6 million baht, 0.2% of THE in 2005. This increase is mainly as a result of Global Fund spending on HIV/ AIDS.

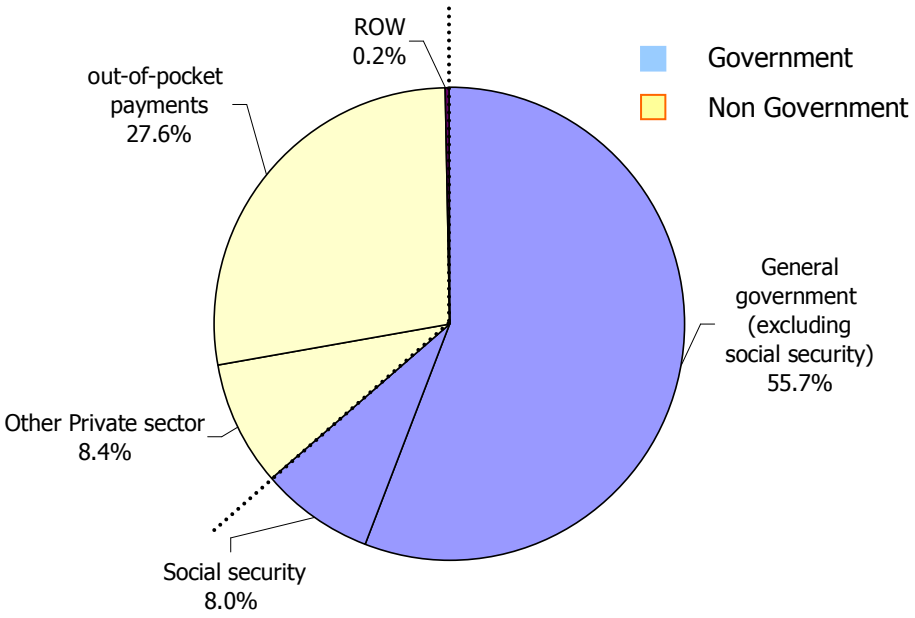
23. Government financing policy aims to minimize the out–of-pocket payments by households and prevent the catastrophic illness among Thai citizen. This is done through the function of UC scheme. However, households who are beneficiaries of the UC Scheme still paid out-of-pocket when they did not take up UC benefits to which they were entitled, when they paid for services which were not covered by the UC or used services from non-registered providers. The benefit package of the UC Scheme does not cover a small number of diseases such as chronic renal failure. The annual expenditure for dialysis of these patients is very high - up to 300,000 Baht (over US$ 8,000) - and has to be paid out-of-pocket by members of the UC Scheme.

24. In relation to UC members' use of services from non-registered providers, the evidence from HWS 2003 shows that the use of UC Scheme services (ie providers contracted to the UC Scheme) was 57 percent for outpatient services (OP), and 81 percent for inpatient services (IP). OP services sought from non-UC contracted providers are mostly self-prescribed drugs from private pharmacies, services provided by private clinics and private hospitals. Some high income UC members who can afford private hospital admission services are wiling to pay for these services, although the UC Scheme serves as a safety net for those occasions when they face high medical bills such as with cancer treatment, major surgeries, etc.

25. The compliance rate in the rural was higher than urban areas, 60.5% versus 41.2% for OP services and 85.1% versus 65.3% for IP services. It might be because many private sector choices for urban UC members and they have higher capacity to pay for medical services by their own.

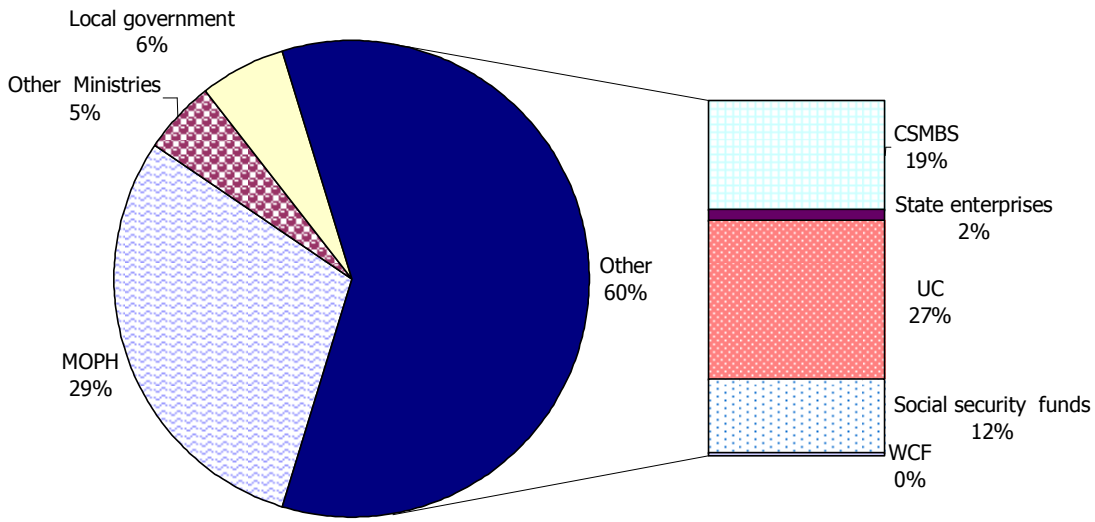
26. The nominal co payment of 30 baht (US$ 0.7) per OP visit or IP admission is another component of out-of-pocket expenditures. In November 2006, the Thai Government terminated the 30 baht co-payment per visit for all health care services, in view of the small amount of revenue generated from this payment and the relatively high administrative cost of fee collections.

Figure 2: Total health expenditure by financing agents, Thailand 2005, (Total health expenditure = 100%)



27. The public health insurance schemes accounted for 60 percent of total public expenditure (TPE) on health, of which the UC Scheme contributed 27 percent of TPE, CSMBS 19 percent of TPE, Social Security Scheme12 percent of TPE, and State Enterprises 2 percent of TPE. The MOPH contributed 29 percent of TPE on health, with local government contributing 6 percent of TPE, and other Ministries 5 percent of TPE (see **Figure 3)**.

Figure 3: Share of public financing agencies, Thailand 2005 (Total of public health expenditure =100)



Health expenditure by function

28. In 2005, 78.5% of THE was used to purchase personal medical services, of which curative and rehabilitative care services contributed 78.1% and ancillary services contributed 0.4%. Of the curative and rehabilitative care component, 39.5% of THE was for IP services while 42.2% of THE was for OP services. (**Figure 4** and **Table A2**). It should be noted that while there was a low level of expenditure on the category "ancillary services" , significant spending on ancillary services was included in the OP, IP and rehabilitation services categories.

29. Medical goods expenditures reduced from 6.5% of THE in 1994 to 4.3% of THE in 2005. The 4.3% on medical goods was overwhelmingly (4.2%) on self-prescribed pharmaceuticals and other medical non-durables with only 0.1% spent on therapeutic appliances and other medical durables. (Table A2).

30. Gross capital formation accounted for 3.9% of THE in 2005, most of which related to public investments in health infrastructure. Public investment accounted for 73% of all gross capital formation with private investment accounting for 27%. Prior to 1997, government policy on investment in public health infrastructure resulted in continuously increasing and high levels of gross capital formation. However, after the 1997 economic crisis, public investment was substantially reduced and mostly targeted at replacement.

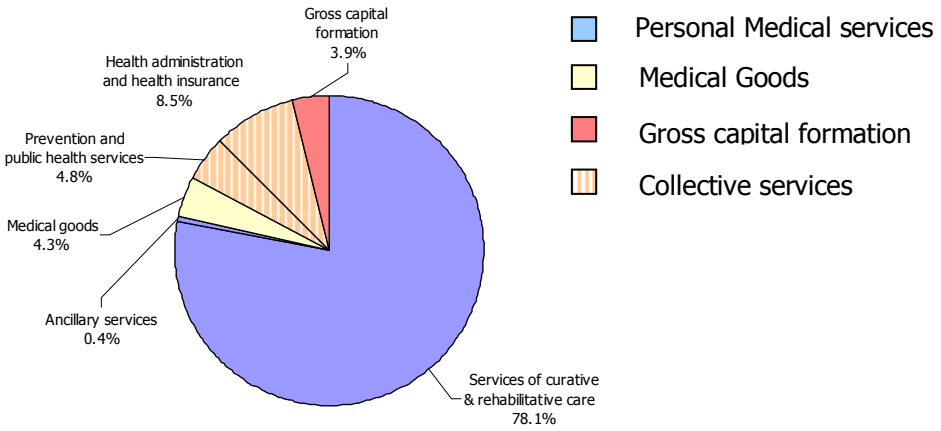
31. The collective services comprise health administration and health insurance and prevention and public health services. Health administration and health insurance accounted for 8.5% of THE, a significant increase from 3.9% of THE in 1994. This is largely a result of the establishment of the National Health Security Office which manages the UC scheme as mandated by the National Health Security Act 2545 BE (2001 AD).

32. Expenditures on prevention and public health services accounted for 4.8% of THE in 2005, down from 7.1% of THE in 1994.

33. Although there was no expenditure in the category "services of long-term nursing care" (HC3) there would be some related expenditures included in "services of curative and rehabilitative care".

34. Between 1994 and 2000, expenditure on curative and rehabilitative care increased, in real terms, by 11% per annum, medical goods by 3%, prevention and public health services by 3%; in contrast gross capital formation decreased, in real terms by 4% per annum.

