

Thailand

Health Care Reform: Financial Management

Report 9

A Data Reporting Framework

May 2009

**ILO component:
Financial Management of the Thai Health Care System (THA/05/01/EEC)
under:
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List of abbreviations and acronyms

1953 SNA	System National Accounts version 1953
1968 SNA	System National Accounts version 1968
1993 SNA	System National Accounts version 1993
BASYS	Consultancy for Applied Systems Analysis, Augsburg, Germany
BoB	Bureau of the Budget, Thailand
BoT	Central Bank of Thailand
CFMU	Central Financial Monitoring Unit
CGD	Comptroller General Department (MoF), Thailand
CPI	Consumer Price Index
CSMBS	Civil Servants Medical Benefit Scheme, Thailand
DCR	Department of Commercial Registration, MoC, Thailand
DRG	Diagnosis Related Group
FDA	Food and Drug Administration, Thailand
GFMIS	Government Financial Management Information System
HALE	Health-adjusted life expectancy
HCRP	Health Care Reform Project, EU-Thailand
HL	Health labour
HRHC	Human Resources in Health Care
HRS	Health Resources Survey, NSO, Thailand
HSRI	Health Systems Research Institute, Thailand
ICD10	International Classification of Diseases, version 10
ICHA-HC	International Classification of Health Accounts- Health Functions
ICHA-HF	International Classification of Health Accounts- Health Funding
ICHA-HP	International Classification of Health Accounts- Health Providers
IEA	Integrated economic accounts
IHPP	International Health Policy Programme, Thailand
ISCED	International Standard Classification of Education

ISIC	International Standard Industrial Classification
ISIC, Rev. 3	International Standard Industrial Classification (revision 3)
MDS	Minimum Data Set
MoC	Ministry of Commerce, Thailand
MoD	Ministry of Defence, Thailand
MoE	Ministry of Education, Thailand
MoF	Ministry of Finance, Thailand
MoI	Ministry of the Interior, Thailand
MoPH	Ministry of Public Health, Thailand
MoT	Ministry of Trade, Thailand
NAD	National Accounts Division, NESDB
NESDB	National Economic and Social Development Board, Thailand
NHA	National Health Accounts (WHO)
NHSO	National Health Security Office, Thailand
NPISH	Non-profit institutions serving households
NSO	National Statistical Office, Thailand
OECD	Organisation for Economic Co-operation and Development
PIN	Personal identification number
PIU	Project Implementation Unit (HCRP); Thailand
QALY	Quality-adjusted life years
SET	Stock Exchange of Thailand
SHA	System of Health Accounts (OECD) version 1
SNA	System of National Accounts (EU, IMF, OECD, UN, WB)
SSO	Social Security Office, Thailand
SSS	Social Security Scheme, Thailand
SUT	Supply and Use table
THE	Total health expenditure at current prices
THER	Total health expenditure at constant prices
WCF	Workers Compensation Fund

WCS	Workmen Compensation Scheme, Thailand
WHO	World Health Organization

Reports produced under the Project

- Report 1 Statistical reporting: Structures, methodologies, data and outputs. Initial review
- Report 2 The calculation of capitation fees and the estimation of provider payments. Initial review
- Report 3 A Financial Coordination Framework. A first general outline
- Report 4 Proposal for a Revised Capitation Calculation and Financial Equalisation System
- Report 5 An International Course in Health Finance for South-East Asia
- Report 6 A Common Health Care Financing Model (I) for CSMBS, IHPP, NHSO and SSO. *Terms of Reference, Review and Supervision; and Proposal for the Implementation of a Financial Management Structure*
- Report 7A A Common Health Care Financing Model (II) for the main health purchasing agencies
- Universal Coverage Scheme
 - Social Security Scheme
 - Civil Servants' Medical Benefits Scheme, and
- Projection Module for the National Health Accounts
User Manual
- Report 7B A Common Health Care Financing Model (II) for the main health purchasing agencies
- Universal Coverage Scheme
 - Social Security Scheme
 - Civil Servants' Medical Benefits Scheme, and
- Projection Module for the National Health Accounts
Documentation of work and progress
- Report 8 A Common Health Care Financing Model (III) for CSMBS, IHPP, NHSO and SSO, and
Proposal for the Implementation of a Financial Management Structure.
Note on Implementation
- Report 9 A Data Reporting Framework
- Report 10 Indicators for the Financial Coordination Group for monitoring the UC scheme and national health budget
- Report 11 Contents and Structure for Annual Reporting on the Financial Development of the Public Health System
- Report 12 Proposed structure of an Integrated Financial Monitoring System

Foreword

Since May 2003 the European Union (EU) has been committed to supporting health care reform in Thailand through the **Health Care Reform Project** (THA/AIDCO/2002/0411). The support and assistance of EU followed Thailand's bold initiative towards achieving full population coverage in health care when, in 2001, Universal Health Care was written into law with the introduction of what became popularly known as the "30 Baht" scheme. Under the scheme full access to health services became available to all Thai citizens.

A separate component was established within this project to address issues relating to the **Financial Management of the Thai Health Care System**,¹ which is being executed by the Social Security Department of the International Labour Office, Geneva (THA/05/01/EEC). Technical assistance activities under the project have been on-going since spring 2006 and will continue until mid-2009.

Specific activities were scheduled under the ILO component, including the development of a blueprint for a data reporting system. *This, therefore, is the subject of the present Report*, which draws heavily on the Master thesis of Dr Thaworn Sakunphanit, a fellowship student under the Project in the Social Protection Financing course at Maastricht University - School of Governance, and subsequently National Director of the HCRP.

¹ EU: Financial Agreement between the European Community and the Kingdom of Thailand, Health Care Reform Project (THA/AIDCO/2002/0411), section 2.1.2 on Financial Management.

1. Introduction

The Constitution of the Kingdom of Thailand B.E. 2540² (October 1997), Section 52, stipulates that all Thai citizens “shall enjoy an equal right to receive standard public health service, and the indigent shall have the right to receive free medical treatment from public health centers of the State, as provided by law”. Section 82 states that “the State shall thoroughly provide and promote standard and efficient public health service”.

Concrete steps have been taken in order to cover all Thai citizens and therefore a significant portion of the government's overall budget³ is spent on health services in Thailand. In this environment, politicians, government officers, health care purchasers as well as providers, and the civil society are all concerned about expected growing fiscal burdens. At the same time, the health service system still needs significant improvements in efficiency and effectiveness and in order to achieve this, further financial resources are required.

In order to be able to respond adequately to these issues, a well designed monitoring system is necessary.

While Thailand's health system produces a variety of statistical information of different quality at various institutional levels, the data required for a fully fledged monitoring system is not available on a routine basis. The data currently available is scattered among agencies and their format differs in terms of methodological procedures and statistical treatment. Very often only cursory methodological rules exist to which agencies can refer for data processing, and routines of in-depth statistical quality control are non-existent. In short, a comprehensive, reliable and user-oriented statistical practice is yet to be developed.

The purpose of this report is *firstly*, to provide a brief analysis of the current status of available and accessible data that would allow for a quantitative macroeconomic, financial and "clinical" description of Thailand's health system in which the existing NHAs, irregularly compiled and published by the IHPP, play a core role; and, *secondly*, to design a new system of routine data flow, that would (a) help to compile the NHAs on a standard routine basis, in parallel to and comparable with the Thai SNA, and (b) provide the NHAs with complementary "satellite" information deemed necessary for an objective and comprehensive interpretation of the structure and development of the accounts.

The following is an outline of the structure of this report. Chapter 2 reviews the existing input-output process of financial reporting. This includes a short review of Thailand's compilation of macro-economic information (which is still based on the 1953 SNA) as well as a description of the NHAs, which have been constructed by applying the OECD SHA.

Chapter 3 provides an outline of a new financial data compilation framework intended to serve as a guide for the implementation of a statistical system, and as a basis for further development.

² B.E. is Buddhist Era, B.E. 2540 is equal to the year 1997.

³ See ILO/Thailand Report 4: *Proposal for a Revised Capitation Calculation and Financial Equalisation System*; under ILO/EU Financial Management of the Thai Health Care System (THA/05/01/EEC) May 2009.

In Chapter 4 the input and output data and accounts are described under such a new system. The data requirements are listed and the data compilation methods are described.

Chapter 5 concludes the report and provides recommendations.

Thanks are due to Dr Thaworn Sakunphanit, Senior Expert and National Project Director under the Health Care Reform Project, who used his time at the University of Maastricht, Graduate School of Governance in order to write a master thesis which served as the major input to this report.

2. The current system of data flow and implications for health sector analysis

There are several stakeholder institutions of Thailand's health system which need financial and other information from the service providing system. The most prominent among these institutions are public and private third party payers, government fiscal policy units and international organizations.

The government fiscal policy units needing such information are the BoB, the NESDB, the Fiscal Policy Office of the MoF, and the BoT. The structure and amount of detail of the health finance information needed varies with their individual policy missions. It is obvious that the public third party payers need more detailed information than the government fiscal policy units as they not only have to prepare (project) their annual budgets, but they also play a major role as direct managers of the health care system. The fiscal policy units, including the BoT, operate at a more aggregate level of financial information, and use summary (aggregate) information, as prepared by the third party payers, for their own annual budgeting process and for monetary policies. This information is then integrated into macroeconomic frameworks (on a SNA basis) and accompanied by an ongoing process of monitoring the macro-economic and monetary impacts of the overall budget.

The stakeholders of the health system itself (MoPH, purchasers, and others) require information similar to the analytical instruments of the MoF and the BoT but this information is designed according to the special focus of each stakeholder, in order to (a) monitor the impact of demographic, macro-economic and labour market developments on health finance, and (b) map health system specific structures and developments. Such analyses are required, for example, in order to disclose supply-side gaps or mis-allocations (e.g. disclosure of health system accessibility as a result of missing hospitals or personnel, or regional over-supply of hospital beds) or to document demand side misappropriations (e.g. underfunding of programs addressing preventive measures or specific diseases).

2.1. Overview of Thailand's health care system

2.1.1. Organization and management (purchasers)

Thailand's health system is characterized by the dominant role of the public sector. The MoPH is not only responsible for national health planning and the regulation and management of health activities, but it also controls most public health care facilities and public health care personnel. Local governments currently only have direct local decision making powers and they therefore play only minor roles in the health care system. Their role is expected to become more significant after the devolution of the MoPH's responsibilities as foreseen in the government's decentralization policy.

Traditionally, the financing of public providers (hospitals) was channeled directly through various ministries (MoPH, MoE, MoD), public enterprises and other state and quasi-state institutions. In the last two decades, collective financing mechanisms have gained importance. In 1991, the SSO started its health financing operations and in 2002, the tax-financed UC scheme followed. The implementation of both of these schemes, and in particular the UC, changed the traditional financial roles of the ministries significantly. Although their financial involvement was reducing, the respective roles of the SSO and the UC increased. There are still ongoing adjustment processes related to this shift of roles.

To a large extent, these changes concern the public health providers only as most private health care facilities have not yet contracted with the public schemes.

2.1.2. The health care delivery system (providers)

Public health care facilities, health centers, and the outpatient departments of public hospitals, and a few private health care facilities provide preventive health services to Thai citizens.

Provincial health offices, which are branch offices of the MoPH, are responsible for the delivery of community public health services.

The MoPH bears the main responsibility with respect to the supply and organization of curative health services. Facilities include:

- health centers in sub district areas, where services are being provided by nurses, midwives, and sanitarians;
- community hospitals (10-120 beds) at district level;
- general hospitals (120-500 beds);
- regional hospitals (501-1,000 beds), and
- a few special centres/hospitals of various size at the provincial level.

Medical schools (university hospitals) are controlled by the MoE and other hospitals are maintained by the MoE, the MoI and the MoD.

Public facilities are located mostly outside Bangkok, while private institutional care (including private hospitals) is mainly found in the Bangkok metropolitan area and other urban areas. Urban areas also host many (private) clinics and polyclinics that are owned and run by physicians working in the public health sector.

By contrast, rehabilitation and long-term care services are not well established. Only some hospitals are equipped and prepared to provide rehabilitation services. Informal caregivers, and especially family members, are the main resources for long-term care. There are no public health care facilities yet for needy elderly (and other) people. A few private health care facilities provide long-term care.

Exporting health service is a new issue in Thailand's health services delivery industry. The first class service charges of private hospitals are much cheaper than in the US and Europe and the quality of services in these hospitals usually meets global top standards. As Thailand can be easily reached, the export of health services has increased rapidly in the last few years, starting after the 1997/98 financial crisis. In order to improve the country's balance of payments, in June 2004 the Thai government approved a strategy aimed at developing Thailand into an Asian medical hub.

2.1.3. Institutional setting for planning the financial resources

Since 2002 Thailand has achieved universal health coverage for all Thai citizens. The scheme covers all Thai citizens who are not covered otherwise.

Private formal sector employees are covered by the SSS for their non-work related illnesses, and by the Workmen Compensation Scheme (WCS) for work-related illnesses.

There are many schemes for government employees. The biggest is the CSMBS, which is responsible for the payment (re-imbursement) of medical benefits of the central government employees and their dependents.

Other government employee medical benefit schemes include local government schemes, autonomous agencies schemes and parastatal employees' schemes. Most of these schemes provide benefit packages and apply provider payment mechanisms similar to the CSMBS.

Private insurance plays a supplementary role to the public schemes. Most private health insurance is employer-paid and employer-organized group insurance. Some arrangements combine health insurance policies with life insurance.

Table 1. Characteristics of health insurance and medical benefits schemes in Thailand, 2003

Characteristics	CSMBS	SSS	WCS	UC	Private insurance
Type	Fringe benefits Public reimbursement	Compulsory Public contracted	Compulsory Public reimbursement	Compulsory Public integrated model	Voluntary Reimbursement according to contract
Coverage	Government employees and their dependants (parents, spouse, children), pensioners	Formal private sector employees, >1 worker establishments	Formal private sector employees, >1 worker establishments	The rest of Thai population not qualified in other columns	Better-off individuals, who might still have entitlement under one of the other schemes
Beneficiaries (million)	4.2	10.0 (target), 9.0 (actual)	10.0 (target), 9.0 (actual)	47.5	7.0*

Source: PIU; typification according to OECD.

In the above table (Table 1), the information in the CSMBS column is also relevant for other government employee schemes and schemes of autonomous agencies and parastatal employers (state enterprises). All of these CSMBS-like schemes follow the same rules⁴ and fall under the *public reimbursement-of-patient-model* as described by the OECD. They are also non-contributory and totally financed out of general tax revenue through the Comptrollers General Department, MoF. The schemes reimburse beneficiaries for outpatient care and emergency private inpatient care, but reimburse public hospitals directly for inpatient care on a fee-for-service basis. Recently, the CSMBS has also started to reimburse hospitals directly for some outpatient care services.

The SSS might be called a *social contract model*. It pays the main contractor hospitals on an inclusive capitation basis for both ambulatory and inpatient care. Some medical benefits (i.e. emergency service, equipment) are paid on a fee-for-service basis, on top of capitation. The SSO collects compulsory contributions from wages, up to a fixed ceiling, on a tri-partite basis from employees, employers and the government. Once a year, the insured workers can freely choose a provider. There is no co-payment at point of service.

The WCS is a *public reimbursement-of-patient model*, totally financed by employers. The scheme pays both benefits in kind and in cash. There is no co-payment at point of service.

The UC is a *public integrated model*, financed out of general taxation through an annual global budget proposed by the NHSO, and approved by the BoB. The NHSO pays the main contractor primary care units on the basis of adjusted capitation for prevention and outpatient services. Hospitals are reimbursed for inpatient service using a DRG relative weight (point) system. Some benefit payments are based on a fee schedule.

All public schemes have to prepare annual budgets requiring approval by the BoB. The budgeting process starts in October of the fiscal year in order to prepare the subsequent fiscal year's budget as indicated in Table 2. The preparation process involves all ministries and official approval is given by the Government (Cabinet) in April. The budget proposal

⁴ Some of the schemes under the CSMBS might not cover dependents.

(budget bill) is sent to Parliament for final approval after several readings. The budget is to be implemented in October (Thailand's fiscal year is October_t to September_{t+1}).

Table 2. Government budget process

Month	Activities
Oct	Cabinet approves first budget plan for next fiscal year.
Oct-Nov	Ministries and state enterprises work together with the BoB ¹ to revise targets, strategies, outputs, activities and indicators for the current fiscal year, and to evaluate outputs of the last fiscal year.
Oct-Dec	Ministries and state enterprises work together with the BoB, Office of the Public Sector Development Commission, ² and the Office of the NESDB ³ to review the medium term plan and prepare the operation plan for the next fiscal year to be approved by ministers.
Nov-Dec	Amendment of medium term expenditure forecast (MTEF) according to the revised and approved medium term plan.
Nov - Dec	Based on revised MTEF, estimation of minimum budget of next fiscal year.
Nov - Dec	The BoB and NESDB prepare targets and strategies for next fiscal year according to revised medium term plan and MTEF.
Jan	Cabinet approves budget policy, budget structure, strategies and amount of the budget of next fiscal year.
Jan - Feb	Ministries and state enterprises prepare and send targets and strategies, and estimate income and expenditure for the next fiscal year to the BoB.
Feb – Apr	BoB prepares draft of budget of next fiscal year on basis of each ministry's and state enterprise's estimations of income and expenditure, and sends it to Cabinet for approval.
Apr	Cabinet approves the draft of the budget of the next fiscal year, adds recommendations.

¹ The BoB is under the Prime Ministry Office. ² The Office of the Public Sector Development Commission serves as secretariat of the Public Sector Development Commission (PDC); PDC roles are to redesign/restructure the roles and responsibilities of government organizations and to effect a paradigm shift in work processes and management in public sector. ³ The Office of NESDB is an organization within the Prime Minister Office. It serves as secretariat of the NESDB. This office is responsible for the development of the National Economic and Social Development Plan which started in 1961. SNA is also one of the tasks of this office.

This short-term budget planning practice is part of the routine medium-term budgeting process stretching over a revolving period of five years.

Furthermore, there is a ten-year development planning period that could be characterized as a more general "overlay" of government planning. This could be very important in health planning given the long planning periods for investments in capital (facilities) and labour (education of medical personnel) of health systems.

2.2. Existing data sources⁵

2.2.1. Demographic data

The primary sources for demographic data are the NSO and the MoI. The NSO undertakes the population census every ten years. The MoI is responsible for the registration of

⁵ See also ILO/Thailand Report 1: *Statistical reporting: Structures, methodologies, data and outputs. Initial review*; under ILO/EU Financial Management of the Thai Health Care System (THA/05/01/EEC), May 2009.

citizens. The MoI's centralized online registration database is used for birth and death certificates and for issuing the personal identification number (PID). The PID is generated together with the birth certificate.

Changes in population numbers (i.e. births and deaths) are sent to the MoPH for its vital statistics. The NESDB and academic institutes use this information for population projections.

For health modelling purposes, the MoI population data source has been checked by the ILO for consistency with the data bases of the NHSO (UC membership), the Comptroller General (CSMBS membership) and the SSO (SSS membership). As a result of this process, all four data sets have been fine tuned and made mutually consistent. In other words, for the year 2006, the data bases of the NHSO, the CSMBS and the SSO are now consistently embedded into the overall (cleaned) MoI data base.

2.2.2. Macroeconomic data

The NESDB is responsible for providing macroeconomic information. The NESDB collects financial and physical data from all economic sectors, including data on Thailand's external economic activities (i.e. in the "rest of the world") in order to compile national income and a number of its derivatives according to rules laid down in the international SNA.

In Thailand, however, national accounting is still underdeveloped as it is conceptually based on the 1953 SNA. Some improvements have been introduced, for example an input-output-table according to the 1968 SNA has been added. On the expenditure side, a number of items have been adapted to conform to the 1968 SNA such as military hospitals, residential buildings for military personnel and military airports. In addition, new economic activities have been included. In its calculations, the NESDB uses all three approaches to GDP (production, primary income and expenditure approach), also for the purposes of mutual cross-checking of results.

In essence, the current set of accounts is a mixture of the 1953 SNA and the 1968 SNA in that there are six standard accounts, ten summary tables and forty-eight supplementary tables. The GDP presentation still adheres to the 1953 SNA.

