



Once-upon-a-time: Thailand's UHC journey

Woranan Witthayapipopsakul
Divya Lakhotia

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Contact: Woranan@ihpp.thaigov.net, divya.l@ihpp.thaigov.net

Local contexts

Geography

- is a Southeast Asian country
- is administratively divided into 77 provinces

Economic

- GDP per capita (current USD) = 7,346.6
- GDP growth = 2.5% (2024)
- Unemployment 0.8% (2025)

Population

- had a population size of 65.7 million, annual growth 2024 was -0.0%
- 62% lives in urban areas
- Life expectancy at birth: female 80.9 years, male 72.3 years
- 15% ages 65 and over

Social development

- 39% completed at least upper-secondary education, 17% at least Bachelor's
- 10% lives \$8.30 a day (2021 PPP)
- 100% has access to electricity
- 91% uses the internet

Remark: the information of latest year available from World Development Indicator, accessed Apr 2026, population from Ministry of Interior database



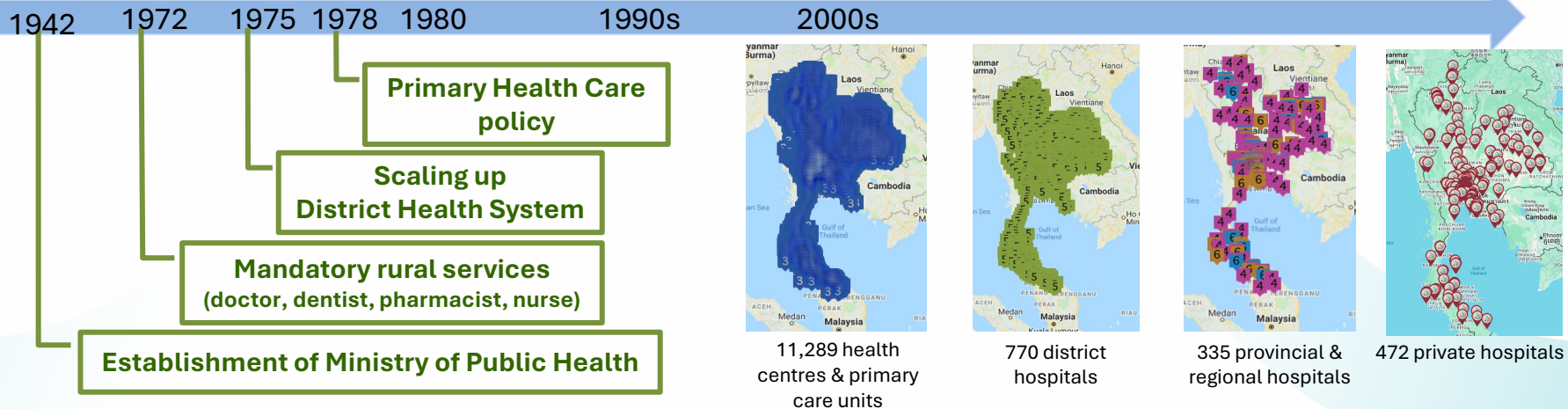
LAMBERT CONFORMAL CONIC PROJECTION, STANDARD PARALLELS 15° 01' 00" N, 10° 01' 00" N

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ORIGINS OF UHC JOURNEY

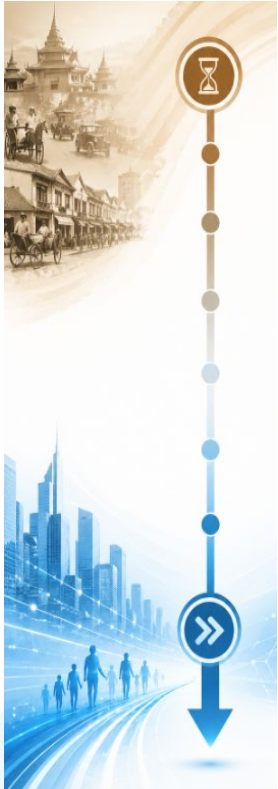
Health system development: healthcare facilities