Figure 4: Total health expenditure by healthcare function, Thailand 2005 (Total health expenditure = 100%)



Current health expenditure by mode of production

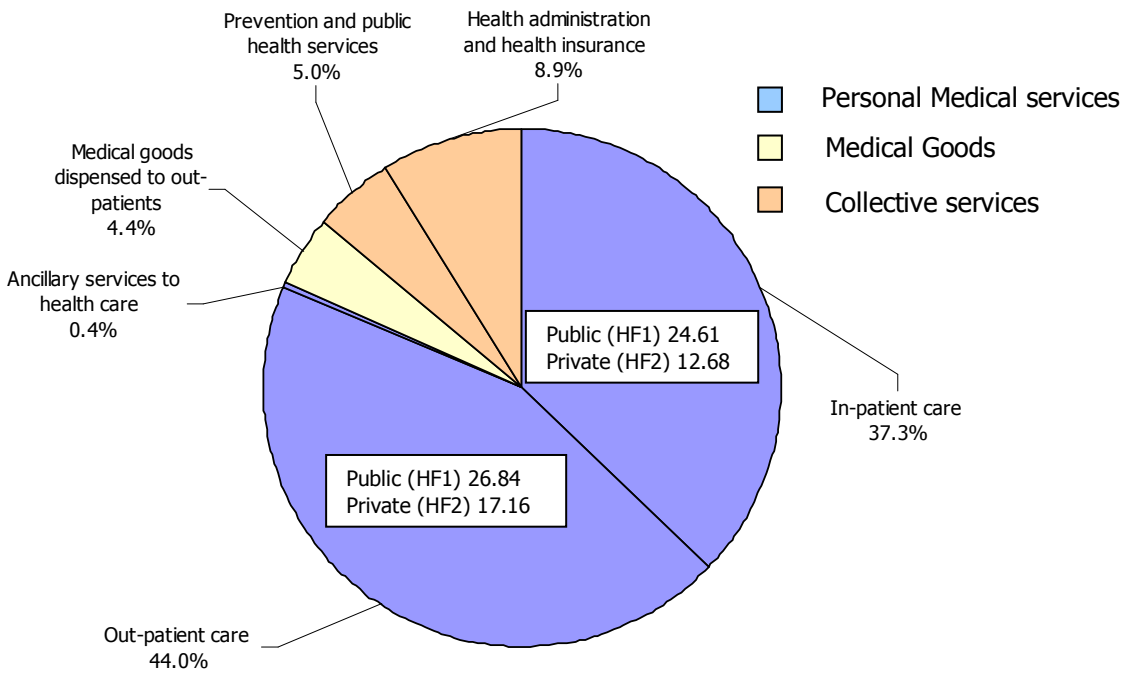
35. There are a number of shortcomings in the data: because of database problems, mode of production is a classification not produced by the Thai NHA. It is not possible to split expenditure on day-care services from other full admission services, and also expenditure on long term care is included in IP service expenditures. A reporting system that allows these expenditure categories to be separately identified is yet to be developed in Thailand.

36. Personal medical services which comprised spending on IP, OP, and ancillary services accounted for 81.7% of current health expenditure in Thailand in 2005 (Table A3 and **Figure 5**) Expenditures on IP care in 2005, at 37.3% of total current health expenditures (TCE) increased from 30.4% of TCE in 1994**.** On the other hand OP care expenditures, at 44.0% of TCE were down from 49.3% of TCE in 1994**.**

37. Most of the personal medical services expenditures were spent by public sources, see Figure 5. Public IP accounted for 24.61% of TCE while private IP accounted for 12.4% of TCE, and public OP care accounted for 26.84% of TCE whereas private OP care accounted for 17.16% of TCE.

38. Between 1994 and 2005 expenditure on IP services increased, in real terms, by 15% per annum while real expenditure on OP services increased by 8% per annum.

Figure 5: Current health expenditure by mode of production, Thailand 2005 (Current health expenditure = 100%)



Current health expenditure by provider

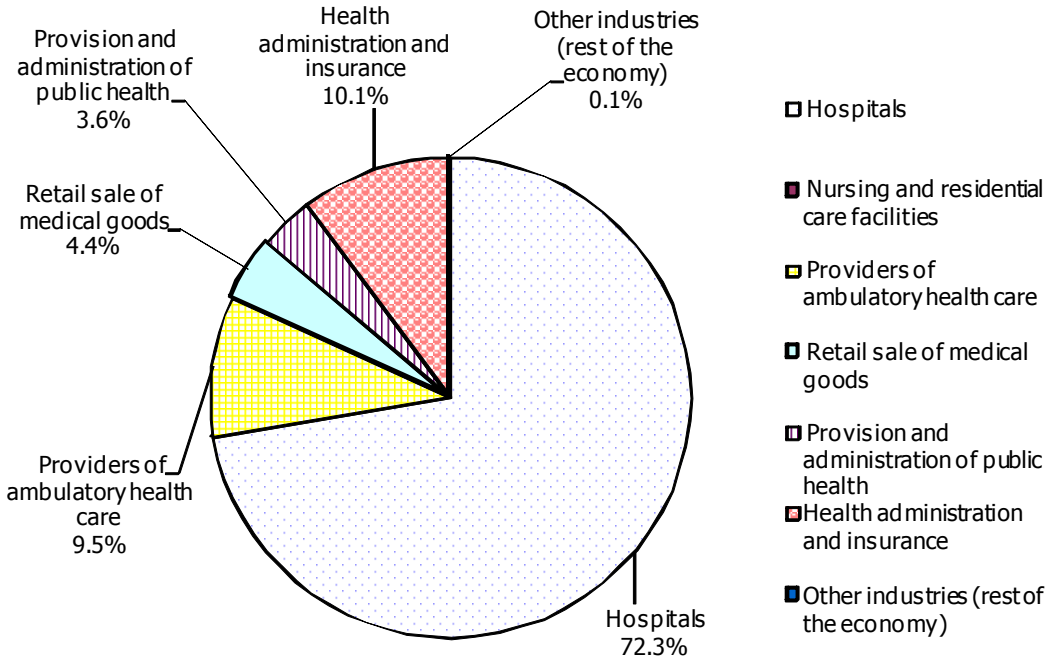
39. Hospitals are the most important providers of health services and consume most financial resources in Thailand. In 2005 72.3% of total current health expenditure (TCE) was spent on care provided by hospitals (**Figure 6** and **Table A4**). In terms of proportions of TCE, the other most significant expenditures on providers were the 10.1% spent on health administration and insurance, 9.5 % on providers of ambulatory health care (private clinics, dental clinics and others), 4.4 % on retail sale of medical goods, 3.6% on provision and administration of public health and 2.1% on other social insurance.

40. Expenditure on providers of ambulatory health care was 172 billion baht in 2005. The offices of physicians accounted for most of this expenditure (5.2% of TCE). The rest was shared between offices of dentists (0.9% of TCE) and all other providers of ambulatory health care (3.3% of TCE). Note that some expenditure on dentists would also be included under hospital care, as hospitals provide a substantial portion of dental services.

41. Expenditure on general health administration and insurance was 24,166 million baht in 2005. The government administration of health accounted for most of this expenditure (4.6% of TCE), whereas the social security funds and other social insurance accounted for 3.4% and 2.1 % of TCE respectively. The significant increases in these categories compared to 1994 expenditures reflects the establishment of the National Health Security Office to administer the UC Scheme.

42. In real terms, between 1994 and 2005 expenditure on hospitals increased by 12% per annum; expenditure on providers of ambulatory health care increased by 8% per annual, and general health administration and insurance, by 37% per annum.

Figure 6 Current health expenditure by provider, Thailand 2005 (Current health expenditure = 100%)



Current health expenditure by function and provider (SHA Tables 2.1 to 2.3)

43. In 2005, expenditure on in-patient care was 89 billion baht (37.3% of TCE). Hospitals accounted for most of this expenditure (99.9%) of which 71.0% related to services provided by public hospitals and 28.8% by private hospitals.

44. The expenditure on OP care was 104 billion baht (44% of TCE), which was distributed to providers of hospitals, providers of ambulatory care, and all other healthcare industries, 79.46%, 20.53% and 0.01% respectively. In OP care, public hospitals accounted for 62.73%, whereas the private hospitals accounted for 16%.

45. Expenditure on ancillary services to health care was 966.20 million baht (0.41% of total current expenditure) of which 75.42% was paid to providers of ambulatory health care (75.11% medical and diagnosis laboratory; 0.31% all other providers of ambulatory health care), and 23.49% to general health administrative and insurance.

46. In 2005, expenditure on medical goods was 10 billion baht (4.4% of TCE). The retail sale and other providers of medical goods accounted for most of this expenditure (99.40%), of which 97.52% was dispensing chemists and 1.88% was all other sales of medical goods.

47. The spending on prevention and public health services was 11 billion baht (4.97% of TCE). Most of this was spent on provision and administration of public health programs (60.31%) and on general health administrative and insurance (36.83%).

48. Health administrative and health insurance accounted for 21 billion baht (8.88% of TCE). Most of this was spent on general health administration and insurance (92.49%).

Current health expenditure by provider and financing agent (SHA Tables 3.1 to 3.3)

49. In 2005, general government expenditure on health was 150 billion baht (63.3% of TCE). Of this total, general government (excluding social security) accounted for 131,212 million baht (55% of all financing), and social security funds accounted for 19,748 million baht (8.3% of all financing). Most of general government spending funded hospitals (77%). Providers of ambulatory care accounted for 4.7% of general government funding. General health administration and insurance accounted for 12.6% of general government funding, of which 7.2% was spent on government insurance schemes and 5.4 % on social security funds.

50. Private expenditure on health was 86,988 million baht (36.5% of TCE). Household out-of-pocket funded most of this expenditure (66,363 million baht or 27.8% of TCE), and private insurance accounted for 13,932 million baht (5.8% of TCE). Household out-of-pocket expenditures mostly funded hospital services with 61.6% of all funding being used for this purpose, and 22.8% funding providers of ambulatory health care - of this 18.4 % funded offices of physicians, 3.2% funded offices of dentists, and the remaining 1.1% funded medical and diagnostic laboratories. Household out-of-pocket also funded medical goods purchased through retail sale and other providers (15.7%) of which 15.4% funded dispensing chemists, and 0.3 % funded all other sales of medical goods.

51. The rest of the world played a minor role in funding Thailand's health system, with this source providing funding of only 411 million baht (0.2% of TCE). Most of the rest of the world funding was spent in hospitals (68.7% of all funding), and on the provision and administration of public health programs (29.3%).