Since 1997 the NESDB has planned to implement the 1993 SNA and has undertaken a number of test-calculations for several economic sectors. For a number of reasons, however, the actual implementation of the 1993 SNA has been repeatedly delayed.⁶

In other words, for the time being not much support can be expected from the Thai national accounts (NESDB) with respect to improvements in statistical recording of Thailand's health sector.⁷

Expectations seem to be more favourable with respect to statistical recording of the government sector after the GFMIS was implemented in 2001 (see below, 2.2.3.2

⁶ The reasons for this delay include the following: 1. The NESDB is already understaffed with respect to its standard tasks. In addition, the NESDB had recently been charged with the task of establishing Gross Provincial Product (GPP) estimations. As a consequence, works on conceptual development and its practical implementation had to be stalled. 2. Transforming the macroeconomic information system from the 1953 SNA to the 1993 SNA requires solving numerous problems. In essence, it means switching from a reporting system adjusted to conditions prevailing in 1953 to a new system ("1993") that reflects 40 years of change. In fact, the 1993 SNA is very different from the 1953 SNA. The NESDB did not join the many other statistical offices around the world that continuously adapted to the adjustments of SNA that had been introduced since 1953, especially in 1968 (which was the largest revision). 3. Now that the NESDB plans to implement the 1993 SNA, it not only faces the problem of training its own staff but also all those who provide the primary statistics required for the 1993 SNA. This cannot be done without an adequate budget for personnel but there also needs to be investment into the statistical (reporting) infrastructure. The NESDB needs a substantial additional data stream in order to fill the tables according to the 1993 SNA. At present, the collection and analysis of available data is scattered among different organizations, a process over which the NESDB has no statistical and/or methodological control. There is also no statistical methodology and data processing in existence that would be mutually accepted between institutions. In short, the NESDB lacks statistical authority. 4. One major hindrance to the implementation of the 1993 SNA is that information is missing with respect to current accounts and balance sheets of companies. This information is compiled by the MoC, but not in accordance with the ISIC. A solution to the problem can only be found in cooperation between the NESDB and the MoC. There are also other difficulties with private household data where the NESDB has to revise many results of surveys undertaken by the NSO in order to make them compatible with the 1993 SNA.

⁷ With respect to estimating the health care expenditure of private households (as part of overall private consumption), the NESDB uses a commodity flow technique. Health goods and services are divided into two groups: drugs and non-drugs (= medical services). The estimation process is as follows: 1) Domestic consumption of drugs is estimated on the basis of total domestic production and exports. The Food and Drug Administration (FDA) provides the required data. The drug consumption of private pharmacies at retail prices is computed by assuming between 184 per cent and 320 per cent mark-up on wholesale prices. Five and one-half per cent of drugs are assumed damaged during transportation and this amount is then subtracted to calculate final private household consumption of drugs produced domestically. 2) Consumption of imported drugs is estimated on the basis of data provided by the Customs Department. Costs include freight, import tax and a standard profit margin set by the MoC. The total cost of imports is assumed to be consumed. 3) Subsidized drugs (provided for poor households free of charge) are deducted in order to calculate effective total household expenditure on private drug consumption. 4) Estimation of private drug consumption is therefore equal to (1)+(2)-(3). 5) Estimation of household consumption at private pharmacies and private clinics and hospitals = [(1) + (2)]*0.21. 6) Estimation of government drug consumption = (1)+(2)-(5). 7) Estimation of government non-drug health consumption = (6)*3/7. 8) Estimation of household expenditure in the private health sector is estimated on the basis of a small sample survey of private hospitals and clinics in 1979 and 1980 on revenue generated from non-drug services. After 1980, on the basis of the 1980 survey estimates, household expenditure was adjusted by the medical consumer price sub-index (CPI) as calculated by the MoC. This makes the strong assumption that the consumption patterns of private households does not change. 9) Government expenditure on non-drug products and medical services (e.g. public health programs) is estimated on basis of the MoF's budgetary reports. 10) Total household expenditure on health goods and services = (4)+(6)+(7)+(8)+(9).

Financial regulations). Adequate usage of the system's structured output would allow for the establishment of detailed routine annual current accounts of the health purchasers (revenue and expenditure) and, thus, for time-series and structural analyses and their potential use in general equilibrium and other model(s).

2.2.3. Health care data

2.2.3.1. Health care infrastructure

The MoPH is responsible for compiling health statistics. The information to compile these statistics comes from both administrative records and surveys. The HRS compiles statistics on human resources, buildings and medical equipment. This survey covers only public health care facilities and private hospitals and it excludes ambulatory clinics. The MoPH also compiles annual mortality and morbidity statistics using summary reports from health care providers and death certificates from the MoI.

The MoPH is involved in many other activities where more systematic and routine information could be extracted and prove very useful. For example, the MoPH enacts health legislation, e.g. legislation with respect to food and drugs, medical equipment, health care providers, medical professional registration and others. Under these laws, the MoPH has authority and responsibility for registration and controlling health activities which relate to these laws. Almost all registrations and licensing activities are recorded electronically, but are currently not in a format designed to facilitate compilation with the statistical obligations of other institutions.

Private healthcare facilities also have to register and be licensed by the MoPH and their licenses need to be renewed annually. For licensing, the MoPH is only interested in data that verify the standard of medical practice and infrastructure and not the financial status of the applicant.

2.2.3.2. Financial regulations

There are several rules in place for health services purchasers and supervisory institutions.

Public third party payers (CSMBS, NHSO, SSO) must comply with the regulations issued by the CGD (MoF). Since 1 October 2004, the CGD has implemented GFMIS.

GFMIS is an integrated, online, real-time and centralized computer system using SAP's "Enterprise Resource Planning (ERP)" Commercial Package. This system covers the main functions of the government's fiscal process including budget planning, budget monitoring, procurement, electronic payment, accrual based financial accounting, and cost accounting. It also partially includes the government's human resource management. All government and autonomous public agencies must use the same chart of accounts, accounting principles and accounting procedures. A unique account code is assigned to each account in the chart of accounts. The CGD is responsible for maintaining consistency of accounting structure and accounting code. In practice, only the "primary account code" (Table 3), which has ten characters, is controlled.

Table 3. Example of the account code numbering system used in the Chart of Accounts

Account code	Account name
5 0 00 00 00 00	Expense
5 1 00 00 00 00	Operation expense
5 1 01 00 00 00	Personal expenditure
5 1 01 01 00 00	Salary and wages
5 1 01 02 00 00	Other expenditure
5 1 01 02 01 06	Contribution to social security scheme
5 1 01 02 01 09	Premium for health insurance
5 1 01 03 00 00	Compensation for education and health
5 1 01 03 02 05	Outpatient services for beneficiaries except pensioners - public health care facilities
5 1 01 03 02 06	Inpatient services for beneficiaries except pensioners - public health care facilities
5 1 01 03 02 07	Outpatient services for beneficiaries except pensioners - private health care facilities
5 1 01 03 02 08	Inpatient services for beneficiaries except pensioners - private health care facilities
5 1 04 01 00 00	Supplies
5 1 04 01 01 02	Supplies from private
5 1 04 01 01 03	Supplies from government

Source: CGD (2005).

Every agency must use the same code for recording financial activities but they are given the freedom to develop a “secondary account code” for their agency-specific activities. For example, the financial accounting system of public hospitals under the MoPH must follow accounting principles and a chart of accounts determined by the MoPH. At the same time, military hospitals must also follow the respective rules of the MoD. The justification for allowing for “secondary” accounting lies in the fact that health care facilities need a more detailed chart of accounts to record their health service activities. For example, they must record medical supplies, drugs supplies, and laboratory supplies separately, but the “primary account codes” only offer alternative codes for public and private supplies.

Private health care institutions follow the policies and guidelines laid down by the *Institute of Certified Accountants and Auditors of Thailand* and must get approval to operate from the DCR, MoC. Private hospitals are supervised by the Bureau of Business Supervision of the DCR, and must prepare and submit annual financial reports. Small clinics do not have to follow the same process. Listed private hospitals must submit financial reports to the SET. Private insurance firms are under the supervision of the DoI, and must annually submit their insurance policies and financial reports, including actuarial reviews.

All private health care institutions must send information to the Revenue Department for annual income tax purposes. For independent health care professionals or small clinics, there is very little information required, but for medium/large enterprises, more comprehensive information is required, including complete financial statements certified by an independent auditor.

2.2.3.3 Health care providers

For many decades, prior to the introduction of the UC, individual cost coverage was based on a fee-for-service basis. This method was standard for the CSMBS and still for the WCF, which was introduced only around three decades ago.

Thailand's public hospitals are entitled to retain any revenue received that is intended to cover their operational expenses. Therefore, public and private health care facilities maintain well established internal documentation with respect to registration of clients, provision of services, and related revenue flows.

With respect to the focus of internal information systems, however, private and public providers differ substantially.

The priority for private health providers is financial success. The accounting staff at *private hospitals* is generally well trained and usually has formal degrees in accounting. The computerized accounting software used is normally up-to-date, and the information produced under this software is used to steer the overall operations of the institution. As a consequence, private facilities pay only relatively little attention, *in their software applications*, to clinical data (e.g. diagnoses, operations, infections). This data, normally not computerized, is kept in the individual medical records of patients and is only used for the treatment and benefit of individual patients.

By contrast, *public health care facilities* are generally not driven by financial considerations and therefore pay more attention to the collection of clinical data in order to support the annual budgeting process. Most public hospitals have staff that has been trained on the job in order to perform as statisticians. Often these employees have some kind of accountancy certificate but most of them do not have a formal accounting degree. This situation resulted in substantial difficulties when, in 2004, the MoPH requested hospitals to switch from cash to accrual accounting. Intense short term training and education programs for both management and accounting staff helped to provide some basic level of common understanding. At this time, most detailed charts of accounts are still not efficiently used.

In short, public and private health purchasers and supervisory institutions as well as public and private providers have statistical information systems in place which are within the scope and as a result of their individual health system related activities and obligations.

There are, however, problems with the information systems in place. With respect to the compilation of available statistical information, as yet there is no systematic statistical routine established for data consistency checks and data publications. There are also several problems with the collection of data, the main concern being that private clinics and hospitals are not requested to report (to public purchasers) on services provided to patients who pay out of pocket. Clinical and financial data in both public and private health care facilities are also kept in their own formats and there is no nationally accepted standard classification system. Reference is often made to WHO's ICD10 but there is no binding rule that would force providers to use that system.

The situation seems to be improving gradually, after both public and private health insurance schemes have started requesting health care facilities to provide clinical and financial data. Private hospitals provide clinical data, including diagnoses according to ICD10, to some private insurers and they must also send more detailed clinical data to the SSO and other public schemes.

For public health care facilities, the introduction of the GFMIS is a step towards better financial information. The government has approved investments in a hospital information system (mainly accounting). For the time being, however, no parallel move has been taken in order to improve the personnel situation and the national standard classification for clinical and financial information is still pending.

2.2.3.4 Social health insurance and employee health benefit schemes

The SSO maintains individual records of health service utilization of both inpatients and outpatients, including clinical and financial data. The WCF still prefers manual documentation. The CSMBS and the NHSO have computerized inpatient utilization data but incomplete outpatient data. Private health insurance and traffic accident insurance have detailed data of their respective clients. There is no provision that would allow for usage of those data in anonymized format.

2.2.3.5 Private households, private employer health benefits, NPISH and rest of the world

Information on these groups can only be obtained from surveys. The NSO regularly carries out the household socio-economic survey and the health and welfare survey, which now include questions on health care utilization and expenditure. The industry and business survey is not sufficiently detailed with respect to health expenditure.

2.3. Recent developments

2.3.1. Scheme Level

The public third party payers (CSMBS, NHSO, and SSO) use different payment mechanisms: fee-for-service, capitation, and mixed systems. For the implementation of capitation, traditional (health) product costing, as developed in Thailand since the 1980s, was sufficient as it provided reliable average cost estimates of inpatient and outpatient costs, and of research and education. These figures could be used to estimate the capitation for the SSO which started in 1991, and for the NHSO (UC) which started in 2002. The average costing of DRGs, as applied by the NHSO and (partially) the SSO, has also been based on the same principles.

The public third party payers collect information on individual utilizations of health care services, including both financial and physical data (clinical information). At present, the CSMBS, the NHSO and the SSO are increasingly sharing this information. This must be considered significant progress despite the fact that most private providers have not contracted with the public purchaser system.

2.3.2. National Level – development of National Health Accounts

Nation-wide information on Thailand's health system is contained in the Thai SNA (also see above). Due to the limited information it contains, a supplementary approach, the NHA, was started a few years ago as a research project.

The First National Health Account Project

The first attempt to compile NHAs (1997) aimed at establishing a regular NHA compilation system, a manual and a comparison with NESDB's and international results. The participating institutions were the HSRI, the NESDB, the MoPH, the NSO, and both the Institute of Population Study and the College of Public Health, of Chulalongkorn University.

At that time, five institutions were identified as ultimate *public* sources of financing: MoF, state enterprises, employers, households and international donors. The other five sources were classified *private*: health insurance plans, employer medical benefit schemes, third party car insurance plans, households and non-profit institutions (Table 4).

Table 4. Financing agencies which received fund transfer from each ultimate source (1997 NHA project)

Ultimate Source of Financing	Agencies
Ministry of Finance	Ministry of Public Health ¹ Other ministries Ministry of Finance (Civil servants Medical Benefit Scheme) Local governments Social Security Fund (SSO) Workmen Compensation Scheme (Administration) NGO
State Enterprises	State enterprises
Employers	Social Security Fund Workmen Compensation Scheme Health benefits from employers
Private institutions	Private Health Insurance Private households Private Health Insurance Third party car insurance NGO Social Security Scheme
Donors	Ministry of Public Health and other ministries

¹ "Ministry of Public Health" in Thailand is equivalent to "Ministry of Health" in other countries.
Source: Laixuthai (1997). National Health Account 1995.

One core finding were significant discrepancies between NHA and NESDB (SNA-based) estimations.

The Second National Health Account Project

The main objectives of the second phase for the development of standard NHAs included:

- To achieve higher accuracy of results, to improve technical details, to institutionalize the compilation process, to prepare a series of reports through standardized definitions and methodology, to compare with the respective results of OECD countries, and
- To improve the general health finance information system in order to support the regular NHA compilation through partnership building with NESDB and other agencies.

The steering committee of this phase was composed of representatives, at decision making level, of the NESDB, the MoF, the MoT, the MoPH, the NSO and the SSO. The researchers were the same as those under the first phase. The stakeholder taskforce was composed of representatives of institutions collecting data as well as utilizing NHA information. The objective of the taskforce was mainly to give effective support to the data collection and analysis process.

The Third National Health Account Project

Table 5 lists the financing agencies in the third phase of the NHA project.

This phase had four objectives:

- to modify the report table according to the OECD SHA, and to compile annual health expenditure from 1994 to 2001;
- to amend the compilation technique of estimating health expenditure of the household sector;
- to institutionalize the NHA compilation process; and
- to foster utilization of the NHAs for the formulation of health policies.

Table 5. List of financing agencies (NHA third phase)

Source of Financing	Agency
Public	Ministry of Public Health
	Other ministries
	Local government
	Ministry of Finance
	State enterprises
	Social Security Fund
	Workmen Compensation Fund
Private	Private health insurance
	Traffic accident insurance
	Employees
	Households
	NIPSH
	Rest of the world

Source: Tangcharoensathien (2002) National Health Account 1994-2001.

At this stage, SNA (NESDB) as well as NHAs still lack adequate data in detail to make appropriate estimations.

Appendix I contains a complete overview of the NHAs. The results by agencies have been tentatively updated (projected, estimated) by the ILO for 2006 and 2007.

2.4. Synopsis of the current status

The SNA and NHAs currently provide macro-economic, structural and financial statistical information for Thailand's health sector.

The generally accepted criteria for the compilation of NHAs (and other systems of statistical macro-information) are as follows:

- 1) *Comprehensiveness*: The whole system for SNA and the whole field of health functions should be covered, both public and private;
- 2) *Time consistency*: Boundaries must be consistent over time and accounting rules must be strictly applied (time-invariant);
- 3) *Compatibility*: NHA should be fully compatible with SNA. It must be possible to allocate each NHA item explicitly to the respective SNA category (consumption, intermediate consumption, capital formation, transfers, etc.);

- 4) *Timeliness and precision*: Results have to be available at specific times which correspond to the intended use of the account;
- 5) *International comparability*: In order to comply with this criterion, boundaries, definitions and classifications must follow the rules stipulated in international manuals;
- 6) *Policy sensitivity*: The results react to (distinguish) impacts of policy changes; and
- 7) *Institutionalization*: Process and team should be regular, not ad-hoc.

These criteria have been used to assess the present state of Thailand's NHAs and SNA (SNA with respect to health system information). The following table (Table 6) shows a summary of the results of the assessment.

Table 6. Assessment of Thailand's existing analytical framework at national level

Criterion	National accounts (SNA)	National health accounts (NHA)
Comprehensiveness	Yes, whole economy covered	Yes, whole health system covered
Time consistency	Yes	No
Compatibility	Yes. But out-dated version. Modernization (SNA 1993) overdue	No. Lack of congruence with SNA intermediate consumption, capital formation, transfers, etc.
Timeliness and precision	Yes	No
International comparability	Yes (not for sub-components)	Yes
Policy sensitivity	Yes, quality to be improved	Yes, quality to be improved
Institutionalization	Yes (NESDB)	No, still research project

The main problem of Thailand's NHAs is that they have not yet been institutionalized. Once an institution has been "found" (determined) and made responsible for regular compilation and publication information for the national health accounts, a solution can be found to most of the observed deficiencies, including compatibility with the SNA.

Another problem observed, not directly linked with the above seven criteria, is that the NHAs, which are basically a *financial* information system, should be complemented with *structural* and *physical* information about Thailand's health system. Without this complementary information, there is a risk that the NHAs will lose their relevance for policy formulation due to insufficient interpretation of the structure and development of the NHA results.

Examples of structural and physical information are:

Registered population by:

- Region;
- Hospital size;
- Age;
- Sex;

Patients by:

- Type of treatment;

-
- Disease (ICD10);
 - Length of stay;
 - DRG;

Hospitals (and facilities) by:

- Number of beds;
- Number frequency of contacts (inpatients, outpatients);
- Number of staff (by doctors, nurses, other staff);
- Specialization of treatments;

Provider costs by:

- Labour costs by doctors, nurses, other staff;
- Non-labour costs: drugs, utilities, materials, equipment, investments, others.

Cost (input-price) indices for:

- Drugs
- Utilities;
- Materials;
- Equipment;
- Investments;
- Others;

Volume indices for:

- Drugs;
- Utilities;
- Materials;
- Equipment;
- Investments;
- Others;

Investment costs:

- Per hospital bed;
- Per hospital;

Hospital (provider) operational quality indicators.

3. Proposal for a new statistical system of macro-economic, structural and financial information

The aim of the new system is to design a data framework that provides sufficient information for constructing (compiling) *health satellite accounts* for Thailand. Satellite accounts are a formal statistical concept fully compatible with the national accounts but which provide more detailed, and supplementary, information to use in the interpretation and preparation of policy decisions.⁸

The SHA serves as a platform from which to start developing a fully-fledged satellite.⁹ In the following proposal, some deviation in definitions and concepts from the central framework of the SNA will be necessary as it is proposed to use the data available to construct health satellite accounts. To a large extent, the concepts proposed can be used with no or only small modifications for the compilation of the NHAs. An outline of the new system will be presented and the required compilation techniques and practical ways of data collection will be discussed.

3.1. Concepts and definitions

The 1993 SNA allows the creation of satellite accounts which differ from, but are fully compatible with, the central SNA framework. Differentiations are introduced by increasing the amount of detail of information, e.g., with respect to the functional nature of economic activities. This can be achieved by using complementary or alternative concepts and/or classifications, by extending the scope of measuring costs and benefits of human activities, by additional indicators and aggregates, by linkages with physical data or by relating with accounting frameworks of the monetary sector (which is not part of the SNA core framework). Satellite accounts have been established in a number of countries, focusing predominantly on the environment, on tourism, and on health.¹⁰

The following is a detailed discussion of the conceptual and practical adjustments to be made to the SNA core framework in order to make it applicable to the Thai case and circumstances.

3.1.1. The boundary of health care

The statistical boundaries of the OECD SHA differ from the 1993 SNA with respect to the health industries included.

The SHA defines health care activities as “the sum of activities performed either by institutions or individuals pursuing, through the application of medical, paramedical and nursing knowledge and technology, the goals of:

- promoting health and preventing disease;
- curing illness and reducing premature mortality;

⁸ For details see 1993 SNA.

⁹ For further details see SHA, Chapter 8.

¹⁰ See 1993 SNA.

- caring for persons affected by chronic illness who require nursing care;
- caring for persons with health-related impairment, disability, and handicaps who require nursing care;
- assisting patients to die with dignity;
- providing and administering public health;
- providing and administering health programs, health insurance and other funding arrangements.”¹¹

This boundary is similar to the 1993 SNA rules for the production boundary of health activities with two exceptions. First, occupational health care (routine medical check-ups, and therapeutic care for employees)¹² is included by the SHA in the national total of health care spending. Second, cash transfers to private households for providers of home care for the sick and disabled are recorded as (reimbursed) household health care production.

The institutions that fulfill the above criteria are considered *within* the health system boundary only as far as they provide these services. Institutions that might, under SNA/ISIC, be classified outside the health system (i.e. possibly within the boundaries of other sectors) would be classified within the health system boundary to the extent of their respective (measurable) health activities. This stipulation might be applicable to ISIC categories such as, e.g., education or defense. For example, a military hospital would now be included in the health system, however only with respect to its health activities, and therefore expenses of a military hospital-owned book shop, or a cafeteria must be excluded.

