

'Good health at low cost' 25 years on What makes an effective health system?

Why and how did Thailand achieve good health at low cost?



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First published in 1985, the *Good health at low cost* report sought to describe how some developing countries were able to achieve better health outcomes than others with similar incomes. An iconic publication of its day, it highlighted the linkages between the wider determinants of health and their impact on health outcomes using country case studies. In an extension to the original analysis, recent research explores five new countries asking why some developing countries are able to achieve better health outcomes. With chapters focusing on Bangladesh, Ethiopia, Kyrgyzstan, Tamil Nadu (India) and Thailand, *'Good health at low cost' 25 years on* has identified a series of inter-linking factors, within the health system and beyond. This fifth briefing in the series focuses on findings from Thailand.

Achieving better health in Thailand

Thailand has performed exceptionally well in improving health outcomes, achieving all the health Millennium Development Goals (MDGs) in the early 2000s and introducing the concept of MDG Plus - a set of country specific targets going well beyond the internationally agreed goals. Between 1975 and 2005, life expectancy in Thailand increased markedly for both males and females. Infant mortality fell sharply from 68 per 1000 live births in 1970, to below 10 in 2006, with substantial reduction in geographical disparities.

Thailand had the highest annual rate of reduction in under-5 mortality among 30 low- and middle-income countries between 1990 and 2006, when it had the second lowest level of under-5 mortality (8 per 1000 live births) among this group. Best estimates of maternal mortality suggest a steep reduction between 1960 and 1990. In 2005 maternal mortality was 110 per 100 000 live births, although the most recent estimate, for

2008, was 48 per 100 000 live births. The total fertility rate fell significantly from 6.3 births per woman in 1965, to 1.7 births per women in 2003.

Mortality from lower respiratory tract infections, heart failure, septicaemia, communicable and parasitic diseases and diarrhoea among children under 5 years have all declined thanks largely to adequate access to primary care services, public health interventions and maternal and child health services. Mortality from low birth weight, other congenital anomalies, congenital heart diseases and conditions arising from the perinatal period continue to increase and were the main contributors to perinatal mortality.

Paths to Success

To understand how Thailand was able to achieve successful maternal and child health outcomes, the study sought to link observable improvements to a range of specific interventions which benefit mothers and children. Mortality from lower respiratory tract infections, heart



Key messages

- Thailand has outperformed many other countries in improving health outcomes, achieving all the health MDGs by the early 2000s and moving towards 'MDG plus'.
- Maternal and child health related interventions were key to Thailand's success, and are mainly provided by public primary care services.
- Long-term government policies have been critical to the successful expansion of district health systems and financial risk protection for the poor.
- Continuity in development was assured through successive five-year national health plans, guided by influential and charismatic leaders with a shared vision.
- Sustained health systems development has built Thailand's institutional capacity to generate evidence-informed policy.
- Other contributing factors to Thailand's good health outcomes have been economic growth, poverty reduction, and a high level of literacy, especially of women
- A Royal family committed to improving Thai people's lives, especially in rural areas, has inspired health personnel.

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failure, septicaemia, communicable and parasitic diseases and diarrhoea among children under 5 years have all declined thanks largely to adequate access to primary care services, public health interventions and maternal and child health services. Most interventions have high coverage and all were fully integrated into primary health care networks and implemented through district health systems.

Health received utmost priority in the national agenda, confirmed by the visibility of health plans in the National Economic and Social Development Plan (NESDP) process. Technocrats were key players in policy formulation at national level and policy implementation at local levels. The competency, participation and pragmatism of health managers at provincial and district levels were essential to translate policies into successful programme implementation. Health programmes have been well-received by communities.

Successive, pro-rural five-year national health plans, over a period of 40 years, transcended political divides. Leadership was provided by charismatic leaders of government and public health, supported by experienced technocrats. This lifelong commitment to improve the health of Thais was, in part, motivated by the Royal Family and their support to the health agenda. Expansion and upgrading of health facilities took decades, from the first NESDP in 1961 until there was full coverage of hospitals at district level and health centres in all sub-district levels in 1990. Strategies such as implementing a bonding policy in 1972 - which made public health service for medical graduates compulsory - increased the numbers of doctors serving in rural areas. The Ministry of Public Health established its own nurse and midwifery colleges and local recruitment with fully funded courses and hometown placement strategies were applied to support rural retention. Nurses and public health workers form the backbone of rural health systems in Thailand.

Financing reforms started in the early 1970s, providing free health care for low-income

households financed through public funds, were later extended to other vulnerable groups. A wave of new initiatives followed eventually leading in 2002 to the adoption of universal health care that covered the entire population via one of three health insurance schemes. These strategies embodied the pro-poor and pro-rural ideology that ran through the various five-year national health plans. The legacy of such wholesale health system development in Thailand is strong individual and institutional capacity that can generate evidence to inform policy formulation and implementation.

A number of other sectors and developments also contributed to improving the health of the Thai population, including economic growth and poverty reduction, education, social equity and inclusion policies, and public infrastructure.

Lessons learned and future challenges

Relative to countries with similar income levels, Thailand has achieved significant health improvements at relatively low cost in terms of total health expenditure per capita (Int\$ 345), and percentage of GDP devoted to health (4.3% of gross domestic product in 2010, similar to countries with comparable income levels). The government is the main investor in the health system (75.8%) with minimal donor assistance.

These achievements have been possible because, over a sustained period, critical maternal and child health interventions, addressing the key causes of mortality and morbidity, were made widely available, including to rural populations.

The consistent pro-poor health policy reflected a particular national focus on equitable health and health system development, with strong policy networks favouring support to rural areas and a strong, stable, capable and pragmatic technocratic base (despite highly unstable politics). The economic and social context was also

supportive.

The series of inter-linking factors, as in the other study countries, that have made Thailand's health system successful in realising better health for its population can be expressed by four words all beginning with C - referred to as the 4 C's. They are Capacity (the individuals and institutions necessary to design and implement reform), Continuity (the stability that is required for reforms to succeed), Catalysts (the ability to seize windows of opportunity) and Context (taking context into account in developing appropriate and relevant policies).

Despite real successes, Thailand faces a range of health challenges. While sustaining maternal and child health outcomes and continuing to address geographical disparities, there is need to control risk factors contributing to adult mortality, such as tobacco and alcohol use, changing diets and poor traffic law enforcement. Policy-makers are aware of the emerging challenges and in response, major programmes addressing the social determinants of chronic non-communicable diseases have now been launched.

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Further reading

Chapter 7, Why and how did Thailand achieve Good health at low cost? In Balabanova D, McKee M and Mills A (eds). 'Good health at low cost' 25 years on. What makes an effective health system? London: London School of Hygiene & Tropical Medicine, 2011. Available at <http://ghlc.lshtm.ac.uk>

'Thailand Health Profile Report'. Available at http://www.moph.go.th/ops/thp/index.php?option=com_frontpage&Itemid=1

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