Current health expenditure by function and financing agent (SHA Tables 4.1 to 4.3)

52. In 2005, the general government sector (GG) spent 123 billion baht or 81.7% of its current health expenditure on personal health care services. OP services (64 billion baht or 42.4% of total GG expenditure), with IP services accounting for 59 billion baht (39.1% of total GG expenditure), and ancillary services accounted for 227 million baht (0.2% of total GG expenditure). GG expenditure on prevention and public health, and health administration and health insurance were 7.8 % and 10.5 % respectively of total GG expenditure.

53. General government (including the Central government, and local government) spent 81.2 % of its current health expenditure on personal healthcare services, especially on out-patient services (45.1%), with 36.1% spent on in-patient services and 0.2 % spent on ancillary services, 8.9% on prevention and public health and 9.9 % on health administration and health insurance.

54. Most social security funds were spent on personal healthcare services (85.2%); with 60.2% spent on IP services and 25% spent on OP services. In addition 14.8% of social security funds were spent on health administration and health insurance.

55. The private sector financing agents spent 81.8% of their funding on personal healthcare services, with 34.4% on IP services, 46.5% on OP services and 0.8% on ancillary services. Private sector spending on medical goods dispensed to out-patients, pharmaceuticals and other medical non-durables, and therapeutic appliances and other medical durables were 12.2%, 11.9% and 0.2% respectively of total private sector current health expenditure. The remainder was spent on prevention and public health services (0.1%) and health administration and health insurance (6%).

56. Private health insurance directed 65.5% of its funding to personal healthcare services, 62.7% was spent on IP services, and 2.8% on OP services. Health administration and health insurance accounted for the remaining 34.5% of private health insurance spending.

57. Most of private household out-of-pocket payments (84.3%) funded personal health care services. The remaining expenditure (15.7%) funded medical goods dispensed to out patients.

58. The Rest of the World sector spent 68.7% of its current health expenditure on personal health care services. Prevention and public health services and health administration and health insurance accounted for 16.6% and 14.3 % respectively of its current health expenditure.

CONCLUSIONS

59. As it is not easy to initiate NHA in developing countries, it is useful to draw lessons on factors contributing to the NHA development in Thailand to assist other countries in their endeavours to introduce NHA.

60. In developing countries where insurance and prepayment schemes are not well developed, household out-of-pocket remains the major private sector source for financing health care. Under these circumstances, the need to accurately estimate household spending on health is even more pronounced and it is vital to develop and update surveys of national representative households to ascertain the various dimensions of their expenditure on health. In Thailand, NSO is the national agency responsible for such national representative household surveys, especially the Socio-Economic Survey (SES).

61. Estimates of household spending on health in NHA rely mostly on SES. A modification of the SES questionnaire to suit the NHA matrix - especially on healthcare function and healthcare providers - was an important step which facilitated the construction of NHA matrices.

62. IHPP and its partners have developed a partnership with NSO since the early 1990s, to modify survey questionnaires to estimate better out-of-pocket expenses. For example, to prevent recall bias, respondents were prompted with specific mention of options for each category – for example illness in the last month, choices of healthcare provider sought and out-of-pocket payments to these providers, admission services in the past year, choices of healthcare providers sought, days of admission and total expenditure by the households. By prompting each choice of healthcare provider, it enables respondents to capture better their level of spending.

63. To prevent respondent bias, the health and welfare surveys conducted by NSO do not allow proxy respondents unless interviewers have failed to interview the respondent for three consecutive visits to that household. Proxy respondents would provide an under-reporting of illnesses and expenditures on health, especially on ambulatory care services. The continuous improvement of survey questionnaires is an important achievement in our experience. Developing countries usually have household expenditure surveys and should use this survey data to the maximum extent possible for the estimation of out-of-pocket expenses. Efforts should be made to improve the survey questionnaire to meet the requirements of the NHA matrix - especially on healthcare functions and healthcare providers.

64. Information and records on public expenditure is relatively simple to obtain in Thailand as well as in other developing countries, as there is existing financial information systems which capture these expenditures. However, at times, reports may not suit the NHA matrix. We have been unsuccessful in our efforts to modify the reporting profile to suit the requirement of the NHA matrix. In such cases a breakdown of total aggregate expenditure is facilitated through primary survey data. It is necessary to refer to existing surveys to dis-aggregate public expenditure to various healthcare functions and healthcare providers.

65. A critical mass of researchers and a continuous commitment to the NHA is another important national asset. Though know-how could be imported from elsewhere, sustainability must be a prime concern. This process of NHA development was possible as the Health Systems Research Institute served as an umbrella institution and provided financial support for the whole process of development since the inception of the 1994 NHA.

66. NHA was used as a health financing diagnostic tool for evidence based policy making. It is essential for technical level policy analysts but does not play a significant role for policy making processes as such. NHA has limited use for health systems reform as reform requires multiple tools outside NHA. It is useful for teaching and academic purposes. It is extremely useful as a monitoring tool for health expenditure levels and profiles. In the future when linkage of NHA with BOD profile is achieved, policy makers will know how much was spent on each disease category.

67. Current limitations have been identified. Improvements in Thailand's NHA is limited by a number of factors, for example, the fragmentation of financing schemes and lack of a national body responsible for overall health expenditure direction and reorientation, - although this is mandated to the National Health Security Office, according to the National Health Security Act 2545 BE (2001 AD). NHA has yet to reflect issues of efficiency and equity. It does not link with current processes for resource allocation and budget preparation and re-allocation of resources. The Bureau of Budget still maintains the itemized budget by program instead. This posed severe limitations to fill up NHA matrix.

68. IHPP is designated as the national focal point for sustaining and updating NHA. The diversification of NHA has broken down total health expenditure by beneficiary group such as gender, age group, urban and rural population and insurance coverage (CSMBS, SHI and UC Schemes) allow issues such as equity and the need to redirect spending towards societal goals of efficiency and equity to be analyzed. In addition, by the middle of 2007, it will be possible to provide reports on how much Thailand had spent on different disease categories, with this spending able to be matched to the profile of BOD. Time series data will also facilitate projections and modeling of future health expenditure.

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ANNEX 1: METHODOLOGICAL ISSUES

Data sources

Public sector

69. Data on actual expenditure was obtained from relevant government organizations such as the Ministry of Public Health (MOPH), the Comptroller General Department (CGD) of the Ministry of Finance, National Economic and Social Development Board (NESDB), National Health Security Office (NHSO), and Social Security Office (SSO).

70. Most data on actual expenditure by the government, especially by the MOPH, and other Ministries is reported directly to CGD by relevant Departments of each Ministry. The Finance Ministry introduced GFMIS (Government Fiscal Management Information System) operated by CGD, to facilitate electronic submission of reports on actual expenditure in a real time basis when budgets were disbursed. This is the most important tool for monitoring fiscal spending (which is then matched with the revenue collections and other fiscal incomes from the Tax and Revenue Departments).

71. However, the categories of expenditure in the GFMIS reporting systems have changed frequently (almost every year) in order to catch up with the changing program outputs of each Ministry. Though it is convenient to retrieve electronically the actual public spending on health, this data is not ready to use. To meet the requirements of the NHA matrix requires significant re-categorization of expenditures.

72. The relevant health expenditures by the MOPH and other Ministries were re-categorized into eight main categories. Then these were transferred into ICHA.

Main categories of expenditure of MOPH and other Ministry	**ICHA codes**	**Healthcare Function**
1) Curative	HC1, HC2	This category was aggregated to HC1, HC2 by using Health and Welfare Survey
2) Prevention and health promotion (P&P)	HC 6	Prevention and public health services
3) Administration	HC 7	Health administration and health insurance
4) Capital formation	HC.R.1	Gross capital formation
5) Education	HC.R.2	Education and training of health personnel
6) Research	HC.R.3	Research and development in health
7) Food hygiene and water control	HC.R.4	Food, hygiene and drinking water control
8) Environment	HC.R.5	Environmental health

73. The actual aggregate health expenditure by local government was collected by NSO surveys of local government total spending, and disaggregated using data from questionnaire surveys conducted by NESDB. These were then fed into the NHA matrix.

74. Expenditures incurred by CSMBS was retrieved directly from GFMIS. As a result of the use of the reimbursement model, the Scheme manages successfully to keep track of total expenditure on a monthly and quarterly basis. Expenditures can be classified to OP and IP for current government employees and their dependants, and for retirees, including a small faction of private hospital inpatient expenditure for accident and emergency case patients.

75. NHSO provides UC scheme expenditure reports using similar definitions to the ICHA. However there still needs to be a re-categorization of the UC Scheme expenditure to ICHA - see table below. For curative care NHSO aggregated the expenditure to in-patient and out-patient. Using HWS these data were disaggregated to health care providers (HP1.1.1 public hospital, HP1.1.2 private hospital and HP 3.3 offices of other health practitioners).

NHSO reporting categories	**Detail of expenditure**	**ICHA**	**Health care function and health care provider**
1.Inpatient care	**Curative IP**		
	- IP Public Hospital	HP1.1.1	
	- IP Private Hospital	HP1.1.2	
2.Out patient care	**Curative OP**		
	- OP Public Hospital	HP1.1.1	
	- OP Private Hospital	HP1.1.2	
	- OP Health Center	HP1.3	Offices of other health practitioners
3. Prevention and health promotion services (P&P)	Prevention and public health services	HC6	Prevention and public health services
4. EMS	Emergency medical service (pre-hospital care ambulance services)	HC4	Ancillary service
5. UC administrative budget	Health Administration	HC7, HP6	Health Administration and health insurance(HC7), General health administration and insurance(HP6)
6. Capital replacement	Gross capital formation	HC.R.1	Gross capital formation
7. No fault liability	Administration and provision of health-related cash-benefits	HC.R.7	Administration and provision of health-related cash-benefits

76. Data on health expenditure by the Social Security Scheme and the Workmen Compensation Scheme were retrieved from annual reports produced by the Social Security Office, the Department of Research and Development and by the Workmen Compensation Office.