3.1.2. Health specific goods and services

Health specific goods and services are those that are considered specific to health care (1993 SNA, 21.61). There are two types of goods and services in this context: characteristic goods and services and connected goods and services. The first category covers products and services that are typical for health care and allows for a detailed analysis of the production and uses of these goods and services, including the required production factors. Connected goods and services are those where only the goods and services are monitored in detail, but their production conditions are beyond explicit consideration.

The international classification of health accounts by function (ICHA-HC), see Annex 4), is used to classify all goods and services as *characteristic* or *connected* (SHA 8.12-8.13). The characteristic goods and services comprise personal health care services provided directly to individual persons as well as public health services, including their administration. A distinction is made between services of curative care (HC.1), services of rehabilitative care (HC.2), services of long-term nursing care (HC.3), prevention and public health services (HC.6), health administration and health insurance (HC.7), and capital formation of health care provider institutions (HC.R.1).

¹¹ OECD (2000): A system of health accounts, p. 42.

¹² Occupational health care is recorded in the SNA as intermediate consumption within the business sector.

On the other hand, the functions under HC.4: ancillary services to health care, and HC.5: medical goods dispensed to outpatients, are connected goods and services.

The health specific goods and services is the sum of both characteristic and connected goods which correspond to “total expenditure on health” in terms of the SHA.

The ICHA-HC also provides classifications for activities which by definition are not core health care functions but which are closely linked to health care and health policy development in terms of operations, institutions and personnel. These classifications are capital formation of health care providers (HC.R.1), education and training of health personnel (HC.R.2), research and development in health (HC.R.3), food, hygiene and drinking water control (HC.R.4), environmental health (HC.R.5), administration and provision of social services in kind to assist living with disease and impairment (HC.R.6), and administration and provision of health-related cash benefits to private households (HC.R.7).

In Thailand's case, the two tax-funded public third-party payers (the UC and the SSS) would need to separate emergency and non-emergency treatments. The ICHA-HC would therefore need to extend to four digits for inpatient and outpatient services. The other categories have not been changed. Table 7 shows the modifications to be done to the ICHA-HC in Thailand's case.

Table 7. Proposed Thai-specific modifications of ICHA-HC (other categories unchanged, see Annex 4.)

ICHA-HC code	SHA category
HC.1	Services of curative care
	In-patient curative care
HC.1.1.1.1	Non-emergency care
HC.1.1.1.8	Emergency care
HC.1.2	Day cases of curative care
	Out-patient curative care
HC.1.3.1.1	Basic medical and diagnostic services, non-emergency
HC.1.3.1.8	Basic medical and diagnostic services, emergency
HC.1.3.2	Out-patient dental care
HC.1.3.3	All other specialized health care
HC.1.3.9	All other out-patient curative care
HC.1.4	Services of curative home care

Source: ILO proposal based on *World Bank, World Health Organization, USAID (2003): Guide to producing national health accounts with special applications for low-income and middle-income countries*. Geneva: World Health Organization.

3.1.3. Health specific activities and producers

The 1993 SNA emphasizes the analysis of characteristic producers in a satellite account: “In a satellite account, the main emphasis when looking at production is on the analysis of characteristic activities and producers. ... characteristic goods and services are typical of the field under study. The activities in which they originate are called characteristic activities and producers who carry out a characteristic activity are said to be characteristic producers” (1993 SNA, 21.98).

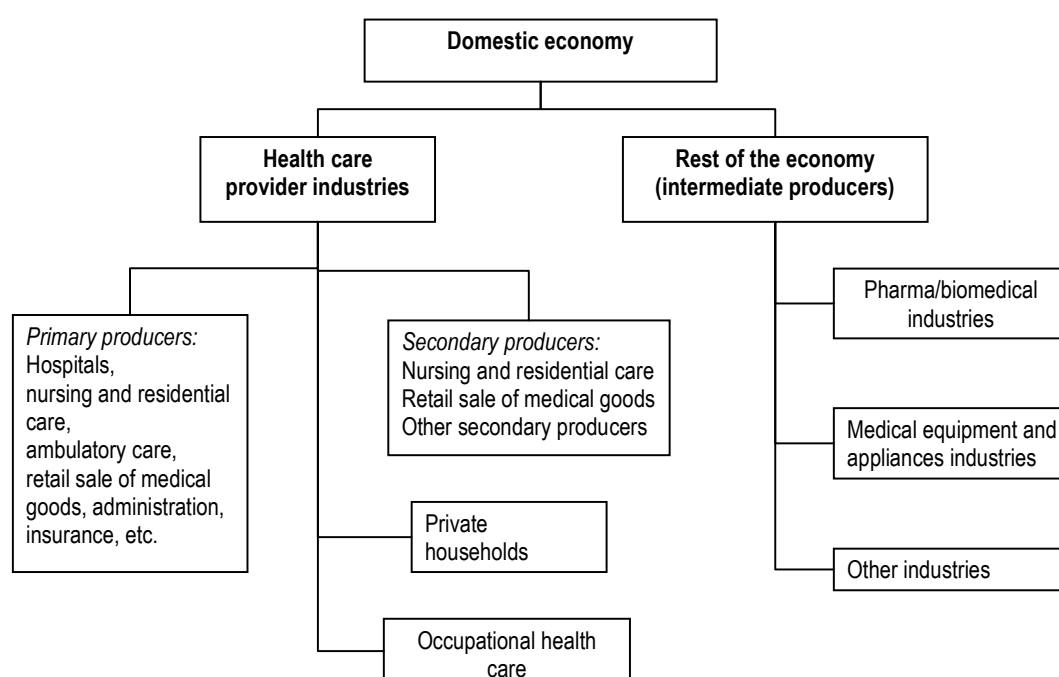
There are two groups of characteristic producers in health. The first group is producers whose principle activity is health services, and the second group produces health services as a secondary activity. ISIC, Rev. 3, as used by 1993 SNA, is insufficient for making such

a distinction. Instead, the ICHA-HP (= *Health Providers*), as developed for use in the SHA, is being employed (Annex 4). The ICHA-HP maintains linkages with the ISIC, and, furthermore, provides a classification for the above two groups of primary and secondary producers. Examples for primary producers are hospitals and ambulatory health care. Examples for secondary producers are long-term care or psychiatric care institutions which mainly provide social services in combination with health care services.

It should be noted that some ICHA-HP categories may comprise primary and secondary producers alike. For example, retail sales of medical goods and administration can be primary or secondary production. Pharmaceutical companies or medical equipment companies which are producers of intermediate products to health care are not considered providers of medical care in the ICHA-HP. The ICHA-HP is different from ISIC in that it includes private households as providers of health care services as well as occupational health care.

Figure 1 shows a breakup of health care provider industries in the economy.

Figure 1. Health care provider industries and other industries in the economy



Source: OECD (2000). A System of Health Accounts (SHA), page 52.

3.1.4. Financing health care systems and financing units

The 1993 SNA proposes the classification of economic units into market producers (= non-financial corporations), NPISH, general government, private households, financial enterprises and rest of the world (1993 SNA, 21.87 – 21.91). The SHA adopts this classification but adds more detail. In the SHA funding units (sources of funding) are those that actually pay the provider of health care. The ICHA-HF (= *Health Funding*) separates the sources into three groups: government sector, private sector and rest of the world. Government and private sectors are further divided into subgroups. In this context it is important to note that the 1993 SNA (SNA-Annex IV) stipulates that “schemes set up by governments in respect of their employees only are not included in social security schemes but are treated in the same way as other employers' social insurance schemes”. This proposal for a Thai health satellite account will therefore use WHO’s “modified ICHA-

HF” instead of the original ICHA-HF. The WHO’s modified classification introduces a new category “HF.A” (= public sector) which includes the full government sector, including government employee insurance programs and parastatal companies, and a “HF.B” (= non-public sector; for details see Annex 4).

Table 8 shows the proposed modifications to the ICHA-HF for the case of Thailand.

Table 8. Proposed Thai modification for ICHA-HF

ICHA-HF code	Description
HF. A: Public Sector includes all government sector plus government employee and parastatal social insurance	
HF.1.1.1.1	Ministry of Health
HF.1.1.1.9	Other ministries
HF.1.1.2	State/provincial government
HF.1.1.3	Local/municipal government
HF.1.2.1	SSO
HF.1.2.2	WCF
HF.1.2.5	UC
HF.1.3.1	CSMBS
HF.1.3.2	Local government programs
HF.1.3.3	Autonomous agencies
HF. B: Non-public sector	
HF.2.1.1	Traffic insurance
HF.2.2	Private insurance enterprises
HF.2.3	Private household out-of-pocket expenditure
HF.2.3.1	Out-of-pocket excluding cost sharing
HF.2.3.2	Cost sharing: central government
HF.2.3.3	Cost sharing: state/provincial government
HF.2.3.4	Cost sharing: local/municipal government
HF.2.3.5	Cost sharing: social security funds
HF.2.3.6	Cost sharing: private social security funds
HF.2.3.7	Cost sharing: other private insurance
HF.2.3.9	All other cost sharing
HF.2.4	Non-profit institutions serving households (other than social insurance)
HF.2.5	Corporations (other than health insurance)
HF.2.5.1	State enterprises
HF.2.5.2	Private nonparastatal firms and corporations (other than health insurance)
HF.3	Rest of the world

Source: ILO proposal based on *World Bank, World Health Organization, USAID (2003): Guide to producing national health accounts with special applications for low-income and middle-income countries*. Geneva: World Health Organization.

WHO’s classification scheme of financing sources (FS) is also used to show the ultimate financing units (Annex 4).

Table 9 shows the proposed Thai modifications for FS.

Table 9. Proposed Thai modification for FS

FS Code	Description
FS.1.1.1	Central government revenue (MoF)
FS.1.1.2	Regional and municipal government revenue
FS.1.2.1	Return on assets held by a public entity
FS.2.1.1	Parastatal employers (state enterprises)
FS.2.1.2	Public autonomous agencies
FS.2.1.3	Government as employer
FS.2.1.9	Other employer
FS.2.2	Household funds
FS.2.3	Non-profit institutions serving individuals
FS.2.4.1	Return on assets held by a private entity
FS.3	Rest of the world funding

Source: ILO proposal based on *World Bank, World Health Organization, USAID (2003): Guide to producing national health accounts with special applications for low-income and middle-income countries*. Geneva: World Health Organization.

3.2. The output of the new system

The proposed classification offers the possibility to systematically collect *financial* information on Thailand's health sector by financial sources, by financing agencies and by functional care categories. Additional *structural* and *physical* information (see above, section 2.4) can be compiled in order to be systematically compatible with the respective financial information, thus allowing for systematic analysis of financial developments.

3.2.1. The standard tables

The following *twelve standard tables* (Standard Tables 0 to 11) show core financial relationships of Thailand's health system. To prevent confusion with the SNA standard tables, 10 out of the 12 tables, based on the SHA, use the same numbers and headers as the SHA. The other two tables are the standard tables 0 and 11, which deal with distribution of funds within funding agencies and exports, respectively.

Standard Table 0: Flow of funds from financing sources to financing agencies

The rows in this table show the financing sources for health care in Thailand. The columns list the sources of funding, divided into public and non-public sectors. It should be noted that the government employer and parastatal employer social insurance are allocated to the public sector. This table describes the flow of funds from financing sources to financing agencies. The table allows for analyzing the distribution of funds between agencies.

Standard Table 0: Flow of funds from financing sources to financing agencies

Financing Sources (FS)		ICHA-HF source of funding													Total	%	
		Public Sector (HF.A)							Non-Public Sector (HF.B)								
		General Government (HF.1)							Private Sector (HF.2)								(HF.3)
		(HF.1.1.1.1)	(HF.1.1.1.9)	(HF.1.1.3)	(HF.1.2.1)	(HF.1.2.2)	(HF.1.2.5)	(HF.1.3)	(HF.2.1)	(HF.2.2)	(HF.2.3)	(HF.2.4)	(HF.2.5)	(HF.2.5.1)			
		MOPH	Other Mins	Local government	SSO	WCF	UC	CSMBS, local government and autonomous agencies	Private insurance	Private insurance enterprises (other than social insurance)	Private household out-of-pocket expenditure	Non-profit organisations serving households (other than social insurance)	Corporations other than health insurance (Employer benefit)	State enterprises			Rest of the world
Public Funds	FS.1																
Central government revenue (Ministry of Finance)	FS.1.1.1																
Regional and municipal government revenue	FS.1.1.2																
Return on assets held by a public entity	FS.1.2.1																
Private Funds	FS.2																
Parastatal employers (State enterprises)	FS.2.2.1																
Public autonomous agencies	FS.2.2.2																
Government as employer	FS.2.1.3																
Other employer	FS.2.1.9																
Household funds	FS.2.2																
Non-profit institutions serving individuals	FS.2.3																
Return on assets held by a private entity	FS.2.4.1																
Rest of the world	FS.3																
TOTAL FINANCING AGENCIES																	

Standard Table 1: Current expenditure on health by function of care, provider and source of funding

The rows are composed of the health services by type of provider. The columns list the financing agencies, divided into public and non-public sectors. The table provides information on the breakdown of total expenses (use at purchasers' prices) by category of health care provider and purchaser. Total current expenditure by financing agency is calculated in the last row of the table; total current expenditure by provider category is calculated in the last column.

Standard Table 1: Current expenditure on health by function of care, provider and source of funding

Expenditure category	ICHA-HC function of health care	ICHA-HP provider industry	ICHA-HF source of funding														Total	%	
			Public Sector (HF.A)							Non-Public Sector (HF.B)									(HF.3)
			General Government (HF.1)							Private Sector (HF.2)									
			(HF.1.1.1)	(HF.1.1.9)	(HF.1.1.3)	(HF.1.2.1)	(HF.1.2.2)	(HF.1.2.5)	(HF.1.3)	(HF.2.1)	(HF.2.2)	(HF.2.3)	(HF.2.4)	(HF.2.5)	(HF.2.5.1)				
MOPH	Other Mins	Local government	SSO	WCF	LC	CSMBs, local government and autonomous agencies	Private insurance	Private insurance enterprises (other than social insurance)	Private household out-of-pocket expenditure	Non-profit organisations serving households (other than social insurance)	Corporations other than health insurance (Employer benefit)	State enterprises	Rest of the world						
In-patient care including day cases	HC.1.1; 1.2; 2.1; 2.2	All industries																	
Curative and rehabilitative care																			
General hospitals			HP.1.1																
-Public			HP.1.1.1																
-General hospitals owned by social insurance			HP.1.1.2																
-Private			HP.1.1.3+1.1.4																
Specialty hospitals (Public)			HP.1.2-1.4																
Nursing and residential care facilities (Private)			HP.2																
All other providers			All other																
Long-term nursing care (included in curative)			All industries																
General hospitals	HC.1.3; 2.3	All industries	HP.1.1																
Specialty hospitals			HP.1.2-1.4																
Nursing and residential care facilities (Private)			HP.2																
All other providers			All other																
Outpatient curative and rehabilitative care			All industries																
Hospitals			HP.1.1																
-Public			HP.1.1.1																
-General hospitals owned by social insurance			HP.1.1.2																
-Private			HP.1.1.3+1.1.4																
Specialty hospitals (Public)			HP.1.2-1.4																
Offices of physicians	HC.1.4; 2.4; 3.3	All industries	HP.3.1																
Offices of dentists			HP.3.2																
Offices of other health practitioners			HP.3.3																
Out-patient care centres			HP.3.4																
All other providers			All other																
Home health care			All industries																
Ancillary services to health care			HC.4	All industries															
Medical goods dispensed to out-patients			HC.5	All industries															
Pharmaceuticals; other med. Non-durables			HC.5.1																
Prescribed medicines			HC.5.1.1																
Over-the-counter medicines	HC.5.1.2																		
Other medical non-durables	HC.5.1.3																		
Therapeutic appl.; other medical durables	HC.5.2																		
Glasses and other vision products	HC.5.2.1																		
Orthopaedic appliances; other prosthetics	HC.5.2.2																		
All other misc. durable medical goods	HC.5.2.3-5.2.9																		
Prevention and public health services	HC.6	All industries																	
Health administration and health insurance	HC.7	All industries																	
Total current expenditure on health care	HC.1-HC.7	All industries																	
%																			

Standard Table 2: Current expenditure on health by function of care and provider industry

The rows show expenditure by function of health care service. Columns represent the proposed Thai categories of health care providers. The table allows for analysis of current functional expenditure by provider category. Total current expenditure on functional health care is allocated to personal and non-personal health care. Total expenses by functional care is calculated in the last column, total expenses by provider category in the last row.

Standard Table 2: Current expenditure on health by function of care and provider industry																														
Health care by function	ICHA-HC code	Health care provider industry																			Total	%								
		HP.1	HP.1.1	HP.1.1.1	HP.1.1.2	HP.1.1.3	HP.1.2	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2	HP.5			HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9	HP.7	HP.9
		Hospitals	General hospital	Public hospital	General hospitals owned by social insurance	Private hospitals	Specialty hospital	Nursing and residential care facilities	Providers of ambulatory health care	Offices of physicians	Offices of dentists	Offices of other health practitioners	Out-patient care centres	Medical and diagnostic laboratories	Providers of home health care services	All other providers of ambulatory health care	Retail sale and other providers of medical goods	Dispensing chemists	All other sales of medical goods	Provision and administration of public health programmes			General health administration and insurance	Government administration of health	Social security funds	Other social insurance	Other (private) insurance	All other health administration	All other industries	Rest of the world
In-patient care																														
Curative and rehabilitative care	HC.1.1; 2.1																													
Long-term nursing care	HC.3.1																													
Services of day care																														
Curative and rehabilitative care	HC.1.2; 2.2																													
Long-term nursing care	HC.3.2																													
Outpatient curative and rehabilitative care	HC.1.3; 2.3																													
Basic medical and diagnostic services	HC.1.3.1																													
Out-patient dental care	HC.1.3.2																													
All other specialised health care	HC.1.3.3																													
All other out-patient care and rehabilitative care	HC.1.3.9; 2.3																													
Home care																														
Curative and rehabilitative care	HC.1.4; 2.4																													
Long-term nursing care	HC.3.3																													
Ancillary services to health care	HC.4																													
Medical goods dispensed to out-patients	HC.5																													
Pharmaceutical and other medical non-durables	HC5.1																													
Therapeutic appliances and other medical durables	HC.5.2																													
Total expenditure on personal health care																														
Prevention and public health services	HC.6																													
Health administration and health insurance	HC.7																													
Total current expenditure on health care																														
%																														

Standard Table 3: Current expenditure on health by provider industry and source of funding

The rows show the proposed list of sources of funding (financing agencies), divided into public and non-public sectors. The columns contain the categories of providers. This table shows total final uses at purchasers' prices of resident units of health care goods and services by provider industry and source of funding.

Standard Table 3: Current expenditure on health by provider industry and source of funding

		ICHA-HF source of funding													Total	%
		Public Sector (HF.A)						Non-Public Sector (HF.B)								
		General Government (HF.1)						Private Sector (HF.2)						(HF.3)		
		(HF.1.1.1.1)	(HF.1.1.1.9)	(HF.1.1.3)	(HF.1.2.1)	(HF.1.2.2)	(HF.1.2.5)	(HF.1.3)	(HF.2.1)	(HF.2.2)	(HF.2.3)	(HF.2.4)	(HF.2.5)	(HF.2.5.1)		
		MOPH	Other Mins	Local government	SSO	WCF	UC	CSMBS, local government and autonomous agencies	Private insurance	Private insurance enterprises (other than social insurance)	Private household out-of-pocket expenditure	Non-profit organisations serving households (other than social insurance)	Corporations other than health insurance (Employer benefit)	State enterprises		
Health care goods and services by provider																
Hospitals	HP.1															
Nursing and residential care facilities	HP.2															
Providers of ambulatory health care	HP.3															
Offices of physicians	HP.3.1															
Offices of dentists	HP.3.2															
Offices of other health practitioners	HP.3.3															
Out-patient care centres	HP.3.4															
Medical and diagnostic laboratories	HP.3.5															
Providers of home health care services	HP.3.6															
Other providers of ambulatory health care	HP.3.9															
Retail sale and other providers of medical goods	HP.4															
Dispensing chemists	HP.4.1															
All other sales of medical goods	HP.4.2-4.9															
Provision and administration of public health programmes	HP.5															
General health administration and insurance	HP.6															
Government administration of health	HP.6.1															
Social security funds	HP.6.2															
Other social insurance	HP.6.3															
Other (private) insurance	HP.6.4															
All other providers of health administration	HP.6.9															
Other industries (rest of the economy)	HP.7															
Occupational health care	HP.7.1															
Private households	HP.7.2															
All other secondary producers	HP.7.9															
Rest of the world	HP.9															

Standard Table 4: Current expenditure on health by function of care and source of funding

The columns show the proposed list of sources of funding, divided into public and non-public sectors. The rows contain the functional breakdown of core health services. This table shows total final uses at purchasers' prices by resident units of health care goods and services by function of health care and funding agency.