- Strong Primary Health Care with full geographical coverage of health facilities and health workforce
 - Full coverage of district hospitals by 1990s
 - Full coverage of health centres by 2000s
- People can use health service close to their homes with referral system for more advanced care



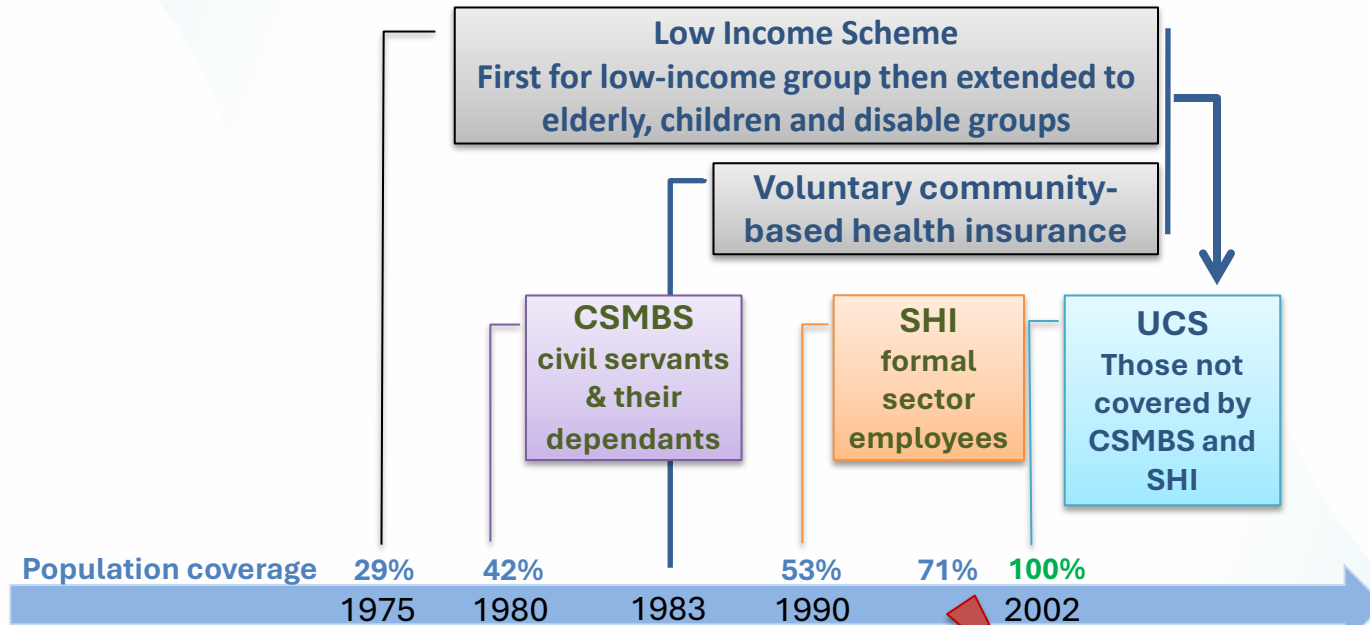
<https://gis-health.moph.go.th/healthmap/gmap.php#result>

Health system development: workforces



- **Establishment of MOPH training centres across the country (since 1946)**
 - Nursing colleges and public health schools
- **Compulsory rural service (since 1972)**
 - Target: doctors, dentists, pharmacists, and nurses
 - new graduates to spend at least 2-3 years in public facilities outside Bangkok
- **Rural recruitment, local training and hometown placement**
 - The Collaborative Project to Increase Production of Rural Doctors (CPIRD) (since 1994)
 - One District One Doctor (ODOD) Program (since 2005)
- **Financial incentives (since 1970s)**
 - Target: doctors, dentists, pharmacists and nurses
 - remote hardship, non-private practice , non-official hour service, long years of service
- **Non-financial incentives**
 - career advancement, opportunities for higher education
 - housing benefit
 - social recognition for dedicated frontline workers