Private Sector

77. Estimates of expenditure by private voluntary health insurance and Third Party Liability (TPL) Scheme (for traffic victims' compensation for medical care, death and disabilities) were obtained from the Department of Insurance (DOI) of the Ministry of Commerce, and the General Insurance Association. DOI produces annual reports on revenue generated from premiums and total expenditure compensation for all Plans, including voluntary health insurance and TPL

78. Estimates of expenditure by employers providing benefits were obtained from the Business, Trade and Services Survey and the Labor Force Survey conduced regularly by NSO of the Ministry of Information and Communication Technology.

79. An estimate of health expenditure funded through out-of-pocket expenditures by households was imputed by the application of the results of the national household Socio Economic Survey (SES) conducted by NSO. The gross capital formation expenditure by households was retrieved from the routine data of newly registered private clinics and private hospitals at the Medical Registration Division of the Ministry of Public Health. These numbers of newly registered clinics were multiplied by data on average capital formation for new private clinics and for private hospital beds. This data is based on periodic consensus estimates among key experts from the private hospital industry and Medical Registration Division of the Ministry of Public Health.

80. Expenditure by Non Profit Institutions (NPI) in Thailand was obtained from the Department of Local Administration, Ministry of Interior and survey data of some NPI.

81. Expenditure by the Rest of the World (ROW) was collected from Thailand International Development Cooperation Agency (TICA) of the Ministry of Foreign Affairs. TICA was established in October 2004 as a focal agency under the Ministry of Foreign Affairs to administer international development cooperation. TICA reports the expenditure of each program across all sectors, such as health, education, agriculture, forestry, etc. NHA partners in the NESDB identified health and health related expenditure by these international cooperation partners to estimate relevant items for the NHA.

Differences between the classification of Health expenditure in national NHA practice and the IHCA

82. The Thai NHA identifies 14 sources of health financing. These 14 financing agencies are grouped into the main ICHA-HF only. The public sector in the Thai NHA did not include HF1.1.2 [State/ provincial government] as the budgets are transferred from Central to Provincial governments. For the private sector, especially out-of-pocket payments by households, the Thai NHA did not have HF2.1.3 out-of-pocket excluding cost-sharing**.**

83. For health care functions, most of expenditure cannot be further disaggregated to more detail at the third digit level according to the ICHA. In addition, it was not

possible to separate the day cases of curative care and long term care from both in-patient and out-patient care, as there is no data. Thus NHA usually provided the main health care function at only the one digit level, according to the ICHA-HC.

84. The provider classification indicates where the medical and health services were provided. The NHA cannot provide expenditure for nursing and residential care facilities (HP2), except for NPI which provides these services.

85. In the Thai context the "Office of other health practitioners", HP 3.3 are sub-district health centres, owned by the Ministry of Public Health. They provide primary care services by paramedical practitioners.

86. Most of gross capital formation, HCR1 and most of all other memorandum items, HCR2 to HCR7; cannot be disaggregated by healthcare providers, due to data limitations. This expenditure item was, however, included in the total.

Estimate on total expenditure

87. The conceptual framework for Thai NHA was developed and modified based on SHA tables. However the total expenditure in Thai NHA did not take into account imports of healthcare, such as health spending in hospitals abroad by Thai residents, who traveled for treatment abroad. The NHA also excludes exports of health services such as services provided by Thai providers to non-residents. This is because it is not possible to identify these categories in the data.

88. The expenditure for administration and provision of health-related cash-benefits in Thai NHA was only the expenditure paid for no-fault liability of UC scheme, according to the related provisions in the National Health Security Act 2545BE (2001AD).

Other methodological issues

89. When most figures on expenditure obtained from financing agents is an aggregate figure, or did not match the requirements of the NHA matrix, the Health and Welfare survey, a regular national representative household survey conducted by NSO, was applied to disaggregate total figures into health care functions and healthcare providers. When this dataset was applied across all health financing agents, it ensured the methodology for the disaggregation by healthcare function and healthcare providers was rigorous.

90. When the UC scheme was launched in 2002, the IHPP of the MOPH requested that the NSO produce annual HWS for 2003-2007 to closely monitor the impact of the Scheme on households. Impacts measured included the use of health services and out-of-pocket spending. The surveys also facilitated the analysis of equity in public subsidies to the program (Benefit Incidence Analysis) and the effects of medical expenditure on households. The partnership between the NSO and MOPH has enabled these national databases to be extremely useful in monitoring the impacts of health financing policies on households.

91. To improve the accuracy of households' reporting of health expenditure items in surveys, the household out-of-pocket payments are linked closely with the illness events. For example, respondents were asked about illness with a reference period of the past month. A series of questions were asked of individual household members (whereby proxy respondents are not allowed), for example, did you fall ill in the past month?, if yes, how many illness episodes did you experience?, where did you seek care for these episodes?, and how much did you pay that cannot be reimbursed? Similar questions for admission services in the past year were asked of individual household members. Through this linking of expenditure with the service provider, respondents are better prompted and minimize their recall bias.

92. Since 1984, Thailand has gradually built up its human capacity and improved its methodological approaches in order to estimate better unit costs of producing at all levels, such as hospital costing, program costs, human resource production costs, etc. Unit cost data and health service utilization rates are important for disaggregating expenditure data into appropriate cells of the NHA matrix. The profile of utilization both in-patients and out-patients at each health care facility are multiplied by the unit cost of each health care facility. This results in an appropriate factor for disaggregating total expenditure by health care function and health care provider.

93. The estimate of household out-of-pocket expenditure relies on the SES by the NSO. Household respondents may mis-report their health expenditure in the SES due to recall bias. To estimate the magnitude of mis-reporting, IHPP, in collaboration with NSO, undertook a Post Enumerative Survey (PES) to assess the magnitude of SES non-sampling bias in reporting morbidity, choices of care sought, and health expenditure by all individual households. This allowed correction factors to be estimated and applied to SES report results. The PES involved follow-up interviews by a set of interviewers trained by IHPP with households which had responded to the 2002 SES. From these follow-up interviews, correction factors for all related matching parameters were generated. These factors were used to adjust for under-reporting of health expenditure produced by SES.

94. In the event, although these adjusting factors were available, they were not used on out-of-pocket expenditures for a number of reasons. The sample size of PES was too small for the results to be statistically significant. In addition, it was considered inappropriate to apply the 2002 correction factors to retrospectively adjust the previous NHA series conducted in 1994, 1996, 1998 and 2000. This was, in part, because in 2002, the government had introduced the UC, which had significantly reduced household spending on health.

ANNEX 2: TABLES

Table A1: Total health expenditure by financing agents		First available year		Last available year	
		1994		2005	
		Baht million	percent	Baht million	Percent
HF.1	General government	56,884.6	44.6%	158,033.3	63.7%
HF.1.1	General government excluding Social security funds	53,182.4	41.7%	138,285.2	55.7%
HF.1.1.1	Central government	51,367.3	40.2%	129,382.9	52.2%
HF.1.1.2;1.1.3	Provincial/local government	1,815.1	1.4%	8,902.4	3.6%
HF.1.2	Social security funds	3,702.2	2.9%	19,748.0	8.0%
HF.2	Private sector	70,617.0	55.3%	89,449.4	36.1%
HF.2.1	Private social insurance	3,007.4	2.4%	5,710.8	2.3%
HF.2.2	Private insurance enterprises (other than social insurance)	2,234.1	1.8%	8,221.0	3.3%
HF.2.3	Private household out-of-pocket expenditure	56,765.5	44.5%	68,547.6	27.6%
HF.2.4	Non-profit institutions serving households (other than social insurance)	663.6	0.5%	1,092.0	0.4%
HF.2.5	Corporations (other than health insurance)	7,946.4	6.2%	5,878.0	2.4%
HF.3	Rest of the world	153.9	0.1%	596.6	0.2%
	Total health expenditure	**127,655.5**	100.0%	**248,079.2**	100.0%

Remark Total Health Expenditure are total recurrent expenditure on health plus Gross capital formation (HC.R1)
HF.1.2: Social security scheme, Workmen compensation
HF.2.1: Traffic insurance
HF.2.2: Private insurance
HF.2.5: Employer benefit

Table A2: Health expenditure by function of care		First available year		Last available year	
		1994		2005	
		Baht million	Percent	Baht million	percent
HC.1;2	*Services of curative & rehabilitative care*	87,811.04	68.8%	193,809.2	78.1%
HC.1.1;2.1	In-patient curative & rehabilitative care	33,489.70	26.2%	89,014.6	35.9%
HC.1.2;2.2	Day cases of curative & rehabilitative care	0.00	0.0%	8.8	0.0%
HC.1.3;2.3	Out-patient curative & rehabilitative care	54,321.3	42.6%	104,785.9	42.2%
HC.1.4;2.4	Home care (curative & rehabilitative)		0.0%	0.2	0.0%
HC.3	*Services of long-term nursing care*	-	0.0%	-	0.0%
HC.3.1	In-patient long-term nursing care	-	0.0%	-	0.0%
HC.3.2	Day cases of long-term nursing care	-	0.0%	-	0.0%
HC.3.3	Home care (long term nursing care)	-	0.0%	-	0.0%
HC.4	*Ancillary services to health care*	17.2	0.0%	966.2	0.4%
HC.4.1	Clinical laboratory		0.0%		0.0%
HC.4.2	Diagnostic imaging		0.0%		0.0%
HC.4.3	Patient transport and emergency rescue		0.0%		0.0%
HC.4.9	All other miscellaneous ancillary services		0.0%		0.0%
HC.5	*Medical goods dispensed to out-patients*	8,237.1	6.5%	10,573.2	4.3%
HC.5.1	Pharmaceuticals and other medical non-durables	7,463.2	5.8%	10,374.0	4.2%
HC.5.2	Therapeutic appliances and other medical durables	773.9	0.6%	199.2	0.1%
HC.6	*Prevention and public health services*	9,085.7	7.1%	11,841.6	4.8%
HC.7	*Health administration and health insurance*	5,015.1	3.9%	21,168.0	8.5%
	CURRENT HEALTH EXPENDITURE	**110,166.1**	86.3%	**238,358.3**	96.1%
HC.R.1	Capital formation of health care provider institutions	17489.4	13.7%	9,720.7	3.9%
	TOTAL HEALTH EXPENDITURE	**127,655.5**	100.0%	**248,079**	100.0%