Standard Table 4: Current expenditure on health by function of care and source of funding

		ICHA-HF source of funding													Total	%	
		Public Sector (HF.A)							Non-Public Sector (HF.B)								
		General Government (HF.1)							Private Sector (HF.2)								(HF.3)
		(HF.1.1.1.1)	(HF.1.1.1.9)	(HF.1.1.3)	(HF.1.2.1)	(HF.1.2.2)	(HF.1.2.5)	(HF.1.3)	(HF.2.1)	(HF.2.2)	(HF.2.3)	(HF.2.4)	(HF.2.5)	(HF.2.5.1)			
		MOPH	Other Mins	Local government	SSO	WCF	UC	CSMBS, local government and autonomous agencies	Private insurance	Private insurance enterprises (other than social insurance)	Private household out-of-pocket expenditure	Non-profit organisations serving households (other than social insurance)	Corporations other than health insurance (Employer benefit)	State enterprises			Rest of the world
Current expenditure on health care																	
Personal health care services	HC.1-HC.3																
In-patient services	HC.1.1; HC.2.1; HC.3.1																
Day care services	HC.1.2; HC.2.2; HC.3.2																
Out-patient services	HC.1.3; HC.2.3																
Home care services	HC.1.4; HC.2.4; HC.3.3																
Ancillary services to health care	HC.4																
Medical goods dispensed to out-patients	HC.5																
Pharmaceuticals and other medical non-durables	HC.5.1																
Therapeutic appliances and other medical durables	HC.5.2																
Personal health care services and goods	HC.1-HC.5																
Prevention and public health services	HC.6																
Health administration and health insurance	HC.7																

Standard Table 5: Total expenditure on health including health-related functions

The columns show the proposed list of funding agencies, divided into public and non-public sectors. The rows contain the functional breakdown of core health services and health related activities. In comparison to Standard Table 4 this table shows additional items.

Standard Table 5: Total expenditure on health including health-related functions

		ICHA-HF source of funding													Total	%	
		Public Sector (HF.A)							Non-Public Sector (HF.B)								(HF.3)
		General Government (HF.1)							Private Sector (HF.2)								
		(HF.1.1.1.1)	(HF.1.1.1.9)	(HF.1.1.3)	(HF.1.2.1)	(HF.1.2.2)	(HF.1.2.5)	(HF.1.3)	(HF.2.1)	(HF.2.2)	(HF.2.3)	(HF.2.4)	(HF.2.5)	(HF.2.5.1)			
		MOPH	Other Mins	Local government	SSO	WCF	UC	CSMBS, local government and autonomous agencies	Private insurance	Private insurance enterprises (other than social insurance)	Private household out-of-pocket expenditure	Non-profit organisations serving households (other than social insurance)	Corporations other than health insurance (Employer benefit)	State enterprises			
Health care services and goods by function																	
Services of curative and rehabilitative care	HC.1, HC.2																
Services of long-term nursing care	HC.3																
Ancillary services to health care	HC.4																
Medical goods dispensed to out-patients	HC.5																
Pharmaceuticals and other medical non-durables	HC.5.1																
Therapeutic appliances and other medical durables	HC.5.2																
Personal medical services and goods	HC.1- HC.5																
Prevention and public health services	HC.6																
Health administration and health insurance	HC.7																
Total recurrent expenditure on health																	
Gross capital formation	HC.R.1																
Total expenditure on health																	
Memorandum items: Further health related functions																	
Education and training of health personnel	HC.R.2																
Research and development in health	HC.R.3																
Food, hygiene and drinking water control	HC.R.4																
Environmental health	HC.R.5																
Administration and provision of social services in kind to assist with disease and impairment	HC.R.6																
Administration and provision of health-related cash-benefits	HC.R.7																

Standard Table 6: Personal expenditure on health by major ICD-category

The rows show the major International Classification of Diseases (ICD) categories. The columns show health services by function. The table shows current personal expenditure on health by major ICD-category.

Standard Table 6: Personal expenditure on health by major ICD-category

	Personal health care services	In-patient services	Day care services	Out-patient services	Home care services	Auxiliary services to health care	Medical goods dispensed to out-patients	Pharmaceuticals and other medical non-durables	Therapeutic appliances and other medical durables	Total personal health care services and goods
	HC.1- HC.3	HC.1.1 HC.2.1 HC.3.1	HC.1.2 HC.2.2 HC.3.2	HC.1.3 HC.2.3	HC.1.4 HC.2.4 HC.3.3	HC.4	HC.5	HC.5.1	HC.5.2	HC.1- HC.5
Infectious and parasitic diseases										
Neoplasms										
Endocrinal and metabolic diseases										
Diseases of the blood										
Mental disorders										
Diseases of the nervous system										
Diseases of the circulatory system										
Diseases of the respiratory system										
Diseases of the digestive system										
Diseases of the genito-uniary system										
Complications of pregnancy/childbirth										
Diseases of skin and subcutaneous tissue										
Diseases of musculo-skeletal system										
Congenital anomalies										
Perinatal morbidity and mortality										
Symptoms and ill-defined conditions										
Accidents, poisoning and violence										
All other categories (1)										
Total personal expenditure on health										

(1) All expenditure not classified elsewhere

Standard Table 7: Personal expenditure on health by age and gender

The rows show the functional breakdown of health services. The columns contain the age groups (which can be variable). The table shows the current personal expenditure on health by age groups and gender.

Standard Table 7: Personal expenditure on health by age and gender

		under 1	1-4	5-14	15-44	45-64	65-74	75-84	85-89	90+
Male										
Personal health care services	HC.1-HC.3									
In-patient services	HC.1.1; HC.2.1; HC.3.1									
Day care services	HC.1.2; HC.2.2; HC.3.2									
Out-patient services	HC.1.3; HC.2.3									
Home care	HC.1.4; HC.2.4; HC.3.3									
Ancillary services to health care	HC.4									
Medical goods dispensed to out-patients	HC.5									
Pharmaceuticals and other medical non-durables										
Therapeutic appliances and other medical durables										
Total personal health care services and goods										
Female										
Personal health care services	HC.1-HC.3									
In-patient services	HC.1.1; HC.2.1; HC.3.1									
Day care services	HC.1.2; HC.2.2; HC.3.2									
Out-patient services	HC.1.3; HC.2.3									
Home care	HC.1.4; HC.2.4; HC.3.3									
Ancillary services to health care	HC.4									
Medical goods dispensed to out-patients	HC.5									
Pharmaceuticals and other medical non-durables										
Therapeutic appliances and other medical durables										
Total personal health care services and goods										

Standard Table 8: Selected price indices for health care

The table contains proposals for price indices and output deflators of selected health care services and health care providers.

Standard Table 8: Selected price indices for health care

		CPI	Output deflator	
			Market production	Non-market production
HP.1	Hospitals	x	x	x
HP.2	Nursing and residential care facilities	x	x	x
HP.3	Providers of ambulatory health care	x	x	
HP.5	Provision and administration of public health programmes			x
HP.6	General health administration and insurance			x
HP.4	Retail sale and other providers of medical goods		x	
HC.5.1	Pharmaceuticals and other medical non-durables	x		
HC.5.1.1	Prescribed medicines	x		
HC.5.1.2	Over-the-counter medicines	x		
HC.5.1.3	Other medical non-durables	x		
HC.5.2	Therapeutic appliances and other medical durables	x		
HC.5.2.1	Glasses and other vision products	x		
HC.5.2.2	Orthopaedic appliances and other prosthetics	x		
HC.5.2.3	Hearing aids	x		
HC.5.2.4	Medico-technical devices, including wheelchairs	x		
HC.5.2.9	All other miscellaneous medical durables	x		

Standard Table 9: International trade in health care (imported health services).

The table shows health care imports by provider industry and type of import.

Standard Table 9: International trade in health care (imported health services)

		Total import	Health care related to travel		Health and accident insurance
			Health spas, and other travel for specialised health care	All other health care related to travel abroad	
<i>Health care import by provider industry</i>					
HP.1	Hospitals		x	x	
HP.2	Nursing and residential care facilities		x	x	
HP.3	Providers of ambulatory health care		x	x	
HP.4	Retail sale and other providers of medical goods			x	
HP.4.1	Dispensing chemists			x	
HP.4.2-4.9	All other sales of medical goods			x	
HP.6	General health administration and insurance				x
HP.6.4	Other (private) insurance				x
HP.7	All other industries			x	

Standard Table 10: Total employment in health care industries

The rows show the categories of health care providers. Employment is shown in the columns. HRHC comprises persons who have successfully completed education at least at the third level of the UNESCO International Standard Classification of Education (ISCED) in a medical field. Full-time equivalent employment is the number of full-time equivalent jobs, defined as total hours worked divided by average annual hours worked in full-time jobs. This table aims to show the distribution of health care personnel among different categories of providers. The table provides information for the calculation of productivity and/or costs per capita. It is useful also for monitoring the manpower situation, and for planning education and employment in the health care sector. The table should be complemented by similarly structured tables containing information on labour costs per employed, volume of hours worked per category and other auxiliary information.

Standard Table 10: Total employment in health care industries

		HRHC employment	Other employment	Total employment	Full-time employment
HP.1	Hospitals				
HP.1.1	General hospitals				
HP.1.2	Mental health and substance abuse hospitals				
HP.1.3	Specialty (other than mental health and substance abuse) hospitals				
HP.2	Nursing and residential care facilities				
HP.2.1	Nursing care facilities				
HP.2.2	Residential mental retardation, mental health and substance abuse facilities				
HP.2.3	Community care facilities for the elderly				
HP.2.9	All other residential care facilities				
HP.3	Providers of ambulatory health care				
HP.3.1	Offices of physicians				
HP.3.2	Offices of dentists				
HP.3.3	Offices of paramedical practitioners				
HP.3.4	Out-patient care centres				
HP.3.4.1	Family planning centres				
HP.3.4.2	Out-patient mental health and substance abuse facilities				
HP.3.4.3	Free-standing ambulatory surgery centres				
HP.3.4.4	Dialysis care centres				
HP.3.4.5	All other out-patient multi-specialty and co-operative service centres				
HP.3.4.9	All other out-patient community and other integrated care centres				
HP.3.5	Medical and diagnostic laboratories				
HP.3.6	Providers of home health care services				
HP.3.9	Other providers of ambulatory health care				
HP.4	Retail sale and other providers of medical goods				
HP.4.1	Dispensing chemists				
HP.4.2	Retail sale and other suppliers of optical glasses and other vision products				
HP.4.3	Retail sale and other suppliers of hearing aids				
HP.4.4	Retail sale and other suppliers of medical appliances (other than optical glasses and hearing aids)				
HP.4.9	All other miscellaneous retail sale and other suppliers of pharmaceuticals and medical goods				
HP.5	Provision and administration of public health programmes				
HP.6	General health administration and insurance				
HP.6.1	Government administration 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 providers of health administration				

Standard Table 11: International trade in health care (exported health services)

This table shows health care exports by provider industry and type of export.

Standard Table 11: International trade in health care (exported health services)

		Total export	Health care related to travel		Health and accident insurance
			Health spas, and other travel for specialised health care	All other health care related to travel abroad	
<i>Health care export by provider industry</i>					
HP.1	Hospitals		x	x	
HP.2	Nursing and residential care facilities		x	x	
HP.3	Providers of ambulatory health care		x	x	
HP.4	Retail sale and other providers of medical goods			x	
HP.4.1	Dispensing chemists			x	
HP.4.2-4.9	All other sales of medical goods			x	
HP.6	General health administration and insurance				x
HP.6.4	Other (private) insurance				x
HP.7	All other industries			x	

By using additional indicators/information, the standard tables can be used for analyzing Thailand's health sector, at the national level. In particular, Standard Table 10 should be complemented by similarly structured tables containing information on labour costs per employed, volume of hours worked per category and other auxiliary information. By using deflators, the current expenditure variables can be calculated in real terms and factor analysis techniques can be applied to disclose price and volume effects. Such factors include change in the number of beneficiaries (with and without demographic change), population aging, changes in utilization, changes in labour costs, and other factor (e.g. technology change).

In order to carry out such analysis, the above standard tables have to be complemented by tables containing further "physical" health system specific information, such as numbers of hospitals (by type and/or size), hospital beds, technical facilities, persons enrolled in health education institutions (universities, other), output and prices of pharmaceutical production, and others. Performance indicators might also need to be added, an example of which is shown below (Table 10).

Table 10. Performance Indicators

Policy dimensions		Indicators	
1.	Sustainability		
1.1	Scale of health expenditure	1.1.1	Total health expenditure/GDP
		1.1.2	Public health expenditure/GDP
1.2	Fiscal sustainability	1.2.1	Public health expenditure/Total government expenditure
2.	Effectiveness	2.1	Infant mortality
		2.2	Life expectancy of disabled persons
3.	Efficiency / Productivity		
3.1	Unit cost	3.1.1	Average unit costs for selected outputs, e.g. inpatient cases
3.2	Mode of production	3.2.1	Ratio of day-care surgery to all surgery for selected procedure
4.	Equity		
4.1	Equity of finance	4.1	Percent of private financing for selected health care function (HC.1 to HC.5)
4.2	Equity in geographic distribution	4.2 or 4.4	Percent of private financing for different geographic or socioeconomic groups
4.4	Equity between socioeconomic group		

Source: BASYS (2005), modified.

3.2.2. Linking the proposed system with the system of national accounts

The proposed classification offers the possibility of producing health-sector related SUTs along standard procedures. Health sector related SUTs provide formal statistical and methodological consistency with the SNA. SUTs consist of production, income and accumulation accounts and, of course, they distinguish between supply and use (demand). (See Standard Tables 12A and 12B, below.)

The rows in the supply side table (Table 12A) show the supply of health services in terms of the ICHA-HC, and the columns show the health care output produced by providers, by other producers, and the imported health care output.

The rows on the uses side (Table 12B) show intermediate uses as well as final consumption and gross capital formation.

The analysis of supply and uses can be complemented by the provision of estimates for production factor inputs (hours worked, amount and structure of capital).

The two tables (Table 12A and 12B) might be called a health satellite system (in nucleus) to an enhanced (i.e. 1993 SNA based) Thai system of national accounts.

Standard Table 12A: Supply and Uses Table (supply side)

Resources	Total supply, purchasers' prices	Taxes on products minus subsidies on products*	Providers of health care services and goods					Other producers	Total economy	Imports of health care goods and services
			Total	Principal producers	Secondary producers	Occupational health care	Private households (home care)			
Goods and services										
Supply:										
Health care goods and services by function										
HC.1 Services of curative care										
HC.2 Services of rehabilitative care										
HC.3 Services of long-term nursing care										
HC.4 Ancillary services to health care										
HC.5 Medical goods dispensed to out-patients										
Total supply of personal health care										
Other products										
Total										

(*): Including trade and transport margins which are of negligible magnitude for health care services and goods for final use.

Standard Table 12B: Supply and Uses Table (uses side)

Resources	Total supply, purchasers' prices	Taxes on products minus subsidies on products	Providers of health care services and goods					Other producers	Total economy	Exports of health care goods and services	Final consumption expenditure			Gross capital formation
			Total	Principal producers	Secondary producers	Occupational health care	Private households (home care)				Households	NPISHs	Government	
Goods and services Uses: Health care goods and services by function HC.1 Services of curative care HC.2 Services of rehabilitative care HC.3 Services of long-term nursing care HC.4 Ancillary services to health care HC.5 Medical goods dispensed to out-patients Total supply of personal health care HC.6 Prevention and public health services HC.7 Health administration and health insurance Total supply of health care services and goods Other products Total Total gross values added/GDP Compensation of employees Tases on production Other tases on production Other subsidies on production Operating surplus, net Mixed income, net Comnsumption of fixed capital Operating surplus, gross	Intermediate consumption													
Total														
Labour inputs														
Gross fixed capital formation Stock of fixed assets, net														

3.2.3. Aggregate indicators

Aggregates are an important statistical tool because they measure the quantitative importance of the health system in a country. Consequently, the main aggregates need to be comparable with other macro-indicators within a country and should also be internationally comparable. Aggregate indicators can be compiled in current and constant prices. Important aggregate indicators are those which show health care expenditure, value added of health care industries and the contribution of health care to GDP. These might be used as indicators for sustainability, efficiency and effectiveness of the health care system.

3.2.3.1 Health care expenditure

Using ICHA-HC classification, aggregate total expenditures can be calculated. Total health care services include only HC.1 to HC.4. Total expenditure on health, which measures the economic resources spent by a country, can be calculated from the functions HC.1 to HC.7 (Table 11).

Table 11. Calculation of total health expenditure

SHA Category	ICHA-HC code
Services of curative care	HC.1
Services of rehabilitative care	HC.2
Services of long-term nursing care	HC.3
Ancillary services to health care	HC.4
Total health care services	= HC.1+HC.2+HC.3+HC.4
Medical goods dispensed to out-patients (contains only those goods that are used by final consumers off medical premises)	HC.5
Total personal expenditure on health (TPHE)	= HC.1+HC.2+HC.3+HC.4+HC.5
Prevention and public health services	HC.6
Health administration and health insurance	HC.7
Total current expenditure on health (TCHE)	= HC.1+HC.2+HC.3+HC.4+HC.5+HC.6+HC.7
Capital formation of health care provider institutions ¹	HC.R.1
Total expenditure on health (THE)	= HC.1+HC.2+HC.3+HC.4+HC.5+HC.6+HC.7+HC.R.1

¹ Gross capital formation is the expenditure that adds to the stock of resources of the health care system and last more than an annual accounting period.
Source: OECD (2000): SHA.

3.2.3.2 Value added of health industries

Value added of health industries is the sum of the total value added of all characteristic producers.

3.2.3.3 Gross domestic product generated by internal health consumption

GDP for health care can be calculated from the production account or SUTs. It is the sum of the value added (at basic prices) from all industries in response to internal health consumption and the sum of net taxes on products and imports.

3.2.3.4 Aggregate indicators for sustainability, efficiency and productivity

The standard tables for health expenditure above provide an abundance of data for indicators of sustainability, efficiency and productivity within the framework. A focus on effectiveness and equity would need additional (other) information.

3.2.4. Economic models

Macroeconomic models for health care are crucial outputs of this data framework for medium and long term planning. Macroeconomic, demographic and specific data for health services are used to make models for specific health insurance schemes on a national level. The development of models and assumptions is another big issue, which will not be addressed in this report.

With respect to the construction of a macro-economic model for Thailand's health system, see separate Reports 7a and 7b: *A Common Health Care Financing Model (II) for the main health purchasing agencies*.

4. Compilation methodology

In Thailand, the main sources for the development of macroeconomic accounts and the SUT are the health care institutions in the government sector, the financial, non-financial, and some of the non-profit institutions serving households.

The financial statements (have to) consist of the following three main statements which are necessary for the preparation of the integrated SNA accounts:

- the statement of income and expenditure;
- the statement of changes in financial position; and
- the balance sheets (normally at least two consecutive balance sheets).

There are several steps required to be followed in order to complete these financial statements. *First*, the intermediate accounts according to the 1993 SNA, have to be created (see Table 13 below).

Second, data for the household sector and some of the non-profit institutions serving households, which are required for the construction of the SUT, have to be obtained from surveys. Survey questionnaires have to be designed accordingly.

In a *third* step, all compilation results are to be merged to construct the SUTs.

As a matter of fact, health care institutions are usually multi-product enterprises and therefore specific estimation techniques are needed for data compilation.

The following two sections explain each of the compilation methods in detail, starting with the simple “one product” case. Compilation for multi-product health care institutions, which requires cost accounting methodologies, will then be explained.

Compilation method for single-product (= "health services") enterprises

The “basic compilation methodology” comprises four steps:

1. from business accounts to the intermediate system;
2. adjustment within the intermediate system;
3. from the intermediate system to the macroeconomic accounts;
4. create the SUTs.

Step 1: Create the intermediate accounts from the business accounts. Usually financial statements disclose only a summary of each group of accounts e.g. in Table 12, cost of goods sold (B), operating expenses (D), operating income (E), etc. More detailed data such as B1 to B12, or D1 to D5 can be found in the general ledger of the institution.