Health system development: Financial risk protection



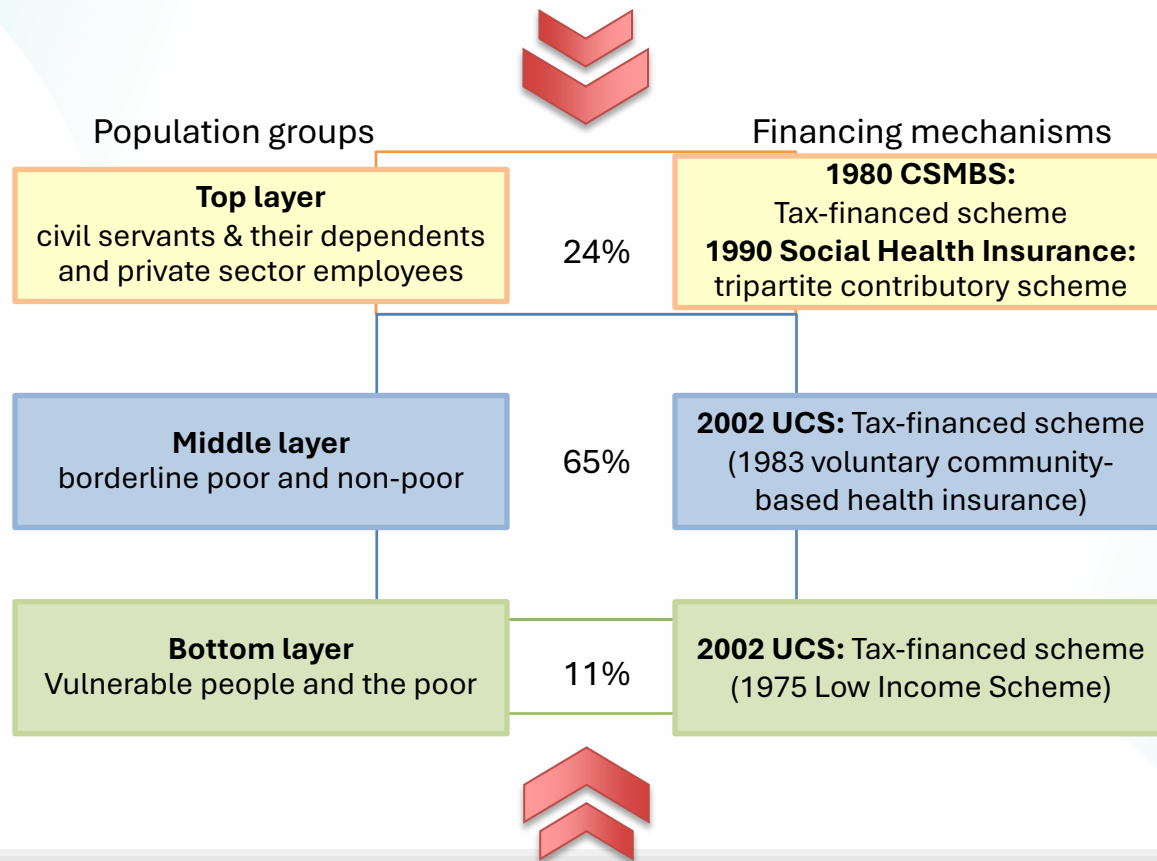
CSMBS = Civil Servant Medical Benefit Scheme

SHI = Social Health Insurance

UCS = Universal Coverage Scheme

Political manifesto for the general election

Thailand trajectory: squeeze from the top and bottom



TODAY'S HEALTH SYSTEM

Thai Health System now

Insurance coverage

- implemented Universal Health Coverage policy since 2002 using multiple non-competing public insurance schemes for all citizens
- The three largest schemes cover >95% of total population.