Table A3: Current health expenditure by mode of production		First available year		Last available year	
		1994		2005	
		Baht million	percent	Baht million	percent
	In-patient care	33,489.7	30.4%	89,014.6	37.3%
1.1;2.1	Curative & rehabilitative care	33,489.7	30.4%	89,014.6	37.3%
3.1	Long-term nursing care		0.0%		0.0%
	Services of day-care	0.0	0.0%	8.8	0.0%
1.2;2.2	Day cases of curative & rehabilitative care	0.0	0.0%	8.8	0.0%
3.2	Day cases of long-term nursing care		0.0%		0.0%
	Out-patient care	54,321.3	49.3%	104,785.9	44.0%
1.3;2.3	Out-patient curative & rehabilitative care	54,321.3	49.3%	104,785.9	44.0%
1.3.1	Basic medical and diagnostic services	36,185.8	32.8%	40,519.8	17.0%
1.3.2	Out-patient dental care	1,509.9	1.4%	2,533.6	1.1%
1.3.3	All other specialised health care	20.1	0.0%	19.2	0.0%
1.3.9;2.3	All other out-patient curative care	16,605.6	15.1%	61,713.3	25.9%
	Home care	-	0.0%	0.2	0.0%
1.4;2.4	Home care (curative & rehabilitative)	-	0.0%	0.2	0.0%
3.3	Home care (long term nursing care)		0.0%		0.0%
	Ancillary services to health care	17.2	0.0%	966.2	0.4%
	Medical goods dispensed to out-patients	8,237.1	7.5%	10,573.2	4.4%
5.1	Pharmaceuticals and other medical non-durables	7,463.2	6.8%	10,374	4.4%
5.2	Therapeutic appliances and other medical durables	773.9	0.7%	199.22	0.1%
	Total expenditure on personal health care	**96,065.3**	87.2%	**205,348.8**	86.2%
	Prevention and public health services	9,085.7	8.2%	11,841.6	5.0%
	Health administration and health insurance	5,015.1	4.6%	21,168	8.9%
	Total current expenditure on health care	**110,166.1**	100.0%	**238,358.5**	100.0%

Table A4: Current health expenditure by provider		First available year		Last available year	
		1994		2005	
		Baht million	Percent	Baht million	percent
HP.1	Hospitals	75,875	68.9%	172,344	72.3%
HP.2	Nursing and residential care facilities	7	0.0%	13	0.0%
HP.3	Providers of ambulatory health care	12,086	11.0%	22,550	9.5%
HP.3.1	Offices of physicians	8,662	7.9%	12,424	5.2%
HP.3.2	Offices of dentists	1,485	1.3%	2,220	0.9%
HP.3.3-3.9	All other providers of ambulatory health care	1,939	1.8%	7,906	3.3%
HP.4	Retail sale and other providers of medical goods	8,236	7.5%	10,509	4.4%
HP.5	Provision and administration of public health	9,179	8.3%	8,597	3.6%
HP.6	General health administration and insurance	4,721	4.3%	24,166	10.1%
HP.6.1	Government administration of health	2,229	2.0%	10,949	4.6%
HP.6.2	Social security funds	384	0.3%	8,126	3.4%
HP.6.3;6.4; 6.9	Other social insurance	2,108	1.9%	5,091	2.1%
HP.7	Other industries (rest of the economy)	63	0.1%	179	0.1%
HP.7.1	Occupational health care services	Na		na	
HP.7.2	Private households as providers of home care	Na		na	
HP.7.9	All other secondary producers of health care	Na		na	
HP.9	Rest of the world	-	0.0%	0	0.0%
	Total current expenditure on health care	110,166	100.0%	238,358	100.0%

ANNEX 3: THAILAND 2005 SHA TABLES

SHA Table 2.1 Current expenditure on health by function of care and provider industry (baht, millions)

Health care by function	ICHA-HC code	Total Current health expenditure	HP 1 Hospital	HP 2 Nursing and residential care facilities	HP 3 Providers of ambu care	HP 3.1 Offices of physicians	HP 3.2 Offices of dentists	HP 3.3 Offices of other health practitioners	HP 3.4 Out-patient care centres	HP 3.5 Med & diag lab	HP 3.6 Providers of home health care	HP 3.9 All other providers of ambu care	HP 4 Retail sale and other providers of med goods	HP 4.1 Dispensing chemists	HP 4.2-4.9 All other sales of med goods	HP 5 Provision and adm of puvlic health programmes	HP 6 General health adm and insurance	HP 6.1 Govt admin of health	HP 6.2 Social security funds	HP 6.3 other social insurance	HP 6.4 Other (private) insurance	HP 6.9 All other health adm	HP 7 All other industries	HP 9 Rest of the world
In-patient care	**HC 1.1, 2.1, 3.1**	**89,014.56**	**88,941.57**	**5.80**	**7.53**	**-**	**-**	**-**	**2.30**	**-**	**-**	**5.23**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**59.66**	**-**
curative and rehabilitative care	HC 1.1, 2.1	31,698.47	31,630.47	1.00	7.53	-	-	-	2.30	-	-	5.23	-	-	-	-	-	-	-	-	-	-	59.47	-
Long term nursing care	HC 3.1	4.99	-	4.80	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.19	-
Service of day care (IP)	**HC 1.2, 2.2, 3.2**	**8.80**	**-**	**-**	**0.00**	**0.00**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**8.80**	**-**
curative and rehabilitative care	HC 1.2, 2.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long term nursing care	HC 3.2	8.80	-	-	0.00	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8.80	-
Out-patient curative and rehab	**HC 1.3, 2.3**	**104,785.86**	**83,264.97**	**-**	**21,507.55**	**12,422.46**	**2,220.04**	**6,843.80**	**5.18**	**-**	**-**	**16.07**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**13.34**	**-**
Basic medical & diag services	HC 1.3.1	40,519.78	26,634.98	-	13,871.46	12,422.46	-	1,444.58	-	-	-	4.42	-	-	-	-	-	-	-	-	-	-	13.34	-
OP dental care	HC 1.3.2	2,533.55	72.77	-	2,460.77	-	2,220.04	239.91	-	-	-	0.82	-	-	-	-	-	-	-	-	-	-	-	-
All other specialist healthcare	HC 1.3.3	19.21	3.39	-	15.82	-	-	-	5.18	-	-	10.64	-	-	-	-	-	-	-	-	-	-	-	-
All other OP & rehab	HC 1.3.9, 2.3	0.19	-	-	0.19	-	-	-	-	-	-	0.19	-	-	-	-	-	-	-	-	-	-	-	-
Home care (OP)	**HC 1.4, 2.4, 3.3**	**0.21**	**-**	**-**	**0.15**	**0.02**	**-**	**-**	**-**	**-**	**-**	**0.13**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**0.06**	**-**
curative and rehabilitative care	HC 1.4, 2.4	0.09	-	-	0.09	-	-	-	-	-	-	0.09	-	-	-	-	-	-	-	-	-	-	-	-
Long term nursing care	HC 3.3	0.13	-	-	0.06	0.02	-	-	-	-	-	0.04	-	-	-	-	-	-	-	-	-	-	0.06	-
Ancillary service	**HC 4**	**966.20**	**9.90**	**0.45**	**728.74**	**-**	**-**	**-**	**0.01**	**725.71**	**-**	**3.02**	**-**	**-**	**-**	**-**	**226.98**	**-**	**226.98**	**-**	**-**	**-**	**0.12**	**-**
Med goods	**HC 5**	**10,573.18**	**60.58**	**-**	**0.09**	**-**	**-**	**-**	**0.08**	**-**	**-**	**0.01**	**10,509.25**	**10,310.64**	**198.62**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**3.25**	**-**
Pharm, other med, non-durables	HC 5.1	10,373.96	60.07	-	0.01	-	-	-	0.00	-	-	0.01	10,310.64	10,310.64	-	-	-	-	-	-	-	-	3.25	-
Prescribed med	HC 5.1.1	60.21	60.07	-	0.01	-	-	-	0.00	-	-	0.00	-	-	-	-	-	-	-	-	-	-	0.13	-
Over-the-counter medicines	HC 5.1.2	9,973.00	-	-	0.00	-	-	-	-	-	-	0.00	9,972.80	9,972.80	-	-	-	-	-	-	-	-	0.20	-
Other medical non-durables	HC 5.1.3	340.75	-	-	0.00	-	-	-	-	-	-	0.00	337.83	337.83	-	-	-	-	-	-	-	-	2.92	-
Therap appl, other medical durables	HC 5.2	199.22	0.52	-	0.08	-	-	-	0.08	-	-	-	198.62	-	198.62	-	-	-	-	-	-	-	0.00	-
Glasses & other vision products	HC 5.2.1	198.62	-	-	-	-	-	-	-	-	-	-	198.62	-	198.62	-	-	-	-	-	-	-	-	-
Orthopaedic app, other prosthetics	HC 5.2.2	0.60	0.52	-	0.08	-	-	-	0.08	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00	-
All other misc. durable med goods	HC 5.2.3-5.2.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total expenditure on personal health care		205,348.81	172,277.03	6.25	22,244.06	12,422.48	2,220.04	6,843.80	7.57	725.71	-	24.45	10,509.25	10,310.64	198.62	-	226.98	-	226.98	-	-	-	85.23	-
Prevention and public health services	**HC 6**	**11,841.63**	**37.28**	**-**	**291.44**	**0.00**	**-**	**280.70**	**0.32**	**-**	**-**	**10.42**	**-**	**-**	**-**	**7,141.85**	**4,361.18**	**-**	**4,361.18**	**-**	**-**	**-**	**9.81**	**0.08**
Health Administration and health insurance	**HC 7**	**21,168.04**	**29.51**	**7.19**	**14.74**	**1.94**	**-**	**-**	**0.96**	**-**	**-**	**11.83**	**-**	**-**	**-**	**1,455.27**	**19,577.50**	**10,948.62**	**3,537.57**	**-**	**4,811.41**	**279.91**	**83.83**	**-**
Total current expenditure on health		**238,358.47**	**172,343.81**	**13.44**	**22,550.23**	**12,424.43**	**2,220.04**	**7,124.49**	**8.84**	**725.71**	**-**	**46.71**	**10,509.25**	**10,310.64**	**198.62**	**8,597.12**	**24,165.67**	**10,948.62**	**8,125.73**	**-**	**4,811.41**	**279.91**	**178.87**	**0.08**
		-																						