Table 12. Detailed business income account

Category.	Transactions	
(A)	Sales, net of discounts, returns, VAT and sales taxes	Sum of A1 to A2
A1	Sales of goods bought for resale	
A2	Sales of goods manufactured	
(B)	Cost of goods sold	Sum of B1 to B12
B1	Cost of goods bought for resale	
B2	Cost of other goods sold	
B3	(+) Finished goods beginning inventory	
B4	(+) Cost of goods manufactured	
B5	(+) Cost of materials	
B6	(+) Cost of services, rentals	
B7	(+) Direct and overhead manufacturing labor cost	
B8	(+) Depreciation of plants and equipment	
B9	(+) Depletion of natural resources	
B10	(+) Goods in process beginning inventory	
B11	(-) Goods in process ending inventory	
B12	(-) Finished goods ending inventory	
(D)	Operating expenses (refer to selling and administrative expenses)	Sum of D1 to D5
D1	Cost of materials, services including commissions and rentals	
D2	Property taxes and other taxes on production	
D3	Non-life insurance premiums payable	
D4	Direct selling and general labor cost	
D5	Depreciation of office equipment	
(E)	Operating income	
(F)	Other incomes	Sum of F1 to F8
F1	Interest receivable	
F2	Rents of non-produced assets such as land, patents, subsoil assets	
F3	Rentals of buildings, equipment	
F4	Royalties' receivable on copyrights (books, films, records, etc.)	
F5	Dividends receivable	
F6	Equity in net income of non-consolidated subsidiaries	
F7	Net gains from selling financial and non-financial assets	
F8	Non-life insurance claims	
(G)	Other expenses	Sum of G1 to G6
G1	Interest payable to financial intermediaries	
G2	Rents payable for non-produced assets	
G3	Royalty's payable on copyrights (books, films, records, etc.)	
G4	Write-down of inventory	
G5	Bad debt allowance	
G6	Charitable contribution	
(K)	Taxes on income	
(L)	Income from continuing operations after tax	
(M)	Discontinued operations of segment	
(N)	Extraordinary items	
(O)	Cumulative effect of change in accounting principle	
(P)	Net income after taxes	
(Q)	Dividends payable	
(R)	Addition to retained earnings	

Source: UNSD (2000) Link between business accounting and national accounting.

Step 2: The intermediate account is created using the detailed business income accounts as illustrated in Table 13.

Table 13. Intermediate income account

Category from income Statement	Transactions
A	Sales, net of discounts, returns, VAT and sales taxes
B1	Less Cost of goods bought for resale
B12	Plus Finished goods ending inventory
B3	Less Finished goods beginning inventory
B11	Plus Goods in process ending inventory
B10	Less Goods in process beginning inventory
F3	Plus Rentals of building, equipments (part of other income)
F4	Plus Royalties receivables on copyrights (part of other income)
= A-B1+B12-B3+B11-B10+F3+F4	(1) Output at basic values
B5	Plus Cost of materials
B6	Plus Cost of services, rentals
D1	Plus Cost of materials, services including commissions and rentals
G3	Plus Royalties payable on copyrights
Part of M (infrequent)	Plus Similar material and service cost
=B5+B6+D1+G3+M	(2) Intermediate consumption
(1)	Output at basic prices
(2)	Less Intermediate consumption at purchasers' prices
= (1)+(2)	(3) Gross value added at basic prices
	Less Depreciation which includes:
B8	Depreciation of plants and equipment (part of cost of goods manufactured)
D5	Depreciation of office equipment, buildings (part of operating expenses)
R	Plus Addition to retained earnings
	Less Property income receivable which includes:
F1	Interest receivable
F2	Rents of non-produced assets such as land, patents, subsoil assets
F5	Dividends receivable
F6	Equity in net income of non-consolidated subsidiaries
	Plus Property income payable which includes:
G1	Interest payable
G2	Rents payable for non-produced assets
Q	Dividends payable
	Less Current transfers receivable which include:
F8	Non-life insurance claims, non-insured compensation payment for damages
	Plus Current transfers payable which include:
D3	Non-life insurance premiums payable
K	Income taxes and net taxes on capital gains
G6	Charitable contribution
F7,N	Less Net gain from selling financial and non-financial assets
B9	Plus Depletion
G4	Plus Write-down of inventory
G5	Plus Bad debt allowance
	(4) Gross operating surplus
D2	(5) Other taxes less subsidies on production
B7	Direct and overhead manufacturing labor cost (part of cost of goods sold)
D4	Direct selling and general labor cost (part of operating expenses)
= B7+D4	(6) Compensation of employees

Source: UNSD (2000) Link between business accounting and national accounting.

Step 3: The intermediate account (Table 13) might require certain adjustments in order to become compatible with the SNA accounts.¹³

Step 4: The satellite account is then compiled using the accounting rules of the 1993 SNA (see Table 14).

The statement of changes in financial position and the balance sheets for two consecutive years, at the end of the reference year and the preceding year, are crucial for the compilation of the capital and the financial accounts.

Adjustments are needed for valuation processes which are different between business accounts and the SNA. For example, in the business account, capital assets are valued at book value (historical costs) whereas the 1993 SNA values capital assets at current market acquisition costs, which are obtained by using a perpetual inventory method (i.e. yearly investment goods are revalued by price indexes and depreciated).

The SUTs (see Tables 12A and 12B above) can then be established by following the steps in Table 14:

Step 5: The SUT is created using data from the previous step and direct estimations.

¹³ Such adjustments might include:

- 3.1. Inclusion of output for intermediate consumption and capitalized output for own final use (i) output of goods and services which are produced by an establishment and used in another establishment, all within a corporation; (ii) cost of research and development (R&D) used internally; (iii) cost of own construction and major repairs: in the SNA, the full cost of construction and major repairs has to be entered as output (the corporation books this under capital formation). The adjustment affects output, intermediate consumption, value added and the operating surplus; (iv) cost of developing software and entertainment, literary and artistic originals;
- 3.2. Adjustments of interest receivable and payable;
- 3.3. Adjustments for insurance premiums;
- 3.4. Adjustments for consumption of fixed capital;
- 3.5. Adjustments for property income attributed to insurance holders; or
- 3.6. Adjustments for taxes.

Table 14. Preparation of SUTs

Production account	
Uses	Resources
Intermediate consumption	Output at basic prices
(2) <i>Intermediate consumption (from intermediate accounts)</i>	(1) <i>Output at basic prices (from intermediate accounts)</i>
Inter-establishment transactions of goods and services within corporations	Inter-establishment transactions of goods and services within corporations
Cost of research and development (not capitalized in business accounts)	Cost of research and development. (not capitalized in business accounts)
Service charges on interest payable and receivable	Own-account formation (capitalized in business accounts)
Service charges on insurance premiums	Cost of developing originals (not capitalized in business accounts)
Intermediate cost of own capital formation	
Gross value added at basic prices	
(3) <i>Value added (from intermediate accounts)</i>	
Adjustment for capitalizing cost of developing originals	
Value added of own capital formation	
Service charges on interest payable and receivable	
Service charges on insurance premiums	
Generation of income account	
(6) <i>Compensation of employees (from intermediate accounts)</i>	Gross value added at basic prices
Compensation of employees (own capital formation)	
(5) <i>Other taxes less subsidies on production (from intermediate accounts)</i>	
(4) <i>Gross operating surplus (from intermediate accounts)</i>	
Allocation of primary account	
	Gross operating surplus
Property income payable	Property income receivable
Net interest payable	Net interest receivable
Rents payable for use of non-produced assets	Rents of non-produced assets
Dividends payable	Dividends receivable
	Equity in net income of nonconsolidated subsidiaries
	Property income attributed to insurance holders (estimated by national accountants)
<i>Balance of primary income</i>	
Secondary distribution of income account	
	Balance of primary income
Current transfers payable	Actual social contribution
Net non-life insurance	Imputed unfunded social contribution
Premiums	
Charitable contributions	
Income taxes	
Imputed social benefits	Current transfers receivable
<i>Disposable income</i>	
Use of disposable income account	
	Disposable income
Final consumption expenditures	
Gross saving	

Source: UNSD (2000) Link between business accounting and national accounting.

Compilation method for multi-product enterprises

This method comprises the following seven steps:

- Step 1: Separate production of health care goods and services from non-health care production. This is especially relevant for establishments of nursing and residential care facilities and for establishments providing home health care services. If this is not possible, appropriate allocation criteria can be used.
- Step 2: Apply business cost accounting methods to separate the production costs accordingly. Institutions' departments are divided into 2 groups: production and support. Production departments produce outputs intended for sale; these departments are classified as establishments (1993 SNA). On the other hand, service departments provide the services to support production departments e.g. administration, maintenance, warehousing, transport, marketing, selling, etc. Their outputs are treated as ancillary services or overhead cost. The full establishment costs are obtained by their own product costs plus the indirect costs allocated from those supporting departments.
- Step 3: Create the income account of each establishment using total costs and their components from Step 2 above.
- Step 4: Create the intermediate account using detailed business income accounts; similar to the methodology of single product enterprises.
- Step 5: Adjust the intermediate account similar to Step 3 in the methodology for single product enterprises.
- Step 6: Prepare the SUT by establishing the sequence of accounts as in Table 14 (using the accounting rules 1993 SNA).
- Step 7: Establish the SUT using the data from the previous steps and direct estimation.

4.1. Data requirements

The new system needs access to the following data:

- registration data of all health care institutions (providers);
- utilization data of health services and their prices;
- all financial data required to prepare the intermediate accounts;
- manpower and similar/related structural and physical data.

In order to have access to these data, the business chart of accounts and other structural data reporting systems of the health care providing institutions have to be manipulated so as to comply with the proposed system. The health care facility also needs to establish a minimum regularity of compliance with data collection rules for the treatment and processing of data collected during their day-to-day operations.

Registration database

The registration database contains the names of all identified health care purchasers and providers with their profiles. It has to be updated periodically, and linked up with the drugs and medical equipment resellers' database (which is the responsibility of the MoPH).

Other database

This database collects all data necessary for the compilation of the proposed sequence of accounts, including the SUT: utilization of health service (Table 15) and price data, business accounts data, and structural data.

Table 15. Minimum data set for utilization of health service

Item of classification	Coded	Subject of classification
ID	No	Personal identification number, depersonalized
Age	No	Age at the time receiving health service
Sex code	Yes	Male or female
Nationality code	Yes	Nationality
ICHA-HF	Yes	Health benefit scheme
Service provider code	Yes	Service provider
ICHA-HP	Yes	Main contractor hospital for capitation payment
ICHA-HC	Yes	Episode type
Date (start)	No	Date at which service starts
Date (end)	No	Date at which service terminates
Result code	Yes	Result of treatment
ICD10	Yes	Diagnosis
ICD9CM	Yes	Operation
Laboratory code	Yes	Significant laboratory
Radiology code	Yes	Significant X-ray
Other code	Yes	Other significant status
Amount of charge	No	Total charge
Amount of private payment	No	Out of pocket payment
Charge category code	Yes	Volume and charge in specific category

Business accounting data

Business accounting data are used mainly to compile the proposed sequence of accounts. Data on the inputs used by the providers, and the outputs they produce have to be collected. The input data are mainly staff costs and all intermediate consumption. The outputs are activities and their prices/costs, some of which are already collected in the utilization data set. All items in the intermediate account have to be collected from the accounting system of health care institutions through both administrative records and surveys.

For health care institutions in the government sector, since December 2004 the Comptroller General's Department has already implemented cost accounting. This helps to estimate unit costs in those cases of institutions which are unable to do cost accounting by themselves.

Structural and physical data

Structural and physical data are essential for certain estimates, for a correct interpretation of the sequence of accounts (including the SUT), and for estimating other outputs. Data on health manpower, their workload and their remuneration are of utmost importance. Information on cost centers and statistical items, which are needed for cost allocation in the cost accounting process, need to be collected separately, and also need to be standardized.

4.2. Data sources

The use of information technology in public and private health care institutions in Thailand is increasing, especially under the e-government project. Under GFMIS, and under their own internal information systems, health care institutions in the government sector are expected to possess and to provide financial and structural data in computerized format for national data collection.

For service utilization and related prices, the data should be collected from public health care and private insurance schemes. This could be done by using special tabulated "blueprints" in computerized format, either in batch processes or web-based. Financial reports from the MoC and the revenue department of the MoF could be used to crosscheck and adjust the data received from the financial and non-financial institutions (purchasers, providers). For services in small clinics, the annual process of license renewals should be amended so that it includes the requirement of financial reporting according to the above listed requirements. Provincial health officers could be made responsible for following up on data collection issues. Household socio-economic surveys, manufactory surveys, labor force surveys, and business surveys of the NSO could all be adjusted so that information on private households' and employer-based health benefit provisions would be made available. If combined with the 1993 SNA implementation, the NESDB and the NSO would also have to survey NPISH and the rest of the world, which could provide information for the proposed tabulation sequence.

Financial information and structural information on the government sector can be retrieved from the the GFMIS (through the Controller General Department). Data for financial institutions, non-financial institutions, households, employer health benefits, NPISH and the rest of the world can be collected by the same processes as mentioned above. The financial reports from the MoC and the revenue department of the MoF can be used for double-checking and adjusting collected data and estimations.

5. Conclusions and recommendations

Since 2002 when full health coverage was achieved for all Thai citizens, health finances have to be carefully monitored. There is a need for monitoring both public and private finance. Public health finance needs monitoring because tax payers need to know whether their tax payments are being used effectively, efficiently and on an equitable basis. Private health finance needs monitoring because the public health provisions are to a great extent based on contractual relations with private health providers, implying that cost developments (effectiveness, efficiency, equity) in the private sector inevitably spill over to the public.

Monitoring is to a large extent macro-statistical reporting and analysis. Aggregate statistics are the most *efficient* (= least costly) way of monitoring a nation-wide health system. Also, macro-statistics are an *effective* way of discovering any unwanted developments in the health sector: once macro-statistics show unexpected results, further investigation can be undertaken and any necessary improvements can then be made. Furthermore, macro-statistical systems are necessary in order to establish and maintain reliable routine budgeting mechanisms.

The proposed monitoring system must comply with international methodological standards not only to justify their internal use, but also to ensure international comparability.

Thailand has, for the past few decades, already been following internationally accepted rules with respect to important economic information. The NESDB's current tools, however, are no longer adequate with respect to their "own" specific purposes and, of more significance in the context of this report, they had never been designed to address the more recent monitoring requirements of the country's health system. A modernization of Thailand's national accounts is therefore overdue.¹⁴

Thailand's NHAs have adopted the accounting and economic framework of the 1993 SNA, however the NHAs are only in the research project stage and face the same problems of adequate information as the NESDB does with respect to a modernization of its SNA.

Referring to a 1993 SNA-based NHA information system might still be considered insufficient, as this would systematically exclude the whole area of exported health services. Indeed, in their present stage, Thailand's NHAs exclude health services exports.

Using the concept of a wider, SNA-based system of *health satellite accounts* (introducing SUTs) would address this shortfall of information as it is designed to cover both production and uses of all health care functions *including exports and imports*.

The classification system and sequence of tabulations as proposed in this report are designed to fill in the existing information gaps. The classifications and tabulations proposed cover macroeconomic, financial and structural information and aim to create a Thai health satellite account including standard tables, aggregates and SUTs. The proposed system also provides substantial, if not even exhaustive, information for macroeconomic modeling at scheme specific and national levels.

The data requirements, data sources, compilation techniques and blueprints of the accounts have been illustrated.

¹⁴ This deficiency of Thailand's present national accounts, as produced by the NESDB, not only refers to the health system but also to other social security schemes such as, for example, the country's pension scheme(s).

In order to make the proposed system successfully operational in practice, the following recommendations are made:

1. The Comptroller General's Department of the MoF should design and implement (i.e. request all health facilities to adopt), a standard chart of accounts for the health sector in order to establish a common framework under which detailed information can be collected and statistically compiled. The GFMIS, as installed a few years ago, is insufficient in this respect as it currently only defines broad groups of health care revenue and expenses, for example there are only two broad groups of expenses for supplies: government supplies and private supplies. A much more detailed standard chart of accounts should be introduced and integrated into the existing GFMIS code structure, and this new chart of accounts should be made obligatory for all health facilities. If this is not done, consolidation of aggregate data will continue to be impossible. In order to facilitate the smooth implementation of such a detailed accounting system, supporting rules would also have to be established. Once such a detailed accounting system has been implemented, detailed information can be easily collected and used for decision making purposes. Table 16 below shows part of a chart of accounts used in a detailed accounting system in Canada.

Table 16. Example of secondary financial accounts

4 00 00	Supplies
4 60	Supplies - Medical and Surgical
4 60 10	Donated Organs - Cost of Acquisition
4 60 20	Prostheses
4 60 22	Limbs
4 60 24	Joints
4 60 26	Artificial Organs
4 60 60	General Medical and Surgical Supplies
4 60 61	Dressings
4 60 62	Catheters
4 60 63	Needles
4 60 64	Syringes
4 60 65	Gloves
4 60 66	Rubber Goods
4 60 67	Administration Sets (IV)
4 60 68	Pour Solutions
4 60 70	Medical and Surgical Supplies Not Elsewhere Classified
4 64	Supplies - Pharmacy (Packaging and Compounding)
4 65	Supplies - Drugs
4 65 10	Antineoplastics
4 65 20	Anti-infectives
4 65 30	Autonomics
4 65 40	Total Parenteral Nutrition Products

Source: Canadian Institute for Health Information (1998), MIS Guidelines-1999

2. The amount and detail of clinical information needs to be upgraded as the classifications of clinical information, as currently applied, are insufficient for the proposed system. Many activities are not being classified at all, for example with respect to gender and nationality of patients or service provider, result of service, laboratory, radiology, or charge category. Episode classification for health services according to ICHA-HC has to be improved through practical definitions for rehabilitation services, long-term care services, one-day care services, etc. For example, currently all admissions of inpatients in Thailand are classified as curative

care, because under the current hospital accounting classification system, there is no classification for long term care services. It is well known, however, that many patients are admitted to hospitals, especially in "private rooms", requesting only nursing care, i.e. without the need for curative care services. It is important to understand, however, that hospitals cannot perform these detailed accounting tasks without the support of a permanent office with experienced staff working full time. Temporary ad-hoc committees are insufficient, and will not be a solution.

3. A system that collects information from private health care providers needs to be implemented. As a start, the specific tabulations for health services, health resources and financial data can be requested at the time of the renewal of the license. The general aim should be, however, that private and public providers follow the same reporting rules.
4. The health resource survey, as well as the NSO surveys which do not address the health system explicitly need to be reviewed and adjusted in order that they cover the remaining "white spots" of the overall health system.
5. A financial monitoring unit (CFMU) needs to be established with responsibility for the compilation of the proposed sequence of health accounts. It could follow a process as proposed in Table 17 below.¹⁵ In order to make the work of the CFMU useful for the practical work of the government, the CFMU should implement a practice of account estimations in those cases where statistical information is usually delayed.

Table 17. Production schedule of health care statistics database and health satellite accounts

	Year n+1	Year n+2
Process health Service statistics and price from funding agencies	January	
Process health Service statistics and price from survey	January	
Accounting data from private sector	Sending collection and processing of questionnaires (January)	Processing and production of data
Verified data	All year	All year
Create data warehouse database	N.A.	Available
National accounts	- Compilation (Feb to April) - Publication (June) of provision version	- Compilation (Jan to April) - Publication (June) of final version
Health Model	September	

The possibility of establishing a quarterly reporting system should be explored, in order to coordinate with the quarterly GDP publications of the NESDB. This would allow for a continuous health system monitoring process in macro-economic and macro-fiscal contexts.

Annual reports (of past calendar years) would need to be prepared in June together with the provisional version of the NHAs (of the past year) and adjustments to health finance modeling would need to be finished in September.

¹⁵ See also ILO/Thailand Report 3: *A Financial Coordination Framework. A first general outline.*; under ILO/EU Financial Management of the Thai Health Care System (THA/05/01/EEC)

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6. Experience in OECD countries shows that permanent staff, an adequate budget and strong support from policy makers are crucial for the implementation and maintenance of an information system as proposed. With respect to reliable results, ad-hoc committees will never be able to perform as efficiently and effectively as well established permanent offices.

For this reason, the CFMU should be established as a new unit within existing governance structures. There are several possibilities as to where this new unit could be incorporated.

An obvious government bureau in which to incorporate the CFMU is the NESDB as it is responsible for the compilation of the national accounts, and many tasks overlap with the system proposed in this report. The CFMU would, in this case, report to the director of the NESDB.

At the same time, however, NESDB might "feel uncomfortable" in having to focus on "health". For this reason, an alternative institution which could absorb the CFMU is the MoPH. The CFMU would, in this case, report to the Minister of Public Health.

A third possibility is to find a solution so that all parties involved (MoPH, CSMBS, NHSO, SSO, MoF, and others) establish a commonly financed (staffed, equipped) office with its director being appointed on a revolving basis by the participating institutions, possibly changing every year (or every three years), but with stable staff at sub-director levels. In this case, formal reporting of the CFMU could be to the institution appointing the director on an annual (or tri-annual) basis.

All of the above scenarios would require the establishment of a supervisory steering committee, which would be comprised of representatives of the institutions involved.

7. Given the implicit workload, the CFMU could consist of two sections, a research and development division and an operational division. The research and development division would be responsible for coordination with the steering committee and other stakeholders in order to improve the quality of the outputs. The operations division would be responsible for the compilation of the accounts, for reports and the projections using a (set of) model(s). Staff should be flexible to move between both divisions.