Service delivery system

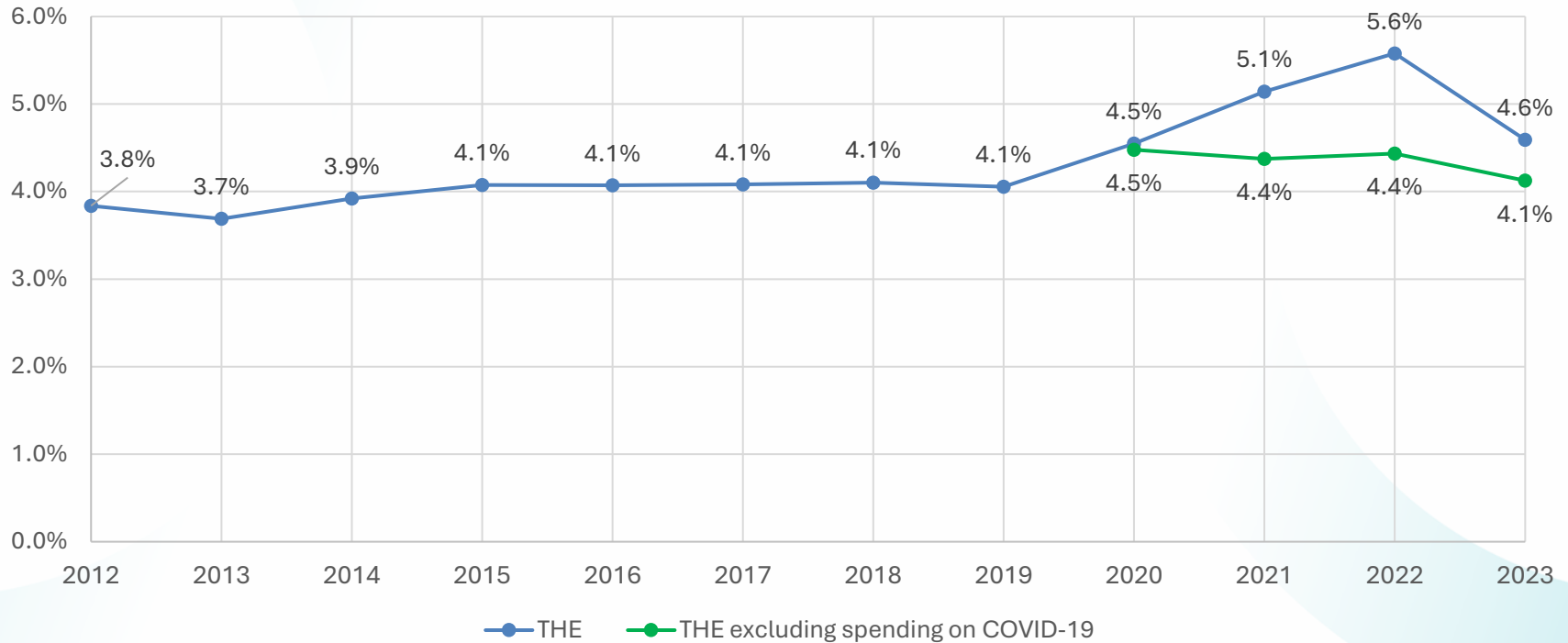
- The delivery system is mostly owned and run by the public sector.
 - Hospital beds: 79% in public, 21% in private
- Ministry of Public Health (MOPH) owning 82% of beds in public facilities.
- For health administration, the country is divided into 13 health regions, each has 4-5 million population