SHA Table 2.2 Current expenditure on health by function of care and provider industry (% of expenditure on functional categories)

Health care by function	ICHA-HC code	Total Current health expenditure	HP 1 Hospital	HP 2 Nursing and residential care facilities	HP 3 Providers of ambu care	HP 3.1 Offices of physicians	HP 3.2 Offices of dentists	HP 3.3 Offices of other health practitioners	HP 3.4 Out-patient care centres	HP 3.5 Med & diag lab	HP 3.6 Providers of home health care	HP 3.9 All other providers of ambu care	HP 4 Retail sale and other providers of med goods	HP 4.1 Dispensing chemists	HP 4.2-4.9 All other sales of med goods	HP 5 Provision and adm of puvlic health programmes	HP 6 General health adm and insurance	HP 6.1 Govt admin of health	HP 6.2 Social security funds	HP 6.3 other social insurance	HP 6.4 Other (private) insurance	HP 6.9 All other health adm	HP 7 All other industries	HP 9 Rest of the world
In-patient care	**HC 1.1, 2.1, 3.1**	**100.00**	**99.92**	**0.01**	**0.01**	**-**	**-**	**-**	**0.00**	**-**	**-**	**0.01**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**0.07**	**-**
curative and rehabilitative care	HC 1.1, 2.1	100.00	99.79	0.00	0.02	-	-	-	0.01	-	-	0.02	-	-	-	-	-	-	-	-	-	-	0.19	-
Long term nursing care	HC 3.1	100.00	-	96.20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.80	-
Service of day care (IP)	**HC 1.2, 2.2, 3.2**	**100.00**	**-**	**-**	**0.01**	**0.01**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**99.99**	**-**
curative and rehabilitative care	HC 1.2, 2.2																							
Long term nursing care	HC 3.2	100.00	-	-	0.01	0.01	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	99.99	-
Out-patient curative and rehab	**HC 1.3, 2.3**	**100.00**	**79.46**	**-**	**20.53**	**11.86**	**2.12**	**6.53**	**0.00**	**-**	**-**	**0.02**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**0.01**	**-**
Basic medical & diag services	HC 1.3.1	100.00	65.73	-	34.23	30.66	-	3.57	-	-	-	0.01	-	-	-	-	-	-	-	-	-	-	0.03	-
OP dental care	HC 1.3.2	100.00	2.87	-	97.13	-	87.63	9.47	-	-	-	0.03	-	-	-	-	-	-	-	-	-	-	-	-
All other specialist healthcare	HC 1.3.3	100.00	17.65	-	82.35	-	-	-	26.94	-	-	55.41	-	-	-	-	-	-	-	-	-	-	-	-
All other OP & rehab	HC 1.3.9, 2.3	100.00	-	-	100.00	-	-	-	-	-	-	100.00	-	-	-	-	-	-	-	-	-	-	-	-
Home care (OP)	**HC 1.4, 2.4, 3.3**	**100.00**	**-**	**-**	**71.46**	**10.21**	**-**	**-**	**-**	**-**	**-**	**61.26**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**28.54**	**-**
curative and rehabilitative care	HC 1.4, 2.4	100.00	-	-	100.00	-	-	-	-	-	-	100.00	-	-	-	-	-	-	-	-	-	-	-	-
Long term nursing care	HC 3.3	100.00	-	-	51.76	17.25	-	-	-	-	-	34.51	-	-	-	-	-	-	-	-	-	-	48.24	-
Ancillary service	**HC 4**	**100.00**	**1.03**	**0.05**	**75.42**	**-**	**-**	**-**	**0.00**	**75.11**	**-**	**0.31**	**-**	**-**	**-**	**-**	**23.49**	**-**	**23.49**	**-**	**-**	**-**	**0.01**	**-**
Med goods	**HC 5**	**100.00**	**0.57**	**-**	**0.00**	**-**	**-**	**-**	**0.00**	**-**	**-**	**0.00**	**99.40**	**97.52**	**1.88**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**0.03**	**-**
Pharm, other med, non-durables	HC 5.1	100.00	0.58	-	0.00	-	-	-	0.00	-	-	0.00	99.39	99.39	-	-	-	-	-	-	-	-	0.03	-
Prescribed med	HC 5.1.1	100.00	99.77	-	0.01	-	-	-	0.01	-	-	0.01	-	-	-	-	-	-	-	-	-	-	0.22	-
Over-the-counter medicines	HC 5.1.2	100.00	-	-	0.00	-	-	-	-	-	-	0.00	100.00	100.00	-	-	-	-	-	-	-	-	0.00	-
Other medical non-durables	HC 5.1.3	100.00	-	-	0.00	-	-	-	-	-	-	0.00	99.14	99.14	-	-	-	-	-	-	-	-	0.86	-
Therap appl, other medical durables	HC 5.2	100.00	0.26	-	0.04	-	-	-	0.04	-	-	-	99.70	-	99.70	-	-	-	-	-	-	-	0.00	-
Glasses & other vision products	HC 5.2.1	100.00	-	-	-	-	-	-	-	-	-	-	100.00	-	100.00	-	-	-	-	-	-	-	-	-
Orthopaedic app, other prosthetics	HC 5.2.2	100.00	86.26	-	13.32	-	-	-	13.32	-	-	-	-	-	-	-	-	-	-	-	-	-	0.42	-
All other misc. durable med goods	HC 5.2.3-5.2.9																							
Total expenditure on personal health care		100.00	83.89	0.00	10.83	6.05	1.08	3.33	0.00	0.35	-	0.01	5.12	5.02	0.10	-	0.11	-	0.11	-	-	-	0.04	-
Prevention and public health services	**HC 6**	**100.00**	**0.31**	**-**	**2.46**	**0.00**	**-**	**2.37**	**0.00**	**-**	**-**	**0.09**	**-**	**-**	**-**	**60.31**	**36.83**	**-**	**36.83**	**-**	**-**	**-**	**0.08**	**0.00**
Health Administration and health insurance	**HC 7**	**100.00**	**0.14**	**0.03**	**0.07**	**0.01**	**-**	**-**	**0.00**	**-**	**-**	**0.06**	**-**	**-**	**-**	**6.87**	**92.49**	**51.72**	**16.71**	**-**	**22.73**	**1.32**	**0.40**	**-**
Total current expenditure on health		**100.00**	**72.30**	**0.01**	**9.46**	**5.21**	**0.93**	**2.99**	**0.00**	**0.30**	**-**	**0.02**	**4.41**	**4.33**	**0.08**	**3.61**	**10.14**	**4.59**	**3.41**	**-**	**2.02**	**0.12**	**0.08**	**0.00**

SHA Table 2.3 Current expenditure on health by function of care and provider industry (% of provider categories expenditure)