The workload of the CFMU basically depends on the efficiency and effectiveness of the overall statistical reporting system. If incoming information is based on smooth routine procedures, then the workload with respect to actual collection of information will be relatively low. If, however, information is only delivered on request and repeated reminders, then the workload will be high.

The critical step is to verify the completeness and accuracy of the clinical and financial data before entering it into the database, and this will require manpower.

In order to estimate the staffing requirements of a proposed CFMU, in 2003, there were:

- o 249 large public hospitals including the medical schools;
- o 730 community hospitals;
- o 10,063 community health centers;
- o 346 private hospitals; and
- o 14,953 clinics without inpatient beds.

Assuming that there are no delays in the statistical reporting process,¹⁶ it is assumed that around 30 man-months are required for the verification process (the estimated time for each ambulatory unit is 15 minutes, each small hospitals 30 minutes and each large hospital one hour).

Resource-absorption through cleaning and adjustment of data and analysis of results together with research and development activities are difficult to estimate. To be on the safe side, another full man-year is assumed for these activities.

Special computer application programs also have to be developed and maintained.

For a unit with this workload, in total the number of full-time staff should be around six persons, including a director and two other persons for general administration.

The staff should include (health) economists, statisticians, accountants and, if possible, experienced health care personnel. A master's degree in economics, statistics and/or social protection should be required for senior staff undertaking analytical and supervisory work and for other staff, a bachelor degree is considered adequate.

In case further tasks were allocate to the CFMU, such as maintenance of classification systems and indicators (similar to the German Institute of Medical Documentation and Information (DIMDI), or the Canadian Institute of Health Information (CIHI)), staff numbers would increase substantially.

Thailand is in a position to implement the monitoring structure proposed above. It possesses the technical equipment as well as the required knowledge (education). The required infrastructure exists in principle, with only small adjustments being needed, and some motivation, in order to carry out the new tasks.

While the technicalities (methodology, etc.) of the proposed new system have all been developed over many years and are being applied in many countries, actually moving forward in the proposed direction is mainly a management decision.

¹⁶ However, practical experience indicates that such delays can usually not be avoided.

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Annex 1

Summary of Health Insurance/Security Schemes in Thailand

Characteristics	I. CSMB	II. SSS	III. WCS	IV. Universal Coverage (30 Baht scheme)		V. Private insurance
				No co-payment	Co-payment	
I. Scheme nature	Fringe benefit	Compulsory	Compulsory	Social welfare		Voluntary
Model	Public reimbursement model	Public contracted model	Public reimbursement model	Public integrated model		Voluntary reimbursement model
II. Population coverage 2003	Government employee, pensioners and their dependants (parents, spouse, children)	Formal sector private employee, >1 worker establishments	Formal sector private employee, >1 worker establishments	The rest Thai population, who are poor, elderly and children under 12 years old, secondary school student, the disabled, veteran, monks	The rest Thai population, who are not qualified to previous columns.	Better off individuals, although they have entitlement in either scheme I, II, III or IV
No. of beneficiaries (million)	7.0 (Estimate)	10.0 (target) 7.6 (Actual)	Same as SSS ¹	45.5		6.6 ²
% coverage			Same as SSS			-
III. Benefit Package						
Ambulatory services	Public only	Public & Private	Public & Private	Public & Private		Generally not covered
Inpatient services	Public & Private (emergency only)	Public & Private	Public & Private	Public & Private		Mainly private hospitals chosen
Choice of provider	Free choice	Contracted hospitals or its network with referral line, registration required	Free choice	Contracted hospitals or its network with referral line, registration required		Free choice
Cash benefit	No	Yes	Yes	No		No
Conditions included	Comprehensive package	Non-work related illness, injuries	Work related illness, injuries	Comprehensive Package ³		Depends on premium
Cash benefit	No	Yes	Yes	No		No
Conditions included	Comprehensive package	Non-work related illness, injuries	Work related illness, injuries	Comprehensive Package ³		Depends on premium
Conditions excluded	No	15 conditions	No	11 conditions ⁴		Severe disease, existing conditions
Conditions excluded	No	15 conditions	No	11 conditions ⁴		Severe disease, existing conditions
Maternity benefits	Yes	Yes	No	Yes		Possible
Annual physical check-up	Yes	No	No	Yes		Possible
Prevention, Health promotion	No	Health education, immunization	No	Yes		No
Services not covered	Special nurse	Private bed, special nurse	No	Private bed, special nurse, eye glasses		Due to package

IV. Universal Coverage (30 Baht scheme)					
IV. Financing					
Source of funds	General tax	Tri-parties 1.5% of payroll each, (reduce to 1% since 1999)	Employer, 0.2-2% of payroll with experience rating	General tax	Household
Financing body	MOF	SSO	SSO	NHSO	Private companies
Payment mechanism	Fee for service	Capitation ⁵	Fee for service	Capitation ⁶	Fee for service with ceiling
Copayment	Yes: IP at private hospitals	Maternity, emergency services	Yes if beyond the ceiling of 30,000 Baht	30 Baht per visit No	Yes if beyond the ceiling, depends on policy and on premium

¹ Employees of "Not-for-profit" associations are excluded from this scheme. ² This figure is number of individual and group health insurance policy holders not population. Data from Health and Welfare Survey 2003 which was conducted by National Statistic Office Thailand showed that there are about 1.1 million beneficiaries of private health insurance. ³ Personal health prevention & promotion, medical services and dental services. ⁴ Medical care services excluding from: mental health patient who has been an inpatient more than 15 days; drug addict therapy and rehabilitation pursuant to Narcotics Law; injury from car accident under Third Party Liability for Vehicle Accident Law exclusively in portion to which insurance company or fund pursuant the law is responsible; infertility assisted reproduction; in-vitro fertilization; any performance for beauty without medical sign; any examination, diagnosis, and therapy not necessary pursuant to medical necessary; hospitalization more than 180 days for the same diseases, except in case of intervening condition or medical sign; therapy during research and experiment; continuous peritoneal dialysis or hemodialysis for chronic renal failure; medical care services which prescribed by the committee. ⁵ Some medical and dental services are reimbursed by Fee for service. ⁶ Some medical and dental services are reimbursed by Fee for service.

Annex 2

National Health Accounts, phase 3

Name	Source of data	Disaggregate methodology
Ministry of public health	<ul style="list-style-type: none"> – Budget Database document BOB – Household Socio-economic survey from National Statistic Office 	Three step allocation method
Other ministries	<ul style="list-style-type: none"> – Budget Database document BOB – Household Socio-economic survey from National Statistic Office 	Three step allocation method
State/provincial government Local/municipal government	<ul style="list-style-type: none"> – Income and expenditure report of local governments from National Statistic Office – Documents from Ministry of interior – Budgeting documents from Bangkok Metropolitan – Direct survey expenditure of Tambon Authorities 	<ul style="list-style-type: none"> – Bangkok metropolitan does not have detail information enough to map directly to ICHA. Allocation criteria were used – Municipalities – Tambon Authorities
Social Security Fund	Expenditure report from social security office Annual report of social security office Budget documents	Data was not sufficient to separate to ICHA-HC and ICHA-HP. It needed allocation criteria to allocate total expenditure to ICHA categories. Administrative expenditure was separate to social security fund and Workmen compensation fund using ratio of total benefits expenditure of both funds. Capital expenditure for health was separate from total capital expenditure, then use ratio of health benefit to total benefit to allocate.
WCF	Expenditure report from social security office Annual report of social security office Budget documents	Data was not sufficient to separate to ICHA-HC and ICHA-HP. It needed allocation criteria to allocate total expenditure to ICHA categories. Administrative expenditure and capital expenditure for health used the same allocation criteria of the Social security scheme.
CSMBS	<ul style="list-style-type: none"> – Reimbursement data from Comptroller General department, Ministry of Finance – Household Socio-economic survey from National Statistic Office 	Data was sufficient to separate to inpatient and outpatient services. But it needed allocation criteria to allocate to ICHA-HP, i.e. hospitals(HP.1) or health center(HP.3)
State enterprises	<ul style="list-style-type: none"> – Health care expenditure report of state enterprise from Comptroller General department, Ministry of Finance – Household Socio-economic survey from National Statistic Office 	Data was not sufficient to separate to ICHA-HC and ICHA-HP. It needed allocation criteria to allocate total expenditure to ICHA categories.

Name	Source of data	Disaggregate methodology	
Traffic insurance	<ul style="list-style-type: none"> – Insurance business report, Department of insurance, Ministry of Commerce – Benefit payment report of life and non-life insurance from web site of department of insurance, Ministry of commerce – Benefit payment data from Traffic accident fund, Ministry of commerce 	Data in the insurance business report could not separate health benefit and cash benefit. It needed allocation criteria to allocate total expenditure to ICHA categories. Administrative expenditure was estimated at 20% of income from premium.	
Private household out-of-pocket expenditure	Household Socio-economic survey Report number of private hospital and private ambulatory care facilities, Ministry of Public Health	Capital formation was estimate from new health care facilities multiply by unit cost per bed.	
Non-profit institutions serving households (other than social insurance)	Registration data from Ministry of Interior Direct survey income and expenditure in health of NPISH 1996-2001		
Corporations (other than health insurance)	Household Socio-economic survey Manufactory survey Labor force survey Business survey	Estimate total health service expenditure from manufactory survey and business survey. Allocate the total health service expenditure using data from Household Socio-economic survey.	
Rest of the world	Department of Technical and Economic Cooperation, Ministry of Foreign Affairs Other Ministries International organizations NGO	1. Experts HCR2 2. Mission HCR2 3. Volunteers HC6.3 4. Research HCR3 5. Fellowships HCR2 6. Equipment HCR1 7. Construction HCR1 8. Vaccine HC6.3 9. AIDS HC6.4	

Annex 3

Current compilation methodology for the Thai System of National Accounts

The Office of the NESDB National Accounting in Thailand is still conceptually based on the 1953 SNA, but the Office of NESDB added some features to the system such as an input output table of the 1968 SNA. The current accounts, as shown in Table A3.1 are therefore a mixed version of the 1953 SNA and 1968 SNA. There are six standard accounts, eleven summary tables and forty-eight supplementary tables. The GDP presentation is still however in the 1953 SNA format. On the expenditure side, many items have been adapted to conform to the 1968 SNA such as military hospital, residential building for military personnel and military airport. In addition, some new economic activities recommended by the 1968 SNA have also been included in the national income accounts.

Table A3.1. Current Thailand SNA accounts

Main Accounts

- Account 1 Domestic Product
- Account 2 National Income
- Account 3 Domestic Capital Formation
- Account 4 Households and Private Non-profit Institutions
- Account 5 General Government
- Account 6 External Transaction (The Rest of the World)

Summary Tables

- Table 1 Balance Sheet of National Income and Expenditure at Current Market Prices
- Table 2 Expenditure on Gross Domestic Product at 1988 Prices
- Table 3 Gross National Product and National Income at Current Market Prices by Economic Activities
- Table 4 Gross National Product at 1988 Prices by Economic activities
- Table 5 Gross Domestic Product at Current Factor Cost by Economic Activities and National Income
- Table 6 Consumption Expenditure at Current Market Prices
- Table 7 Consumption Expenditure at 1988 Prices
- Table 8 Gross Capital Formation at Current Market Prices
- Table 9 Gross Capital Formation at 1988 Prices
- Table 10 Distribution of the National Income at Current Market Prices
- Table 11 Savings and Gross Capital Formation

Source: NESDB.

Current compilation methodology in brief

The NESDB uses a production approach, an income approach and an expenditure approach to compile GDP and crosscheck values. Reconciliation of all three methods is the final step, after which GDP and GDE should be within 2.5 per cent difference. The NESDB uses aggregate data from many sources, both survey data and from administrative records. The financial statements of all private companies in the SET are also used to estimate income and expenditure of corporations in the context of national income accounts. Among all these sources, the NSO plays crucial role in supplying data and statistics from the census and from surveys with sufficient detail for use in national accounts estimates. The NESDB also conducted special surveys to collect data for its own use, in particular, to collect data for input output coefficient estimates which occur every five years.

(a) Production approach:

Formula: value added = output – intermediate consumption

The NAD compiles data using the value added method at current market price. Industries are classified according to ISIC. If there is enough data available, the direct method is used. This method is based on the assumption that composition of production is constant over time. The ratio of production factors is used to make an input-output table which is reevaluated every five years. The timing for reevaluation can be changed according to technological change. Each product is estimated using commodity flow which is classified by purpose. If there is not enough information, the NESDB uses the indirect method to calculate the value added using indicators. In order to estimate the value added in a target year using the indirect method, the value added in the benchmark year is multiplied by these indicators.

(b) Income approach

Income is estimated from all eight categories of income using both the direct method and indirectly, for example by using interest amounts from financial institutions to estimate interest income of households. Finally, income of the self-employed, excluding the agricultural sector, is estimated by subtracting all other categories of income estimation from the national income using the production approach.

(c) Expenditure approach

Formula: $GDE = C + I + G + (X-M)$

GDE is Gross domestic expenditure

C is Private (household) expenditure

I is Investment

G is Government expenditure

X is export and M is Import.

The NAD classifies GDE into 3 categories: consumption, investment and import and export. Government expenditure is the most straightforward to calculate. Household expenditure is more complicated as only some categories have enough data for direct calculation. Most of the information required to calculate household expenditure comes from the NSO's household expenditure survey. The NAD uses commodity flow techniques to estimate the expenditure of some categories which have associated data such as volume of production, export and import values. For the calculation of investment expenditure, gross fixed capital formation is lumped under public and private categories for all sectors. Commodity flow techniques are used to calculate the change in inventories and consumption of fixed capital.

Methodology for health sector information

The NESDB uses the indirect method to calculate private consumption of health services using commodity flow techniques. The health goods and services category is divided into only two groups, drug and non-drug (i.e. other medical services). The estimation processes are as follows:

-
- (1) *Estimation of consumption of domestic drugs* is based on total domestic production less exports. The Food and Drug Administration (FDA) is responsible for data compilation of the value of imported and domestic production at wholesale prices. Drug consumption by end users at retail prices was computed by assuming 184 per cent to 320 per cent mark-up of wholesale price at private pharmacies. A small-scale survey found that 5.5 per cent of drugs were damaged due to transportation and therefore this was subtracted to come up with an estimate of consumption of domestic drugs.
 - (2) *Estimation of consumption of imported drugs* is estimated using data from the Customs Department. Costs including freight plus import duty plus the standard profit margin set by the MoC which are deducted to arrive at an estimate of the consumption of imported drugs.
 - (3) *Estimation of free drugs subsidized by the government* to low income households is deducted to produce real household total private drug consumption expenditure.
 - (4) *Estimation of private drug consumption* = (1)+(2)-(3)
 - (5) *Estimation of household consumption at private pharmacies and private clinics and hospitals* = [(1) + (2)] multiplied by 21 per cent.¹⁷
 - (6) *Estimation of government drug consumption* = (1) + (2)-(5)
 - (7) *Estimation of government non-drug consumption* = (6) multiplied by 3/7.
 - (8) *Estimation of household consumption on non-drug consumption in private sector:*

Household medical service expenditure in the private sector is estimated based on a small sample survey of private hospitals and clinics in 1979 and 1980 with respect to revenue generated from non-drug services. After 1980, no further surveys were undertaken; and household non-drug consumption was adjusted, based on 1980 benchmark figures, by the medical care consumer price index (CPI) produced by the Department of Business Economics, assuming that the consumption pattern had not changed.

- (9) *Government consumption expenditure other than drug and medical services* (e.g. public health programs) is estimated from the budgetary reports of the Comptroller General's Department of the MoF.

¹⁷ This 21 per cent is based on an estimation of WHO statistics.

Annex 4

Proposed Thai Modified International Classification of Health Accounts

International Classification of Health Accounts- Health Funding

ICHA-HF code	SHA Category
HF.A*	Public sector
HF.1	General government (Territorial government)
HF.1.1	General government excluding social security funds
HF.1.1.1	Central government
HF.1.1.1.1	Ministry of Health
HF.1.1.1.9	Other ministries
HF.1.1.2	State/provincial government
HF.1.1.3	Local/municipal government
HF.1.2	Social security funds
HF.1.2.1	SSO
HF.1.2.2	WCF
HF.1.2.5	UC
HF.1.3*	Government employee insurance programmes
HF.1.3.1	CSMBS
HF.1.3.2	Local government program
HF.1.3.3	Autonomous agencies
HF.B*	Nonpublic sector
HF.2	Private sector
HF.2.1	Private social insurance
HF.2.1.1	Traffic insurance
HF.2.1.2*	Private employer insurance programmes
HF.2.2	Private insurance enterprises (other than social insurance)
HF.2.3	Private household out-of-pocket expenditure
HF.2.3.1	Out-of-pocket excluding cost sharing
HF.2.3.2	Cost sharing: central government
HF.2.3.3	Cost sharing: state/provincial government
HF.2.3.4	Cost sharing: local/municipal government
HF.2.3.5	Cost sharing: social security funds
HF.2.3.6	Cost sharing: private social security funds
HF.2.3.7	Cost sharing: other private insurance
HF.2.3.9	All other cost sharing
HF.2.4	Non-profit institutions serving households (other than social insurance)
HF.2.5	Corporations (other than health insurance)
HF.2.5.1	State enterprises
HF.2.5.2*	Private nonparastatal firms and corporations (other than health insurance)
HF.3	Rest of the world

* Modification according to WHO's "modified" ICHA-HF.

FS Code	Description
FS.1	Public funds
FS.1.1	Territorial government funds
FS.1.1.1	Central government revenue (MoF)
FS.1.1.2	Regional and municipal government revenue
FS.1.2	Other public funds
FS.1.2.1	Return on assets held by a public entity
FS.1.2.2	Other
FS.2	Private funds
FS.2.1	Employer funds
FS.2.1.1	Parastatal employers (state enterprises)
FS.2.1.2	Public autonomous agencies
FS.2.1.3	Government as employer
FS.2.1.9	Other employer
FS.2.2	Household funds
FS.2.3	Non-profit institutions serving individuals
FS.2.4	Other private funds
FS.2.4.1	Return on assets held by a private entity
FS.2.4.2	Other
FS.3	Rest of the world funding

ICHA-HP International Classification of Health Accounts- Health Providers

ICHA-HP code	SHA Category
HP.1	Hospitals
HP.1.1	General hospitals
HP.1.1.1	Government-owned general hospitals
HP.1.1.1.1	General hospitals owned by central government
HP.1.1.1.2	General hospitals owned by regional and local government
HP.1.1.2	General hospitals owned by social insurance
HP.1.1.3	General hospitals owned by private-for-profit entities
HP.1.1.4	General hospitals owned by private non-profit entities
HP.1.2	Mental health and substance abuse hospitals
HP.1.3	Specialty (other than mental health and substance abuse) hospitals
HP.1.4	Hospitals of non-allopathic systems of medicine (such as Chinese, Ayurveda, etc.)
HP.2	Nursing and residential care facilities
HP.2.1	Nursing care facilities
HP.2.2	Residential mental retardation, mental health and substance abuse facilities
HP.2.3	Community care facilities for the elderly
HP.2.9	All other residential care facilities
HP.3	Providers of ambulatory health 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.3.4.1	Family planning centres
HP.3.4.2	Out-patient mental health and substance abuse centres
HP.3.4.3	Free-standing ambulatory surgery centres
HP.3.4.4	Dialysis care centres
HP.3.4.5	All other out-patient multi-speciality and co-operative service centres

ICHA-HP code	SHA Category
HP.3.4.9	All other out-patient community and other integrated care centres
HP.3.5	Medical and diagnostic laboratories
HP.3.6	Providers of home health care services
HP.3.9	Other providers of ambulatory health care
HP.3.9.1	Ambulance services
HP.3.9.2	Blood and organ banks
HP.3.9.3	Alternative or traditional practitioners
HP.3.9.9	Providers of all other ambulatory health care services
HP.4	Retail sale and other providers of medical goods
HP.4.1	Dispensing chemists
HP.4.2	Retail sale and other suppliers of optical glasses and other vision products
HP.4.3	Retail sale and other suppliers of hearing aids
HP.4.4	Retail sale & other suppliers of medical appliances (other than optical glasses & hearing aids)
HP.4.9	All other miscellaneous sale and other suppliers of pharmaceuticals and medical goods
HP.5	Provision and administration of public health programmes
HP.6	General health administration and insurance
HP.6.1	Government administration 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 providers of health administration
HP.7	Other industries (rest of the economy)
HP.7.1	Establishments as providers of occupational health care services
HP.7.2	Private households as providers of home care
HP.7.9	All other industries as secondary producers of health care
HP.8	Institutions providing health-related services
HP.8.1	Research institutions
HP.8.2	Education and training institutions
HP.8.3	Other institutions providing health-related services
HP.9	Rest of the world
HP.nsk	Provider not specified by kind