	Universal Coverage Schemes (UCS)	Social Health Insurance (SHI)	Civil Servant Medical Benefit Scheme (CSMBS)
Administrative agencies	National Health Security Office (NHSO)	Social Security Office (SSO), Ministry of Labour	Comptroller General's Department (CGD), Ministry of Finance
Source of financing	General taxation	Tripartite contribution (Employer, Employee, Government) at 1.5% deducted from salary	General taxation
Beneficiaries	citizens who are not members of other public insurance schemes	formal sector employees	civil servants and their dependents (spouse, parents, children aged <= 20)
Population coverage	46.9 million (70%)	12.8 million (19%)	5.4 million (8%)
Main payment methods	Outpatient (OP): capitation; Inpatient (IP): Diagnosis-related group (DRG) within a global budget; some fixed-fee items	OP: capitation; IP: capitation & DRG if relative weight 2+ within a global budget; Some fixed-fee items	OP: fee-for-service; IP: DRG without a global budget
Copayment at the point of service	30 baht per visit/admission No balanced billing	Extra/balanced billing is allowed for few items e.g., private wards, dental service	Balanced billing is allowed for all items exceeding maximum reimbursement rate

HOW MUCH is Thailand's health expenditure?

Total Health Expenditure (THE) relative to Gross Domestic Product (GDP)

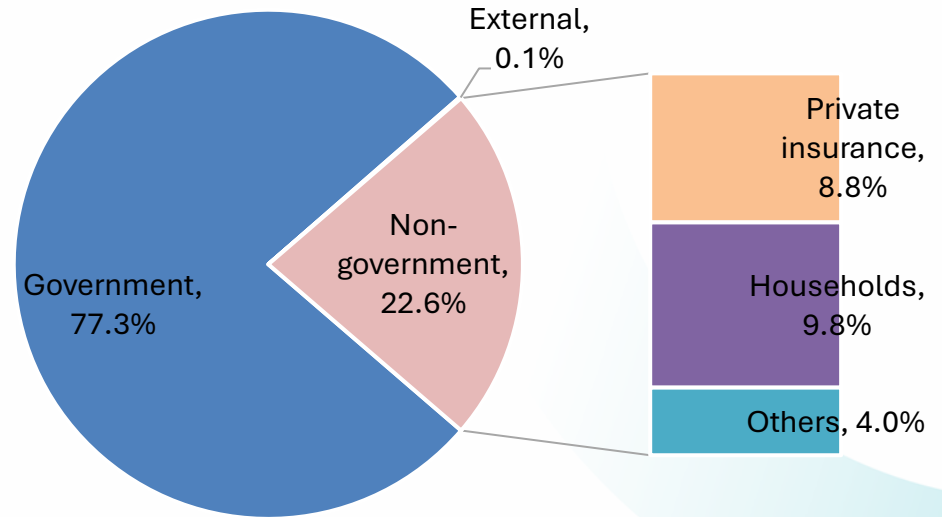


Source: National Health Account 2023

WHO PAYS for healthcare?

Total Health Expenditure by Financing Source (2023)