Health care by function	ICHA-HC code	Total Current health expenditure	HP 1 Hospital	HP 2 Nursing and residential care facilities	HP 3 Providers of ambu care	HP 3.1 Offices of physicians	HP 3.2 Offices of dentists	HP 3.3 Offices of other health practitioners	HP 3.4 Out-patient care centres	HP 3.5 Med & diag lab	HP 3.6 Providers of home health care	HP 3.9 All other providers of ambu care	HP 4 Retail sale and other providers of med goods	HP 4.1 Dispensing chemists	HP 4.2-4.9 All other sales of med goods	HP 5 Provision and adm of puvlic health programmes	HP 6 General health adm and insurance	HP 6.1 Govt admin of health	HP 6.2 Social security funds	HP 6.3 other social insurance	HP 6.4 Other (private) insurance	HP 6.9 All other health adm	HP 7 All other industries	HP 9 Rest of the world
In-patient care	**HC 1.1, 2.1, 3.1**	**37.34**	**51.61**	**43.16**	**0.03**	**-**	**-**	**-**	**26.02**	**-**		**11.19**	**-**	**-**	**-**	**-**	**-**	**-**	**-**		**-**	**-**	**33.35**	**-**
curative and rehabilitative care	HC 1.1, 2.1	13.30	18.35	7.46	0.03	-	-	-	26.02	-		11.19	-	-	-	-	-	-	-		-	-	33.25	-
Long term nursing care	HC 3.1	0.00	-	35.71	-	-	-	-	-	-		-	-	-	-	-	-	-	-		-	-	0.11	-
Service of day care (IP)	**HC 1.2, 2.2, 3.2**	**0.00**	**-**	**-**	**0.00**	**0.00**	**-**	**-**	**-**	**-**		**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**		**-**	**-**	**4.92**	**-**
curative and rehabilitative care	HC 1.2, 2.2	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-		-	-	-	-
Long term nursing care	HC 3.2	0.00	-	-	0.00	0.00	-	-	-	-		-	-	-	-	-	-	-	-		-	-	4.92	-
Out-patient curative and rehab	**HC 1.3, 2.3**	**43.96**	**48.31**	**-**	**95.38**	**99.98**	**100.00**	**96.06**	**58.52**	**-**		**34.41**	**-**	**-**	**-**	**-**	**-**	**-**	**-**		**-**	**-**	**7.46**	**-**
Basic medical & diag services	HC 1.3.1	17.00	15.45	-	61.51	99.98	-	20.28	-	-		9.46	-	-	-	-	-	-	-		-	-	7.46	-
OP dental care	HC 1.3.2	1.06	0.04	-	10.91	-	100.00	3.37	-	-		1.77	-	-	-	-	-	-	-		-	-	-	-
All other specialist healthcare	HC 1.3.3	0.01	0.00	-	0.07	-	-	-	58.52	-		22.79	-	-	-	-	-	-	-		-	-	-	-
All other OP & rehab	HC 1.3.9, 2.3	0.00	-	-	0.00	-	-	-	-	-		0.40	-	-	-	-	-	-	-		-	-	-	-
Home care (OP)	**HC 1.4, 2.4, 3.3**	**0.00**	**-**	**-**	**0.00**	**0.00**	**-**	**-**	**-**	**-**		**0.28**	**-**	**-**	**-**	**-**	**-**	**-**	**-**		**-**	**-**	**0.03**	**-**
curative and rehabilitative care	HC 1.4, 2.4	0.00	-	-	0.00	-	-	-	-	-		0.19	-	-	-	-	-	-	-		-	-	-	-
Long term nursing care	HC 3.3	0.00	-	-	0.00	0.00	-	-	-	-		0.09	-	-	-	-	-	-	-		-	-	0.03	-
Ancillary service	**HC 4**	**0.41**	**0.01**	**3.37**	**3.23**	**-**	**-**	**-**	**0.06**	**100.00**		**6.46**	**-**	**-**	**-**	**-**	**0.94**	**-**	**2.79**		**-**	**-**	**0.07**	**-**
Med goods	**HC 5**	**4.44**	**0.04**	**-**	**0.00**	**-**	**-**	**-**	**0.94**	**-**		**0.01**	**100.00**	**100.00**	**100.00**	**-**	**-**	**-**	**-**		**-**	**-**	**1.82**	**-**
Pharm, other med, non-durables	HC 5.1	4.35	0.03	-	0.00	-	-	-	0.04	-		0.01	98.11	100.00	-	-	-	-	-		-	-	1.81	-
Prescribed med	HC 5.1.1	0.03	0.03	-	0.00	-	-	-	0.04	-		0.01	-	-	-	-	-	-	-		-	-	0.07	-
Over-the-counter medicines	HC 5.1.2	4.18	-	-	0.00	-	-	-	-	-		0.00	94.90	96.72	-	-	-	-	-		-	-	0.11	-
Other medical non-durables	HC 5.1.3	0.14	-	-	0.00	-	-	-	-	-		0.00	3.21	3.28	-	-	-	-	-		-	-	1.63	-
Therap appl, other medical durables	HC 5.2	0.08	0.00	-	0.00	-	-	-	0.90	-		-	1.89	-	100.00	-	-	-	-		-	-	0.00	-
Glasses & other vision products	HC 5.2.1	0.08	-	-	-	-	-	-	-	-		-	1.89	-	100.00	-	-	-	-		-	-	-	-
Orthopaedic app, other prosthetics	HC 5.2.2	0.00	0.00	-	0.00	-	-	-	0.90	-		-	-	-	-	-	-	-	-		-	-	0.00	-
All other misc. durable med goods	HC 5.2.3-5.2.9	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-		-	-	-	-
Total expenditure on personal health care		86.15	99.96	46.53	98.64	99.98	100.00	96.06	85.54	100.00		52.35	100.00	100.00	100.00	-	0.94	-	2.79		-	-	47.65	-
Prevention and public health services	**HC 6**	**4.97**	**0.02**	**-**	**1.29**	**0.00**	**-**	**3.94**	**3.57**	**-**		**22.32**	**-**	**-**	**-**	**83.07**	**18.05**	**-**	**53.67**		**-**	**-**	**5.48**	**100.00**
Health Administration and health insurance	**HC 7**	**8.88**	**0.02**	**53.47**	**0.07**	**0.02**	**-**	**-**	**10.89**	**-**		**25.34**	**-**	**-**	**-**	**16.93**	**81.01**	**100.00**	**43.54**		**100.00**	**100.00**	**46.87**	**-**
Total current expenditure on health		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**		**100.00**	**100.00**	**100.00**	**100.00**

SHA Table 3.1 Current expenditure on health by provider industry and source of funding (Baht, millions)

Health care provider category	ICHA-HP code	**Total expenditure on health**	HF.1 General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	HF.2 Private sector	HF.2.1 + HF.2.2 Private insurance	HF.2.1 Private social insurance	HF.2.2 Other private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit organisations (other than social ins.)	HF.2.5 Corporations (other than health insurance)	HF.3 Rest of the world
Hospitals	HP.1	172,344	116,291	99,535	16,756	55,771	9,006	3,702	5,304	40,861	565	5,339	282
Nursing and residential care facilities	HP.2	13	-	-	-	13	-	-	-	-	13	-	-
Providers of ambulatory health care	HP.3	22,550	7,124	7,051	74	15,426	115	115	-	15,100	59	152	-
Offices of physicians	HP.3.1	12,424	-	-	-	12,424	115	115	-	12,235	4	71	-
Offices of dentists	HP.3.2	2,220	-	-	-	2,220	-	-	-	2,139	-	81	-
Offices of other health practitioners	HP.3.3	7,124	7,124	7,051	74	-	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	9	-	-	-	9	-	-	-	-	9	-	-
Medical and diagnostic laboratories	HP.3.5	726	-	-	-	726	-	-	-	726	-	-	-
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	47	-	-	-	47	-	-	-	-	47	-	-
Retail sale and other providers of medical goods	HP.4	10,509	-	-	-	10,509	-	-	-	10,402	-	107	-
Dispensing chemists	HP.4.1	10,311	-	-	-	10,311	-	-	-	10,203	-	107	-
All other sales of medical goods	HP.4.2-4.9	199	-	-	-	199	-	-	-	199	-	-	-
Provision and administration of public health programmes	HP.5	8,597	8,477	8,477	-	-	-	-	-	-	-	-	120
General health administration and insurance	HP.6	24,166	19,068	16,149	2,919	5,091	4,811	1,894	2,917	-	-	280	7
Government (excluding social insurance)	HP.6.1	10,949	10,942	10,942	-	-	-	-	-	-	-	-	7
Social security funds	HP.6.2	8,126	8,126	5,207	2,919	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	4,811	-	-	-	4,811	4,811	1,894	2,917	-	-	-	-
All other providers of health administration	HP.6.9	280	-	-	-	280	-	-	-	-	-	280	-
Other industries (rest of the economy)	HP.7	179	-	-	-	177	-	-	-	-	177	-	2
Occupational health care	HP.7.1	na	na	na	na	na	na	na	na	na	na	na	na
Private households	HP.7.2	na	na	na	na	na	na	na	na	na	na	na	na
All other secondary producers	HP.7.9	na	na	na	na	na	na	na	na	na	na	na	na
Rest of the world	HP.9	0	-	-	-	-	-	-	-	-	-	-	0
Undistributed		-			-								
Total expenditure on health		238,358	150,960	131,212	19,748	86,988	13,932	5,711	8,221	66,363	815	5,878	411

SHA Table 3.2 Current expenditure on health by provider industry and source of funding (% of provider category expenditure)

Health care provider category	ICHA-HP code	**Total expenditure on health**	**HF.1** General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	**HF.2** Private sector	HF.2.1 + HF.2.2 Private insurance	HF.2.1 Private social insurance	HF.2.2 Other private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit organisations (other than social ins.)	HF.2.5 Corporations (other than health insurance)	**HF.3** Rest of the world
Hospitals	HP.1	100.0	67.5	57.8	9.7	32.4	5.2	2.1	3.1	23.7	0.3	3.1	0.2
Nursing and residential care facilities	HP.2	100.0	-	-	-	100.0	-	-	-	-	100.0	-	-
Providers of ambulatory health care	HP.3	100.0	31.6	31.3	0.3	68.4	0.5	0.5	-	67.0	0.3	0.7	-
Offices of physicians	HP.3.1	100.0	-	-	-	100.0	0.9	0.9	-	98.5	0.0	0.6	-
Offices of dentists	HP.3.2	100.0	-	-	-	100.0	-	-	-	96.3	-	3.7	-
Offices of other health practitioners	HP.3.3	100.0	100.0	99.0	1.0	-	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	100.0	-	-	-	100.0	-	-	-	-	100.0	-	-
Medical and diagnostic laboratories	HP.3.5	100.0	-	-	-	100.0	-	-	-	100.0	-	-	-
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	100.0	-	-	-	100.0	-	-	-	-	100.0	-	-
Retail sale and other providers of medical goods	HP.4	100.0	-	-	-	100.0	-	-	-	99.0	-	1.0	-
Dispensing chemists	HP.4.1	100.0	-	-	-	100.0	-	-	-	99.0	-	1.0	-
All other sales of medical goods	HP.4.2-4.9	100.0	-	-	-	100.0	-	-	-	100.0	-	-	-
Provision and administration of public health programmes	HP.5	100.0	98.6	98.6	-	-	-	-	-	-	-	-	1.4
General health administration and insurance	HP.6	100.0	78.9	66.8	12.1	21.1	19.9	7.8	12.1	-	-	1.2	0.0
Government (excluding social insurance)	HP.6.1	100.0	99.9	99.9	-	-	-	-	-	-	-	-	0.1
Social security funds	HP.6.2	100.0	100.0	64.1	35.9	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	100.0	-	-	-	100.0	100.0	39.4	60.6	-	-	-	-
All other providers of health administration	HP.6.9	100.0	-	-	-	100.0	-	-	-	-	-	100.0	-
Other industries (rest of the economy)	HP.7	100.0	-	-	-	99.1	-	-	-	-	99.1	-	0.9
Occupational health care	HP.7.1	-	-	-	-	-	-	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	-	-	-	-	-	-	-	-	-	-	-	-
Rest of the world	HP.9	100.0	-	-	-	-	-	-	-	-	-	-	100.0
Undistributed		-	-	-	-	-	-	-	-	-	-	-	-
Total expenditure on health		100.0	63.3	55.0	8.3	36.5	5.8	2.4	3.4	27.8	0.3	2.5	0.2
		-	-	-	-	-	-	-	-	-	-	-	-