International Classification of Health Accounts - Health Functions

ICHA-HC code		SHA category
HC.1		Services of curative care
HC.1.1		In-patient curative
	HC.1.1.1.1	Non-emergency
	00__	PreMDC
	0101	MDC1 (2 characters) + DRG (3 characters)
		...
	25__	MDC25
	26__	Invalid classification
	HC.1.1.1.8	Emergency
HC.1.2		Day cases of curative
HC.1.3		Out-patient curative
	HC.1.3.1	Basic medical and diagnostic services
	HC.1.3.1.1	Non-emergency
	HC.1.3.1.8	Emergency
	HC.1.3.2	Out-patient dental care
	HC.1.3.3	All other specialized health care
	HC.1.3.9	All other out-patient curative care
HC.1.4		Services of curative home care
HC.2		Services of rehabilitative care
HC.2.1		In-patient rehabilitative care
HC.2.2		Day cases of rehabilitative care
HC.2.3		Out-patient rehabilitative care
HC.2.4		Services of rehabilitative home care
HC.3		Services of long-term nursing care
HC.3.1		In-patient long-term nursing care
HC.3.2		Day cases of long-term nursing care
HC.3.3		Long-term nursing care: home care
HC.4		Ancillary services to health care
HC.4.1		Clinical laboratory
HC.4.2		Diagnostic imaging
HC.4.3		Patient transport and emergency rescue
HC.4.9		All other miscellaneous ancillary services
HC.5		Medical goods dispensed to out-patients
HC.5.1		Pharmaceuticals and other medical non-durables
	HC.5.1.1	Prescribed medicines
	HC.5.1.2	Over-the-counter medicines
	HC.5.1.3	Other medical non-durables
HC.5.2		Therapeutic appliances and other medical durables
	C.5.2.1	Glasses and other vision products
	C.5.2.2	Orthopaedic appliances and other prosthetics
	C.5.2.3	Hearing aids
	C.5.2.4	Medico-technical devices, including wheelchairs
	C.5.2.9	All other miscellaneous medical durables

ICHA-HC code	SHA category
HC.6	Prevention and public health services
HC.6.1	Maternal and child health; family planning and counselling
HC.6.2	School health services
HC.6.3	Prevention of communicable diseases
HC.6.4	Prevention of non-communicable diseases
HC.6.5	Occupational health care
HC.6.9	All other miscellaneous public health services
HC.7	Health administration and health insurance
HC.7.1	General government administration of health
HC.7.1.1	General government administration of health (except social security)
HC.7.1.2	Administration, operation and support activities of social security funds
HC.nsk	HC expenditure not specified by kind
HC.7.2	Health administration and health insurance: private
HC.7.2.1	Health administration and health insurance: social insurance
HC.7.2.2	Health administration and health insurance: other private

Health Related Expenditures

Code	SHA Category
HC.R.1	Capital formation of health care provider institutions
HC.R.2	Education and training of health personnel
HC.R.3	Research and development in health
HC.R.4	Food, hygiene and drinking water control
HC.R.5	Environmental health
HC.R.6	Administration and provision of social services in kind to assist living with disease and impairment
HC.R.7	Administration and provision of health-related cash-benefits
HC.R.nsk	Expenditure not specified by kind

Appendix I

Thai NHA 1994: Total expenditure on health by function of care, provider and source of funding

Expenditure category	Public Financing Agencies							Private Financing Agencies						Unit : million Baht	
	1	2	3	4	5	6	7	8	9	10	11	12	13	Total	%
	MOPH	Other mins	Local government	CSMBS	State enterprise	Social security funds	WCF	Private insurance	Traffic insurance	Employer benefit	Household	Non - profit	Rest of the world		
In-patient care including day cases	6,650.15	856.33	288.28	6,580.11	1,377.60	1,764.45	219.08	1,451.25	1,894.67	2,277.95	9,942.48	187.34		33,489.70	26.23
Curative and rehabilitative care	6,650.15	856.33	288.28	6,580.11	1,377.60	1,764.45	219.08	1,451.25	1,894.67	2,277.95	9,942.48	187.34		33,489.70	26.23
General hospitals	6,650.15	856.33	288.28	6,580.11	1,377.60	1,764.45	219.08	1,451.25	1,894.67	2,277.95	9,942.48	151.81		33,454.17	26.21
- Public	6,650.15	856.33	288.28	4,874.63	209.31	955.03	118.58	217.69	284.20	1,490.88	4,356.18	146.09		20,447.35	16.02
- Private				1,705.48	1,168.29	809.42	100.50	1,233.57	1,610.47	787.07	5,586.30	5.72		13,006.82	10.19
Speciality hospitals (Public)															
Nursing and residential care facilities(Private)												3.51		3.51	0.00
All other providers												32.01		32.01	0.03
Long-term nursing care (included in curative)															
General hospitals															
Speciality hospitals															
Nursing and residential care facilities															
All other providers															
Outpatient curative and rehabilitative care	9,737.69	1,100.42	537.45	3,373.89	1,100.83	1,124.79	167.61	44.88	120.94	5,184.04	31,589.14	239.65		54,321.35	42.55
Hospitals	8,545.70	1,100.42	112.11	3,257.33	1,092.08	1,083.76	167.61	44.88	60.47	4,979.70	21,708.17	203.17		42,355.40	33.18
- Public	8,545.70	1,100.42	112.11	3,257.33	361.68	632.84	97.87	6.73	9.07	3,746.14	11,777.81	196.18		29,843.88	23.38
- Private					730.39	450.92	69.74	38.15	51.40	1,233.56	9,930.36	6.99		12,511.52	9.80
Speciality hospitals (Public)															
Offices of physicians									60.47	113.52	8,486.77	1.17		8,661.93	6.79
Offices of dentists										90.82	1,394.20			1,485.02	1.16
Offices of other health practitioners (1)	1,191.99		425.34	116.56	8.76	41.03								1,783.68	1.40
Out-patient care centres (special tx)												6.87		6.87	0.01
All other providers												28.44		28.44	0.02
Home health care															
Ancillary services to health care (2)										15.14		2.05		17.19	0.01
Medical goods dispensed to out-patients (3)										90.82	8,144.87	1.42		8,237.11	6.45
Pharmaceuticals; other med. non-durables										90.82	7,371.79	0.61		7,463.22	5.85
Prescribed medicines												0.002		0.002	0.00
Over-the-counter medicines										90.82	7,322.41	0.06		7,413.28	5.81
Other medical non-durables											49.39	0.55		49.93	0.04
Therapeutical appl.; other medical durables											773.08	0.81		773.89	0.61
Glasses and other vision products											773.08	0.001		773.08	0.61
Orthopaedic appliances; other prosthetics												0.68		0.68	0.00
All other misc. durable medical goods												0.13		0.13	0.00
Prevention and public health services	7,881.42	996.69	112.76									52.88	41.96	9,085.72	7.12
Health administration and health insurance	1,991.48	237.79	221.96			359.71	23.98	737.99	991.80	378.40		71.98		5,015.08	3.93
Total recurrent expenditure on health care	26,260.74	3,191.23	1,160.45	9,954.00	2,478.43	3,248.94	410.68	2,234.13	3,007.40	7,946.35	49,676.49	555.32	41.96	110,166.14	86.30
Gross capital formation	8,214.19	1,268.69	654.67			37.53	5.02				7,089.03	108.29	111.94	17,489.36	13.70
Total Health Expenditure	34,474.93	4,459.93	1,815.12	9,954.00	2,478.43	3,286.47	415.70	2,234.13	3,007.40	7,946.35	56,765.52	663.61	153.90	127,655.50	100.00
%	27.01	3.49	1.42	7.80	1.94	2.57	0.33	1.75	2.36	6.22	44.47	0.52	0.12	100.00	

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

Thai NHA 1995: Total expenditure on health by function of care, provider and source of funding

	Public Financing Agencies													Private Financing Agencies			Unit : million Baht	
Expenditure category	1	2	3	4	5	6	7	8	9	10	11	12	13	Total	%			
	MOPH	Other mins	Local government	CSMBS	State enterprise	Social security funds	WCF	Private insurance	Traffic insurance	Employer benefit	Household	Non - profit	Rest of the world					
In-patient care including day cases	7,669.78	1,377.87	369.18	7,184.42	996.53	2,266.50	272.93	2,080.20	2,229.99	2,254.36	11,366.38	239.23		38,307.37	25.91			
Curative and rehabilitative care	7,669.78	1,377.87	369.18	7,184.42	996.53	2,266.50	272.93	2,080.20	2,229.99	2,254.36	11,366.38	239.23		38,307.37	25.91			
General hospitals	7,669.78	1,377.87	369.18	7,184.42	996.53	2,266.50	272.93	2,080.20	2,229.99	2,254.36	11,366.38	193.86		38,262.00	25.88			
- Public	7,669.78	1,377.87	369.18	5,476.42	151.41	1,226.77	147.72	312.03	334.50	1,475.45	4,980.04	186.56		23,707.73	16.04			
- Private				1,708.00	845.12	1,039.73	125.20	1,768.17	1,895.49	778.91	6,386.34	7.31		14,554.27	9.84			
Speciality hospitals (Public)																		
Nursing and residential care facilities(Private)												4.49		4.49	0.00			
All other providers												40.88		40.88	0.03			
Long-term nursing care (included in curative)																		
General hospitals																		
Speciality hospitals																		
Nursing and residential care facilities																		
All other providers																		
Outpatient curative and rehabilitative care	11,230.72	1,770.61	620.10	3,971.52	796.32	1,323.66	208.81	64.34	142.34	5,130.36	36,113.15	306.04		61,677.96	41.72			
Hospitals	9,855.97	1,770.61	143.57	3,834.31	789.99	1,275.38	208.81	64.34	71.17	4,928.14	24,817.08	259.45		48,018.80	32.48			
- Public	9,855.97	1,770.61	143.57	3,834.31	261.63	744.73	121.93	9.65	10.68	3,707.34	13,464.55	250.52		34,175.49	23.12			
- Private					528.35	530.65	86.88	54.69	60.49	1,220.80	11,352.52	8.93		13,843.32	9.36			
Speciality hospitals (Public)																		
Offices of physicians									71.17	112.34	9,702.20	1.49		9,887.20	6.69			
Offices of dentists										89.88	1,593.87			1,683.75	1.14			
Offices of other health practitioners (1)	1,374.75		476.53	137.21	6.33	48.29								2,043.12	1.38			
Out-patient care centres (special tx)												8.77		8.77	0.01			
All other providers												36.32		36.32	0.02			
Home health care																		
Ancillary services to health care (2)										14.98		2.62		17.60	0.01			
Medical goods dispensed to out-patients (3)										89.88	9,311.33	1.81		9,403.02	6.36			
Pharmaceuticals; other med. non-durables										89.88	8,427.53	0.77		8,518.19	5.76			
Prescribed medicines												0.003		0.003	0.00			
Over-the-counter medicines										89.88	8,371.08	0.07		8,461.03	5.72			
Other medical non-durables											56.46	0.70		57.16	0.04			
Therapeutical appl.; other medical durables											883.79	1.04		884.83	0.60			
Glasses and other vision products											883.79	0.002		883.80	0.60			
Orthopaedic appliances; other prosthetics												0.87		0.87	0.00			
All other misc. durable medical goods												0.17		0.17	0.00			
Prevention and public health services	9,187.99	1,620.32	134.37									67.53	40.32	11,050.54	7.47			
Health administration and health insurance	1,937.17	322.70	472.22			762.90	31.67	977.42	1,130.87	374.48		91.91		6,101.34	4.13			
Total recurrent expenditure on health care	30,025.66	5,091.50	1,595.87	11,155.94	1,792.85	4,353.07	513.40	3,121.96	3,503.21	7,864.06	56,790.85	709.15	40.32	126,557.84	85.61			
Gross capital formation	12,098.31	2,036.69	670.87			64.58	8.67				6,165.89	186.10	48.53	21,279.64	14.39			
Total Health Expenditure	42,123.97	7,128.19	2,266.74	11,155.94	1,792.85	4,417.64	522.07	3,121.96	3,503.21	7,864.06	62,956.75	895.25	88.86	147,837.48	100.00			
%	28.49	4.82	1.53	7.55	1.21	2.99	0.35	2.11	2.37	5.32	42.59	0.61	0.06	100.00				

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

Thai NHA 1996: Total expenditure on health by function of care, provider and source of funding

	Unit : million Baht														
Expenditure category	Public Financing Agencies							Private Financing Agencies						Total	%
	1	2	3	4	5	6	7	8	9	10	11	12	13		
	MOPH	Other mins	Local government	CSMBS	State enterprise	Social security funds	WCF	Private insurance	Traffic insurance	Employer benefit	Household	Non - profit	Rest of the world		
In-patient care including day cases	9,105.70	1,384.37	523.96	8,761.27	1,129.30	2,993.03	341.91	3,151.70	2,708.75	2,370.36	14,266.71	291.13		47,028.19	26.55
Curative and rehabilitative care	9,105.70	1,384.37	523.96	8,761.27	1,129.30	2,993.03	341.91	3,151.70	2,708.75	2,370.36	14,266.71	291.13		47,028.19	26.55
General hospitals	9,105.70	1,384.37	523.96	8,761.27	1,129.30	2,993.03	341.91	3,151.70	2,708.75	2,370.36	14,266.71	235.92		46,972.98	26.52
- Public	9,105.70	1,384.37	523.96	6,660.17	171.59	1,620.01	185.06	472.76	406.31	1,551.36	7,140.54	227.02		29,448.85	16.63
- Private				2,101.10	957.71	1,373.02	156.85	2,678.95	2,302.44	819.00	7,126.17	8.89		17,524.13	9.89
Speciality hospitals (Public)															
Nursing and residential care facilities(Private)												5.46		5.46	0.00
All other providers												49.75		49.75	0.03
Long-term nursing care (included in curative)															
General hospitals															
Speciality hospitals															
Nursing and residential care facilities															
All other providers															
Outpatient curative and rehabilitative care	13,333.30	1,778.97	710.10	4,821.94	902.42	1,721.54	261.58	97.48	172.90	5,394.33	44,804.56	372.42		74,371.55	41.99
Hospitals	11,701.17	1,778.97	203.76	4,655.35	895.24	1,658.74	261.58	97.48	86.45	5,181.71	31,974.64	315.73		58,810.82	33.21
- Public	11,701.17	1,778.97	203.76	4,655.35	296.49	968.59	152.75	14.62	12.97	3,898.10	19,305.90	304.86		43,293.53	24.45
- Private					598.75	690.15	108.84	82.85	73.48	1,283.61	12,668.74	10.87		15,517.30	8.76
Speciality hospitals (Public)															
Offices of physicians									86.45	118.12	11,146.34	1.81		11,352.72	6.41
Offices of dentists										94.50	1,683.58			1,778.08	1.00
Offices of other health practitioners (1)	1,632.13		506.34	166.59	7.18	62.80								2,375.04	1.34
Out-patient care centres (special tx)												10.67		10.67	0.01
All other providers												44.20		44.20	0.02
Home health care															
Ancillary services to health care (2)										15.75		3.19		18.94	0.01
Medical goods dispensed to out-patients (3)										94.50	8,561.82	2.20		8,658.53	4.89
Pharmaceuticals; other med. non-durables										94.50	8,151.77	0.94		8,247.21	4.66
Prescribed medicines												0.004		0.004	0.00
Over-the-counter medicines										94.50	8,070.94	0.09		8,165.53	4.61
Other medical non-durables											80.83	0.85		81.68	0.05
Therapeutical appl.; other medical durables											410.05	1.26		411.32	0.23
Glasses and other vision products											410.05	0.002		410.06	0.23
Orthopaedic appliances; other prosthetics												1.06		1.06	0.00
All other misc. durable medical goods												0.20		0.20	0.00
Prevention and public health services	10,995.43	1,627.98	279.77									82.18	18.09	13,003.45	7.34
Health administration and health insurance	2,299.84	324.22	1,236.06			560.50	29.48	1,244.82	1,530.18	393.75		111.85		7,730.70	4.37
Total recurrent expenditure on health care	35,734.27	5,115.55	2,749.89	13,583.21	2,031.72	5,275.08	632.97	4,494.00	4,411.83	8,268.69	67,633.09	862.97	18.09	150,811.36	85.15
Gross capital formation	15,801.97	1,438.27	1,082.21			67.89	8.69				7,611.91	263.92	16.36	26,291.22	14.85
Total Health Expenditure	51,536.25	6,553.82	3,832.10	13,583.21	2,031.72	5,342.97	641.66	4,494.00	4,411.83	8,268.69	75,245.00	1,126.89	34.44	177,102.58	100.00
%	29.10	3.70	2.16	7.67	1.15	3.02	0.36	2.54	2.49	4.67	42.49	0.64	0.02	100.00	

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

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Thai NHA 1997: Total expenditure on health by function of care, provider and source of funding

	Unit : million Baht														
Expenditure category	Public Financing Agencies							Private Financing Agencies						Total	%
	1	2	3	4	5	6	7	8	9	10	11	12	13		
	MOPH	Other mins	Local government	CSMBS	State enterprise	Social security funds	WCF	Private insurance	Traffic insurance	Employer benefit	Household	Non - profit	Rest of the world		
In-patient care including day cases	10,588.75	1,158.11	531.09	9,877.98	1,169.52	3,005.26	371.59	3,345.73	2,543.61	1,982.25	13,595.01	286.98		48,455.89	25.62
Curative and rehabilitative care	10,588.75	1,158.11	531.09	9,877.98	1,169.52	3,005.26	371.59	3,345.73	2,543.61	1,982.25	13,595.01	286.98		48,455.89	25.62
General hospitals	10,588.75	1,158.11	531.09	9,877.98	1,169.52	3,005.26	371.59	3,345.73	2,543.61	1,982.25	13,595.01	232.56		48,401.46	25.59
- Public	10,588.75	1,158.11	531.09	7,520.33	903.12	1,806.59	308.00	501.86	381.54	1,298.71	6,804.35	223.79		32,026.24	16.93
- Private				2,357.65	266.40	1,198.67	63.59	2,843.87	2,162.07	683.54	6,790.66	8.77		16,375.22	8.66
Speciality hospitals (Public)															
Nursing and residential care facilities(Private)												5.38		5.38	0.00
All other providers												49.04		49.04	0.03
Long-term nursing care (included in curative)															
General hospitals															
Speciality hospitals															
Nursing and residential care facilities															
All other providers															
Outpatient curative and rehabilitative care	13,089.56	1,288.69	774.46	5,624.92	1,355.46	2,071.54	395.28	103.48	162.36	4,654.86	42,695.11	367.12		72,582.83	38.37
Hospitals	11,782.69	1,288.69	206.53	5,529.77	1,335.60	2,029.08	395.28	103.48	81.18	4,340.44	30,469.24	311.24		57,873.22	30.60
- Public	11,782.69	1,288.69	206.53	5,529.77	1,073.14	991.72	313.75	15.52	12.18	3,267.29	18,396.95	300.52		43,178.76	22.83
- Private					262.46	1,037.36	81.53	87.95	69.00	1,073.15	12,072.28	10.71		14,694.45	7.77
Speciality hospitals (Public)															
Offices of physicians									81.18	109.36	10,621.56	1.79		10,813.88	5.72
Offices of dentists										205.06	1,604.32			1,809.38	0.96
Offices of other health practitioners (1)	1,306.87		567.92	95.15	19.86	42.45								2,032.26	1.07
Out-patient care centres (special tx)												10.52		10.52	0.01
All other providers												43.57		43.57	0.02
Home health care															
Ancillary services to health care (2)												3.14		3.14	0.00
Medical goods dispensed to out-patients (3)										198.22	8,158.72	2.17		8,359.11	4.42
Phamaceuticals; other med. non-durables										198.22	7,767.98	0.93		7,967.12	4.21
Prescribed medicines												0.004		0.004	0.00
Over-the-counter medicines										191.39	7,690.95	0.09		7,882.43	4.17
Other medical non-durables										6.83	77.02	0.84		84.69	0.04
Therapeutical appl.; other medical durables											390.75	1.24		391.99	0.21
Glasses and other vision products											390.75	0.002		390.75	0.21
Orthopaedic appliances; other prosthetics												1.04		1.04	0.00
All other misc. durable medical goods												0.20		0.20	0.00
Prevention and public health services	11,999.51	1,296.35	310.28									81.01	39.34	13,726.49	7.26
Health administration and health insurance	6,566.91	678.59	1,476.09			553.22	34.06	1,489.14	1,439.38	341.77		110.26		12,689.41	6.71
Total recurrent expenditure on health care	42,244.72	4,421.74	3,091.91	15,502.90	2,524.98	5,630.01	800.93	4,938.35	4,145.35	7,177.10	64,448.84	850.69	39.34	155,816.88	82.38
Gross capital formation	24,267.10	1,622.12	1,802.56			24.57	3.71				5,303.26	246.31	56.80	33,326.43	17.62
Total Health Expenditure	66,511.82	6,043.86	4,894.48	15,502.90	2,524.98	5,654.59	804.65	4,938.35	4,145.35	7,177.10	69,752.10	1,097.00	96.14	189,143.31	100.00
%	35.16	3.20	2.59	8.20	1.33	2.99	0.43	2.61	2.19	3.79	36.88	0.58	0.05	100.00	