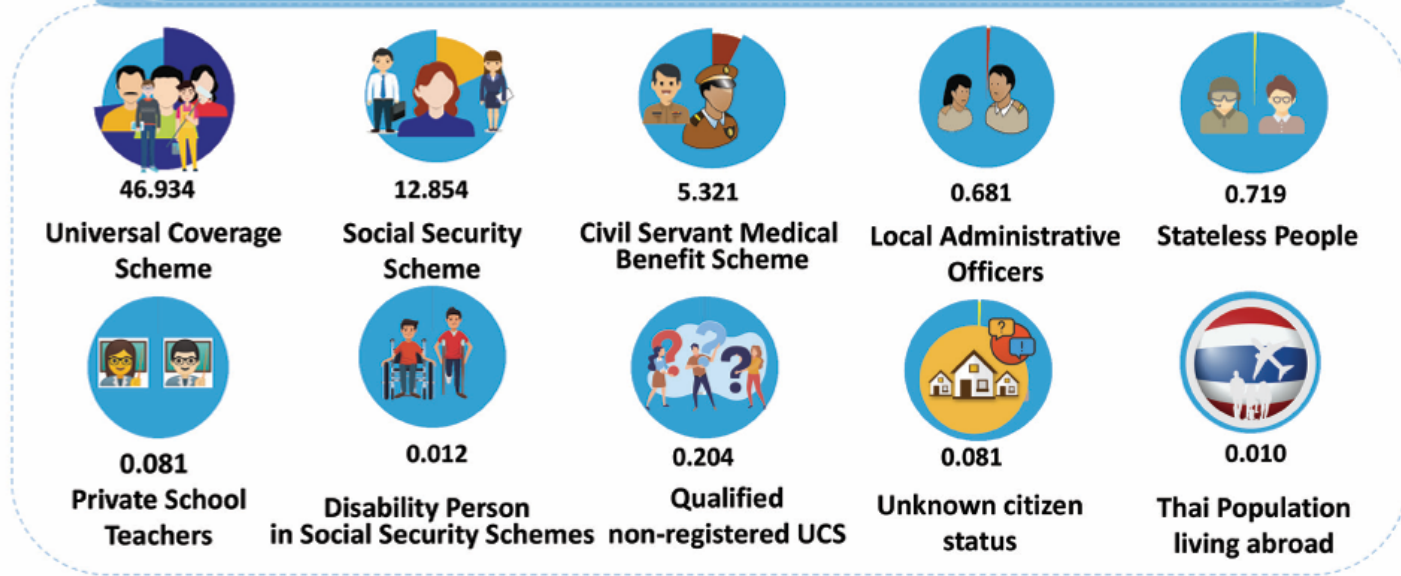
Sources	millions Baht
Government	636,858.34
Non-government	186,661.00
Private insurance	72,858.77
Households	80,741.45
Others	33,060.78
External	809.7
Total	824,329.08



CURRENT STATUS OF UHC

More than 99% has been covered

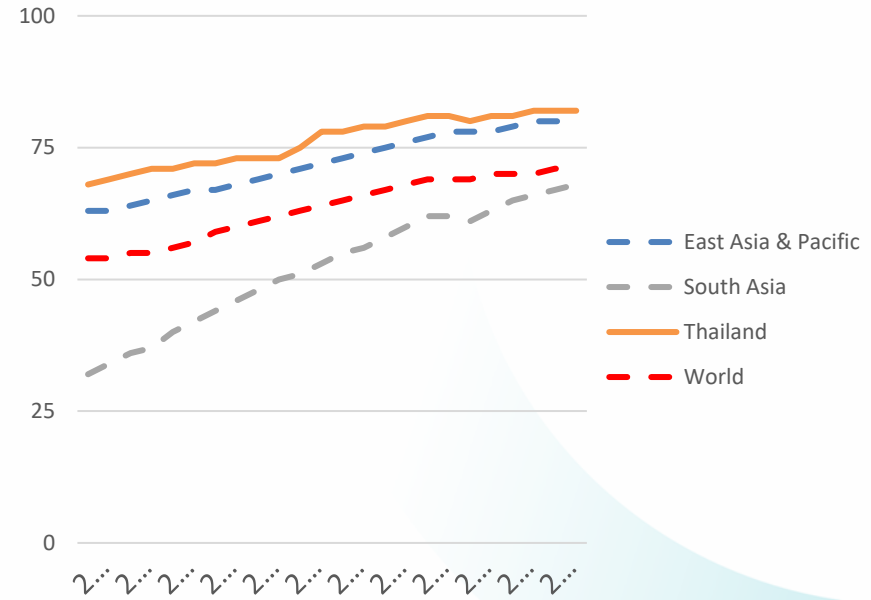
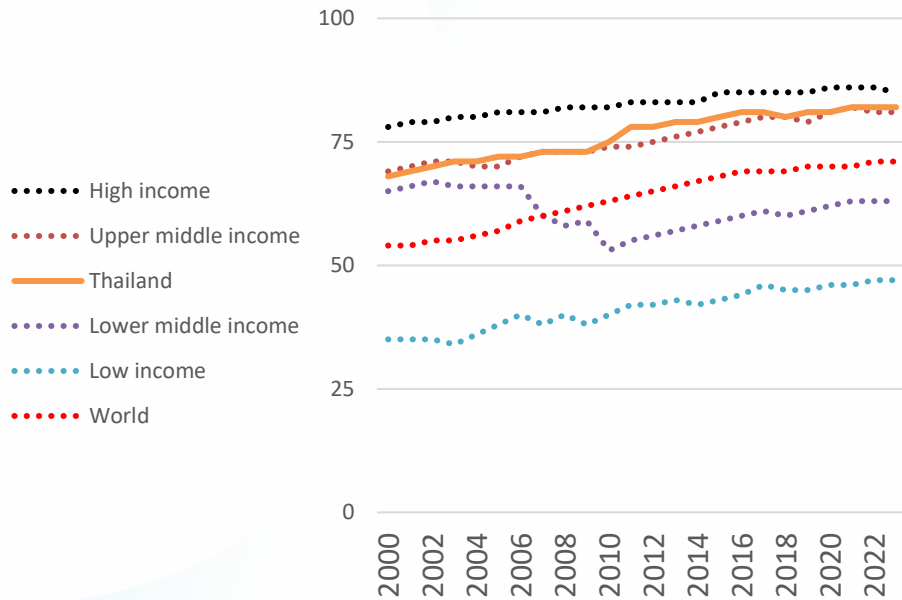
Thai population under Universal Health Coverage Policy in FY 2023, 66.897million persons