SHA Table 3.3 Current expenditure on health by provider industry and source of funding (% of expenditure by financing agent category)

Health care provider category	ICHA-HP code	**Total expenditure on health**	**HF.1** General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	**HF.2** Private sector	HF.2.1 + HF.2.2 Private insurance	HF.2.1 Private social insurance	HF.2.2 Other private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit organisations (other than social ins.)	HF.2.5 Corporations (other than health insurance)	**HF.3** Rest of the world
Hospitals	HP.1	72.3	77.0	75.9	84.8	64.1	64.6	64.8	64.5	61.6	69.3	90.8	68.7
Nursing and residential care facilities	HP.2	0.0	-	-	-	0.0	-	-	-	-	1.6	-	-
Providers of ambulatory health care	HP.3	9.5	4.7	5.4	0.4	17.7	0.8	2.0	-	22.8	7.3	2.6	-
Offices of physicians	HP.3.1	5.2	-	-	-	14.3	0.8	2.0	-	18.4	0.5	1.2	-
Offices of dentists	HP.3.2	0.9	-	-	-	2.6	-	-	-	3.2	-	1.4	-
Offices of other health practitioners	HP.3.3	3.0	4.7	5.4	0.4	-	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	0.0	-	-	-	0.0	-	-	-	-	1.1	-	-
Medical and diagnostic laboratories	HP.3.5	0.3	-	-	-	0.8	-	-	-	1.1	-	-	-
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	0.0	-	-	-	0.1	-	-	-	-	5.7	-	-
Retail sale and other providers of medical goods	HP.4	4.4	-	-	-	12.1	-	-	-	15.7	-	1.8	-
Dispensing chemists	HP.4.1	4.3	-	-	-	11.9	-	-	-	15.4	-	1.8	-
All other sales of medical goods	HP.4.2-4.9	0.1	-	-	-	0.2	-	-	-	0.3	-	-	-
Provision and administration of public health programmes	HP.5	3.6	5.6	6.5	-	-	-	-	-	-	-	-	29.3
General health administration and insurance	HP.6	10.1	12.6	12.3	14.8	5.9	34.5	33.2	35.5	-	-	4.8	1.6
Government (excluding social insurance)	HP.6.1	4.6	7.2	8.3	-	-	-	-	-	-	-	-	1.6
Social security funds	HP.6.2	3.4	5.4	4.0	14.8	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	2.0	-	-	-	5.5	34.5	33.2	35.5	-	-	-	-
All other providers of health administration	HP.6.9	0.1	-	-	-	0.3	-	-	-	-	-	4.8	-
Other industries (rest of the economy)	HP.7	0.1	-	-	-	0.2	-	-	-	-	21.7	-	0.4
Occupational health care	HP.7.1	-	-	-	-	-	-	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	-	-	-	-	-	-	-	-	-	-	-	-
Rest of the world	HP.9	0.0	-	-	-	-	-	-	-	-	-	-	0.0
Undistributed		-	-	-	-	-	-	-	-	-	-	-	-
Total expenditure on health		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

SHA Table 4.1 Current expenditure on health by function of care and source of funding (baht, millions)

Health care function	ICHA-HC code	**Total current expenditure on health.**	HF.1 General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	HF.2 Private sector	HF.2.1 + HF.2.2 Private insurance	HF.2.1 Private social insurance schemes	HF.2.2 Other private insurance	HF.2.3 Private household out- of-pocket payments	HF.2.4 Non-profit institutions (other than social	HF.2.5 Corporations (other than health insurance)	HF.3 Rest of the world
Personal health care services	HC.1-HC4	194,776	123,361	106,532	16,829	71,132	9,120	3,817	5,304	55,961	560	5,491	282
In-patient services		89,015	59,058	47,173	11,885	29,957	8,732	3,588	5,145	18,520	268	2,437	-
Day care services		9	-	-	-	9	-	-	-	-	9	-	-
Out-patient services		104,786	64,077	59,132	4,944	40,427	388	229	159	36,716	269	3,054	282
Home care services		0	-	-	-	0	-	-	-	-	0	-	-
Ancillary services	HC.4	966	227	227	-	739	-	-	-	726	14	-	-
Medical goods dispensed to out patients	HC.5	10,573	-	-	-	10,573	-	-	-	10,402	64	107	-
Pharmaceuticals and other medical non-durables	HC.5.1	10,374	-	-	-	10,374	-	-	-	10,203	63	107	-
Therapeutic appliances and other medical durables	HC.5.2	199	-	-	-	199	-	-	-	199	1	-	-
Personal health care services and goods	HC.1-HC.5	205,349	123,361	106,532	16,829	81,706	9,120	3,817	5,304	66,363	624	5,598	282
Prevention and public health services	HC.6	11,842	11,717	11,717	-	56	-	-	-	-	56	-	68
Health administration and health insurance	HC.7	21,168	15,881	12,962	2,919	5,227	4,811	1,894	2,917	-	135	280	60
Undistributed		-	-	-	-	-	-						
Current expenditure on health care		238,358	150,960	131,212	19,748	86,988	13,932	5,711	8,221	66,363	815	5,878	411

SHA Table 4.2 Current expenditure on health by function of care and source of funding (% of expenditure on functional category)

Health care function	ICHA-HC code	**Total current expenditure on health.**	**HF.1** General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	**HF.2** Private sector	HF.2.1 + HF.2.2 Private insurance	HF.2.1 Private social insurance schemes	HF.2.2 Other private insurance	HF.2.3 Private household out- of-pocket payments	HF.2.4 Non-profit institutions (other than social	HF.2.5 Corporations (other than health insurance)	**HF.3** Rest of the world
Personal health care services	HC.1-HC4	100.0	63.3	54.7	8.6	36.5	4.7	2.0	2.7	28.7	0.3	2.8	0.1
In-patient services		100.0	66.3	53.0	13.4	33.7	9.8	4.0	5.8	20.8	0.3	2.7	-
Day care services		100.0	-	-	-	100.0	-	-	-	-	100.0	-	-
Out-patient services		100.0	61.2	56.4	4.7	38.6	0.4	0.2	0.2	35.0	0.3	2.9	0.3
Home care services		100.0	-	-	-	100.0	-	-	-	-	100.0	-	-
Ancillary services	HC.4	100.0	23.5	23.5	-	76.5	-	-	-	75.1	1.4	-	-
Medical goods dispensed to out patients	HC.5	100.0	-	-	-	100.0	-	-	-	98.4	0.6	1.0	-
Pharmaceuticals and other medical non-durables	HC.5.1	100.0	-	-	-	100.0	-	-	-	98.4	0.6	1.0	-
Therapeutic appliances and other medical durables	HC.5.2	100.0	-	-	-	100.0	-	-	-	99.7	0.3	-	-
Personal health care services and goods	HC.1-HC.5	100.0	60.1	51.9	8.2	39.8	4.4	1.9	2.6	32.3	0.3	2.7	0.1
Prevention and public health services	HC.6	100.0	99.0	99.0	-	0.5	-	-	-	-	0.5	-	0.6
Health administration and health insurance	HC.7	100.0	75.0	61.2	13.8	24.7	22.7	8.9	13.8	-	0.6	1.3	0.3
Undistributed		-	-	-	-	-	-	-	-	-	-	-	-
Current expenditure on health care		100.0	63.3	55.0	8.3	36.5	5.8	2.4	3.4	27.8	0.3	2.5	0.2

SHA Table 4.3 Current expenditure on health by function of care and source of funding (% of expenditure by financing agent category)

Health care function	ICHA-HC code	**Total current expenditure on health.**	**HF.1** General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	**HF.2** Private sector	HF.2.1 + HF.2.2 Private insurance	HF.2.1 Private social insurance schemes	HF.2.2 Other private insurance	HF.2.3 Private household out- of-pocket payments	HF.2.4 Non-profit institutions (other than social	HF.2.5 Corporations (other than health insurance)	**HF.3** Rest of the world
Personal health care services	HC.1-HC4	81.7	81.7	81.2	85.2	81.8	65.5	66.8	64.5	84.3	68.7	93.4	68.7
In-patient services		37.3	39.1	36.0	60.2	34.4	62.7	62.8	62.6	27.9	32.9	41.5	-
Day care services		0.0	-	-	-	0.0	-	-	-	-	1.1	-	-
Out-patient services		44.0	42.4	45.1	25.0	46.5	2.8	4.0	1.9	55.3	33.0	52.0	68.7
Home care services		0.0	-	-	-	0.0	-	-	-	-	0.0	-	-
Ancillary services	HC.4	0.4	0.2	0.2	-	0.8	-	-	-	1.1	1.7	-	-
Medical goods dispensed to out patients	HC.5	4.4	-	-	-	12.2	-	-	-	15.7	7.8	1.8	-
Pharmaceuticals and other medical non-durables	HC.5.1	4.4	-	-	-	11.9	-	-	-	15.4	7.8	1.8	-
Therapeutic appliances and other medical durables	HC.5.2	0.1	-	-	-	0.2	-	-	-	0.3	0.1	-	-
Personal health care services and goods	HC.1-HC.5	86.2	81.7	81.2	85.2	93.9	65.5	66.8	64.5	100.0	76.5	95.2	68.7
Prevention and public health services	HC.6	5.0	7.8	8.9	-	0.1	-	-	-	-	6.9	-	16.6
Health administration and health insurance	HC.7	8.9	10.5	9.9	14.8	6.0	34.5	33.2	35.5	-	16.6	4.8	14.7
Undistributed		-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-
Current expenditure on health care		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

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