Source: Department of Registration, Fund Management Unit, NHSO, Data on 30th September 2023

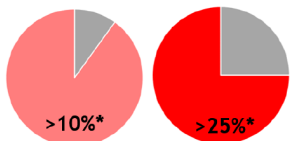
Source: NHSO Annual Report 2023

UHC Service Coverage Index



Proportion of population facing financial hardship due to out-of-pocket health expenditure (%)

2 indicators focused on large OOP health spending



* household budget



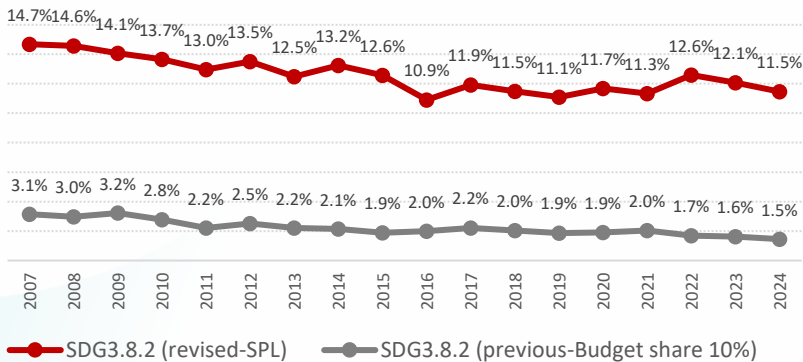
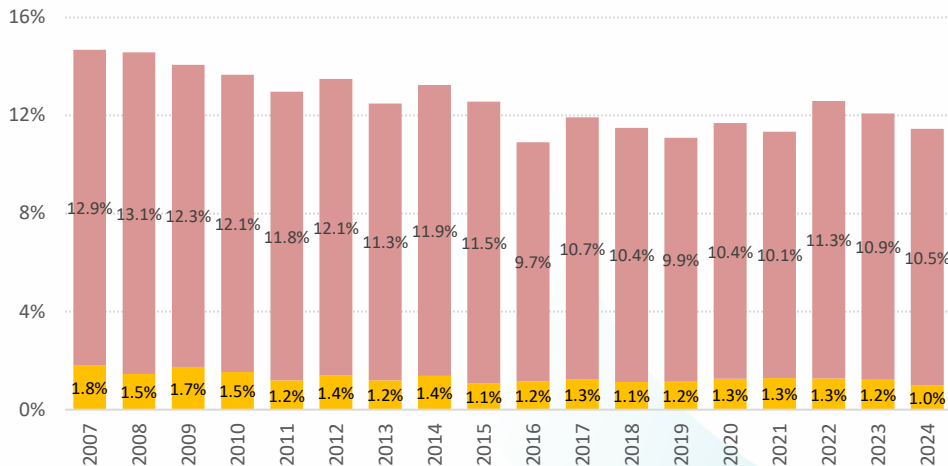
1 indicator focused on large AND impoverishing OOP health spending

>40%**

**household discretionary budget



■ large OOP ■ impoverishing OOP



GAPS & CHALLENGES

Remaining gaps

- **Health insurance for non-Thai persons**
 - Migrants especially undocumented – currently covers the formal workers under SHI and some informal workers under MOPH health insurance card.
 - Tourists – no requirement for health insurance
 - Foreigners – only required for limited long-stay visa types
- **Multiple payers** lead to fragmented systems
 - Inequitable access to care → inequity in health outcomes
- **Urbanisation** – 62% lives in urban areas
 - Urban health system is not well developed esp health volunteer, health promotion activities
- **Governance for decentralized health centres**
 - Health centres are transferring to local governments.
 - Hospital-health centres' relationship has changed from 'direct command' to 'collaboration/MOU'.
- **Fragmented information system** hinders monitoring & evaluation and timely improvement overall.
- **Inadequate self care** – limited health literacy, health promotion activities and overreliance on hospital care.

Key challenges

- **Ageing population** (Low birth rate & Longer life)
 - Age-related health problems, epidemiological transition
 - Long term care in communities
 - Shrinking working age population → contributions to Social Health Insurance, Tax
- **Rising health expenditure** amidst slow economic growth
 - Pressure on fiscal space
 - Discussion about cost-sharing/copayment
- **Political economy** of UHC
 - Tensions between purchasers & providers
- Rapidly developed **medical AI & innovations**
 - Inadequate (but improving) **technical capacities** of public health sector (Funders, Standard & Quality, Regulatory, Government procurement)
 - **Readiness** of healthcare facilities to adopt them effectively (infrastructure, staff)
 - **Cost** and budget impact

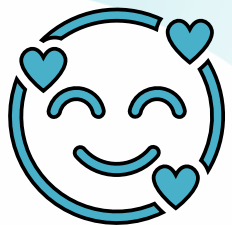
Innovative approaches

- **Thai medical innovation working group under UCS**
 - Review medical innovation proposals
 - Expedite regulatory and admin process
- **Innovative clinics (aka private providers) under UCS**
 - Partner with private providers including medical, nursing, physiotherapy, lab, pharmacy to provide basic services mainly in urban areas
- **Health link** – platform to facilitate the exchange of health records between hospitals more efficiently.
- **Health wallet mobile app** – outline mainly health promotion benefits & list of providers, appointment
- **Telemedicine** e.g. mental health, counselling, chronic care

Ways forward

- **Balancing revenue and expenditure**
 - Cost containment e.g. restriction on non-ED drugs, preauthorisation
 - Efficiency improvement – reducing low value care, system waste, collective purchasing power
 - Exploring innovative health financing sources e.g. tourist insurance, tax on health harmful products
 - Provider payment mechanisms e.g. value-based payment, bundled payment
- **Harmonising fragmented payer systems**
 - Aligning benefit packages and payment rates
 - Spending per capita

PEER TO PEER LEARNING



IT WORKS FOR US!!

- ✓ Tax funded system
- ✓ Service close to home
- ✓ Participatory governance

DIDN'T WORK

- × Voluntary insurance
- × Different benefit packages & rules for different public insurance systems
- × Fee for service + Open ended budget





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