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

Thai NHA 1998: Total expenditure on health by function of care, provider and source of funding

Unit : million Baht															
Expenditure category	Public Financing Agencies							Private Financing Agencies						Total	%
	1	2	3	4	5	6	7	8	9	10	11	12	13		
	MOPH	Other mins	Local government	CSMBS	State enterprise	Social security funds	WCF	Private insurance	Traffic insurance	Employer benefit	Household	Non - profit	Rest of the world		
In-patient care including day cases	9,260.33	1,071.03	426.33	10,594.16	1,117.92	3,918.67	298.58	3,171.64	2,693.86	1,784.31	10,368.15	334.05		45,039.05	26.06
Curative and rehabilitative care	9,260.33	1,071.03	426.33	10,594.16	1,117.92	3,918.67	298.58	3,171.64	2,693.86	1,784.31	10,368.15	334.05		45,039.05	26.06
General hospitals	9,260.33	1,071.03	426.33	10,594.16	1,117.92	3,918.67	298.58	3,171.64	2,693.86	1,784.31	10,368.15	288.27		44,993.27	26.04
- Public	9,260.33	1,071.03	426.33	8,772.20	863.27	2,355.68	247.48	475.75	404.08	1,169.03	5,700.22	282.21		31,027.62	17.95
- Private				1,821.96	254.65	1,562.99	51.10	2,695.89	2,289.78	615.28	4,667.93	6.06		13,965.65	8.08
Speciality hospitals (Public)															
Nursing and residential care facilities(Private)												5.01		5.01	0.00
All other providers												40.77		40.77	0.02
Long-term nursing care (included in curative)															
General hospitals															
Speciality hospitals															
Nursing and residential care facilities															
All other providers															
Outpatient curative and rehabilitative care	11,447.41	1,191.80	708.37	5,865.80	1,295.65	3,075.17	317.61	98.09	171.95	4,190.04	35,648.51	453.50		64,463.90	37.30
Hospitals	10,304.49	1,191.80	165.80	5,766.58	1,276.67	3,012.15	317.61	98.09	85.97	3,907.02	23,489.09	388.27		50,003.53	28.94
- Public	10,304.49	1,191.80	165.80	5,766.58	1,025.79	1,472.20	252.10	14.71	12.90	2,941.03	15,332.99	380.85		38,861.23	22.49
- Private					250.88	1,539.95	65.51	83.38	73.08	965.99	8,156.10	7.41		11,142.29	6.45
Speciality hospitals (Public)															
Offices of physicians									85.97	98.44	10,401.58	1.95		10,587.94	6.13
Offices of dentists										184.58	1,757.85			1,942.43	1.12
Offices of other health practitioners (1)	1,142.91		542.58	99.22	18.99	63.02								1,866.72	1.08
Out-patient care centres (special tx)												12.85		12.85	0.01
All other providers												50.44		50.44	0.03
Home health care												0.38		0.38	0.00
Ancillary services to health care (2)											379.49	3.01		382.50	0.22
Medical goods dispensed to out-patients (3)										178.43	9,679.96	3.40		9,861.79	5.71
Pharmaceuticals; other med. non-durables										178.43	9,473.50	1.88		9,653.81	5.59
Prescribed medicines												0.40		0.40	0.00
Over-the-counter medicines										172.28	9,304.40	0.10		9,476.78	5.48
Other medical non-durables										6.15	169.10	1.38		176.63	0.10
Therapeutical appl.; other medical durables											206.46	1.52		207.98	0.12
Glasses and other vision products											206.46	0.019		206.48	0.12
Orthopaedic appliances; other prosthetics												1.37		1.37	0.00
All other misc. durable medical goods												0.14		0.14	0.00
Prevention and public health services	11,154.08	1,275.83	298.66									120.30	39.80	12,888.67	7.46
Health administration and health insurance	6,153.05	672.37	1,504.49			942.64	32.92	1,550.01	1,357.97	307.64		113.18		12,634.27	7.31
Total recurrent expenditure on health care	38,014.87	4,211.03	2,937.86	16,459.96	2,413.58	7,936.48	649.11	4,819.74	4,223.78	6,460.42	56,076.11	1,027.82	39.80	145,270.55	84.06
Gross capital formation	19,983.99	117.07	1,916.96			14.04	1.24				5,048.65	416.22	42.29	27,540.47	15.94
Total Health Expenditure	57,998.86	4,328.10	4,854.81	16,459.96	2,413.58	7,950.52	650.35	4,819.74	4,223.78	6,460.42	61,124.76	1,444.05	82.10	172,811.02	100.00
%	33.56	2.50	2.81	9.52	1.40	4.60	0.38	2.79	2.44	3.74	35.37	0.84	0.05	100.00	

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

Thai NHA 1999: Total expenditure on health by function of care, provider and source of funding

Unit : million Baht															
Expenditure category	Public Financing Agencies							Private Financing Agencies					Total	%	
	1	2	3	4	5	6	7	8	9	10	11	12			13
	MOPH	Other mins	Local government	CSMBS	State enterprise	Social security funds	WCF	Private insurance	Traffic insurance	Employer benefit	Household	Non - profit			Rest of the world
In-patient care including day cases	13,426.65	1,264.82	567.93	9,836.24	1,072.80	3,610.13	236.69	2,938.96	3,123.03	3,250.51	11,423.17	262.07		51,013.01	31.47
Curative and rehabilitative care	13,426.65	1,264.82	567.93	9,836.24	1,072.80	3,610.13	236.69	2,938.96	3,123.03	3,250.51	11,423.17	262.07		51,013.01	31.47
General hospitals	13,426.65	1,264.82	567.93	9,836.24	1,072.80	3,610.13	236.69	2,938.96	3,123.03	3,250.51	11,423.17	219.19		50,970.12	31.44
- Public	13,426.65	1,264.82	567.93	9,047.78	828.43	2,170.20	196.18	440.84	468.45	2,234.32	6,323.04	212.95		37,181.60	22.93
- Private				788.46	244.37	1,439.93	40.50	2,498.12	2,654.58	1,016.19	5,100.13	6.24		13,788.52	8.50
Speciality hospitals (Public)															
Nursing and residential care facilities(Private)												4.05		4.05	0.00
All other providers												38.84		38.84	0.02
Long-term nursing care (included in curative)															
General hospitals															
Speciality hospitals															
Nursing and residential care facilities															
All other providers															
Outpatient curative and rehabilitative care	16,597.71	1,407.43	896.18	6,205.54	1,243.36	2,810.73	251.77	90.90	199.34	3,120.22	33,888.60	337.82		67,049.60	41.36
Hospitals	14,940.58	1,407.43	220.86	6,100.57	1,225.14	2,753.13	251.77	90.90	99.67	2,989.94	21,122.24	292.94		51,495.18	31.76
- Public	14,940.58	1,407.43	220.86	6,100.57	984.39	1,345.60	199.84	13.63	14.95	2,709.84	12,533.81	285.31		40,756.83	25.14
- Private					240.75	1,407.53	51.93	77.26	84.72	280.10	8,588.43	7.63		10,738.34	6.62
Speciality hospitals (Public)															
Offices of physicians									99.67	78.17	11,212.67	1.68		11,392.19	7.03
Offices of dentists										52.11	1,553.70			1,605.81	0.99
Offices of other health practitioners (1)	1,657.12		675.31	104.97	18.22	57.60								2,513.23	1.55
Out-patient care centres (special tx)												8.84		8.84	0.01
All other providers												34.36		34.36	0.02
Home health care												0.03		0.03	0.00
Ancillary services to health care (2)										13.03	312.74	2.83		328.60	0.20
Medical goods dispensed to out-patients (3)										130.28	8,891.15	2.45		9,023.88	5.57
Phamaceuticals; other med. non-durables										130.28	8,424.04	0.94		8,555.25	5.28
Prescribed medicines												0.01		0.01	0.00
Over-the-counter medicines										117.25	8,347.85	0.11		8,465.21	5.22
Other medical non-durables										13.03	76.18	0.82		90.03	0.06
Therapeutical appl.; other medical durables											467.11	1.51		468.63	0.29
Glasses and other vision products											467.11	0.01		467.12	0.29
Orthopaedic appliances; other prosthetics												1.50		1.50	0.00
All other misc. durable medical goods															
Prevention and public health services	11,467.61	1,070.12	377.39									79.53	9.28	13,003.93	8.02
Health administration and health insurance	5,806.67	516.81	1,674.47			961.14	23.63	1,609.68	1,293.05	325.70		87.80		12,298.96	7.59
Total recurrent expenditure on health care	47,298.63	4,259.19	3,515.97	16,041.78	2,316.16	7,382.01	512.09	4,639.54	4,615.43	6,839.74	54,515.66	772.53	9.28	152,718.01	94.20
Gross capital formation	5,417.05	577.85	1,607.30			11.92	0.92				1,437.82	321.08	31.96	9,405.90	5.80
Total Health Expenditure	52,715.68	4,837.04	5,123.27	16,041.78	2,316.16	7,393.94	513.01	4,639.54	4,615.43	6,839.74	55,953.48	1,093.61	41.24	162,123.91	100.00
%	32.52	2.98	3.16	9.89	1.43	4.56	0.32	2.86	2.85	4.22	34.51	0.67	0.03	100.00	

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

Thai NHA 2000: Total expenditure on health by function of care, provider and source of funding

	Unit : million Baht														
Expenditure category	Public Financing Agencies							Private Financing Agencies						Total	%
	1	2	3	4	5	6	7	8	9	10	11	12	13		
	MOPH	Other mins	Local government	CSMBS	State enterprise	Social security funds	WCF	Private insurance	Traffic insurance	Employer benefit	Household	Non - profit	Rest of the world		
In-patient care including day cases	14,352.90	1,124.66	813.69	10,050.17	1,139.97	4,112.63	226.20	2,922.59	2,804.55	2,636.09	11,062.09	237.15		51,482.69	30.80
Curative and rehabilitative care	14,352.90	1,124.66	813.69	10,050.17	1,139.97	4,112.63	226.20	2,922.59	2,804.55	2,636.09	11,062.09	237.15		51,482.69	30.80
General hospitals	14,352.90	1,124.66	813.69	10,050.17	1,139.97	4,112.63	226.20	2,922.59	2,804.55	2,636.09	11,062.09	191.34		51,436.88	30.77
- Public	14,352.90	1,124.66	813.69	9,083.46	880.30	2,472.27	187.49	438.39	420.68	1,751.07	6,514.76	185.89		38,225.56	22.87
- Private				966.71	259.67	1,640.36	38.71	2,484.20	2,383.87	885.02	4,547.34	5.45		13,211.32	7.90
Speciality hospitals (Public)															
Nursing and residential care facilities(Private)												4.34		4.34	0.00
All other providers												41.47		41.47	0.02
Long-term nursing care (included in curative)															
General hospitals															
Speciality hospitals															
Nursing and residential care facilities															
All other providers															
Outpatient curative and rehabilitative care	17,742.72	1,251.47	1,121.04	7,007.39	1,321.20	3,195.42	240.61	90.39	179.01	3,369.40	32,214.94	292.01		68,025.60	40.70
Hospitals	15,971.28	1,251.47	316.43	6,888.85	1,301.84	3,129.94	240.61	90.39	89.51	3,091.25	20,808.45	250.75		53,430.77	31.97
- Public	15,971.28	1,251.47	316.43	6,888.85	1,046.02	1,529.77	190.98	13.56	13.43	2,446.45	12,452.07	244.09		42,364.40	25.35
- Private					255.82	1,600.17	49.63	76.83	76.08	644.80	8,356.37	6.66		11,066.37	6.62
Speciality hospitals (Public)															
Offices of physicians									89.51	82.18	10,037.14	1.71		10,210.53	6.11
Offices of dentists										195.97	1,369.36			1,565.33	0.94
Offices of other health practitioners (1)	1,771.44		804.61	118.54	19.36	65.48								2,779.43	1.66
Out-patient care centres (special tx)												6.82		6.82	0.00
All other providers												32.72		32.72	0.02
Home health care												0.45		0.45	0.00
Ancillary services to health care (2)										88.50	150.55	3.89		242.94	0.15
Medical goods dispensed to out-patients (3)										227.58	10,321.73	1.67		10,550.98	6.31
Pharmaceuticals; other med. non-durables										227.58	10,105.19	0.85		10,333.62	6.18
Prescribed medicines												0.14		0.14	0.00
Over-the-counter medicines										227.58	9,964.96	0.09		10,192.63	6.10
Other medical non-durables											140.24	0.62		140.85	0.08
Therapeutical appl.; other medical durables											216.54	0.82		217.36	0.13
Glasses and other vision products											216.54	0.003		216.54	0.13
Orthopaedic appliances; other prosthetics												0.82		0.82	0.00
All other misc. durable medical goods															
Prevention and public health services	12,436.85	929.05	331.01									67.38	12.43	13,776.71	8.24
Health administration and health insurance	5,989.23	443.40	1,875.14			1,051.13	15.63	2,009.78	1,355.84	316.08		92.36		13,148.60	7.87
Total recurrent expenditure on health care	50,521.71	3,748.58	4,140.88	17,057.56	2,461.17	8,359.19	482.44	5,022.76	4,339.41	6,637.65	53,749.31	694.91	12.43	157,227.98	94.07
Gross capital formation	4,438.67	1,076.28	1,479.38			8.09	0.52				2,612.75	243.88	59.33	9,918.90	5.93
Total Health Expenditure	54,960.38	4,824.86	5,620.26	17,057.56	2,461.17	8,367.28	482.95	5,022.76	4,339.41	6,637.65	56,362.06	938.78	71.76	167,146.87	100.00
%	32.88	2.89	3.36	10.21	1.47	5.01	0.29	3.01	2.60	3.97	33.72	0.56	0.04	100.00	

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

Thai NHA 2001: Total expenditure on health by function of care, provider and source of funding

	Public Financing Agencies													Private Financing Agencies			Unit : million Baht	
Expenditure category	1	2	3	4	5	6	7	8	9	10	11	12	13	Total	%			
	MOPH	Other mins	Local government	CSMBS	State enterprise	Social security funds	WCF	Private insurance	Traffic insurance	Employer benefit	Household	Non - profit	Rest of the world					
In-patient care including day cases	13,813.98	732.18	1,022.75	11,008.14	1,193.81	4,977.50	244.10	3,175.92	3,153.41	2,754.56	13,151.91	233.00		55,461.25	32.59			
Curative and rehabilitative care	13,813.98	732.18	1,022.75	11,008.14	1,193.81	4,977.50	244.10	3,175.92	3,153.41	2,754.56	13,151.91	233.00		55,461.25	32.59			
General hospitals	13,813.98	732.18	1,022.75	11,008.14	1,193.81	4,977.50	244.10	3,175.92	3,153.41	2,754.56	13,151.91	175.57		55,403.82	32.55			
- Public	13,813.98	732.18	1,022.75	9,775.13	921.87	2,992.18	202.32	476.39	473.01	2,276.66	8,165.56	170.30		41,022.34	24.10			
- Private				1,233.01	271.93	1,985.32	41.77	2,699.53	2,680.40	477.90	4,986.35	5.27		14,381.49	8.45			
Speciality hospitals (Public)												4.21		4.21	0.00			
Nursing and residential care facilities(Private)												4.77		4.77	0.00			
All other providers												48.44		48.44	0.03			
Long-term nursing care (included in curative)																		
General hospitals																		
Speciality hospitals																		
Nursing and residential care facilities																		
All other providers																		
Outpatient curative and rehabilitative care	17,076.52	814.74	1,312.50	8,122.64	1,383.60	4,012.87	259.65	98.22	201.28	3,716.99	31,269.24	260.36	2.79	68,531.41	40.26			
Hospitals	15,371.59	814.74	397.74	7,985.24	1,363.33	3,930.63	259.65	98.22	100.64	3,497.96	20,271.67	217.22	2.79	54,311.42	31.91			
- Public	15,371.59	814.74	397.74	7,985.24	1,095.42	1,921.11	206.10	14.73	15.10	2,668.27	11,995.26	210.77	2.79	42,698.85	25.09			
- Private					267.91	2,009.52	53.56	83.49	85.54	829.69	8,276.41	6.45		11,612.57	6.82			
Speciality hospitals (Public)												6.99		6.99	0.00			
Offices of physicians									100.64	179.21	10,024.98	1.58		10,306.41	6.06			
Offices of dentists										39.82	972.59			1,012.41	0.59			
Offices of other health practitioners (1)	1,704.93		914.77	137.40	20.27	82.24								2,859.61	1.68			
Out-patient care centres (special tx)												5.74		5.74	0.00			
All other providers												28.83		28.83	0.02			
Home health care												0.21		0.21	0.00			
Ancillary services to health care (2)											315.83	6.59		322.42	0.19			
Medical goods dispensed to out-patients (3)										165.94	10,240.41	3.55		10,409.91	6.12			
Pharmaceuticals; other med. non-durables										165.94	9,663.14	2.94		9,832.02	5.78			
Prescribed medicines												1.232		1.232	0.00			
Over-the-counter medicines										159.30	9,579.47	0.12		9,738.90	5.72			
Other medical non-durables										6.64	83.66	1.59		91.89	0.05			
Therapeutical appl.; other medical durables											577.28	0.61		577.89	0.34			
Glasses and other vision products											577.28			577.28	0.34			
Orthopaedic appliances; other prosthetics												0.61		0.61	0.00			
All other misc. durable medical goods																		
Prevention and public health services	12,492.28	657.73	401.97									54.74	24.35	13,631.06	8.01			
Health administration and health insurance	5,894.23	295.17	1,491.80			1,761.98	17.51	2,072.32	1,422.17	331.87		103.68	5.43	13,396.15	7.87			
Total recurrent expenditure on health care	49,277.00	2,499.82	4,229.02	19,130.78	2,577.41	10,752.35	521.25	5,346.46	4,776.87	6,969.36	54,977.39	662.13	32.56	161,752.41	95.03			
Gross capital formation	3,790.91	1,277.61	1,722.78								1,308.56	196.38	154.64	8,450.89	4.97			
Total Health Expenditure	53,067.91	3,777.44	5,951.81	19,130.78	2,577.41	10,752.35	521.25	5,346.46	4,776.87	6,969.36	56,285.95	858.51	187.21	170,203.30	100.00			
%	31.18	2.22	3.50	11.24	1.51	6.32	0.31	3.14	2.81	4.09	33.07	0.50	0.11	100.00				

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

Thai NHA 2002: Total expenditure on health by function of care, provider and source of funding

	Unit : million Baht															
Expenditure category	Public Financing Agencies								Private Financing Agencies						Total	%
	1	2	3	4	5	6	7	8	9	10	11	12	13	14		
	MOPH	Other mins	Local government	CSMBS	State enterprise	UC	Social security funds	WCF	Private insurance	Traffic insurance	Employer benefit	Household	Non - profit	Rest of the world		
In-patient care including day cases	9,507.17	1,244.22	1,169.13	10,967.10	891.94	6,614.51	7,026.33	334.01	3,501.52	3,490.93	2,847.21	15,984.99	241.12	0.00	63,820.19	31.79
Curative and rehabilitative care	9,507.17	1,244.22	1,169.13	10,967.10	891.94	6,614.51	7,026.33	334.01	3,501.52	3,490.93	2,847.21	15,984.99	241.12	0.00	63,820.19	31.79
General hospitals	9,507.17	1,244.22	1,169.13	10,967.10	891.94	6,614.51	7,026.33	334.01	3,501.52	3,490.93	2,847.21	15,984.99	179.28	0.00	63,758.35	31.76
- Public	9,507.17	1,244.22	1,169.13	9,462.62	714.36	5,768.95	3,898.87	185.34	525.23	523.64	2,108.29	8,648.07	174.07	0.00	43,929.97	21.88
- Private	0.00	0.00	0.00	1,504.48	177.58	845.56	3,127.46	148.67	2,976.29	2,967.29	738.92	7,336.91	5.21	0.00	19,828.38	9.88
Speciality hospitals (Public)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.21	0.00	4.21	0.00
Nursing and residential care facilities (Private)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00	0.00	5.00	0.00
All other providers	0.00												52.63		52.63	0.03
Long-term nursing care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
General hospitals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Speciality hospitals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nursing and residential care facilities															0.00	0.00
All other providers															0.00	0.00
Outpatient curative and rehabilitative care	18,545.64	2,427.09	1,505.36	9,509.22	1,739.91	14,435.40	3,030.38	163.52	108.29	222.83	3,342.83	29,684.57	262.50	328.09	85,305.64	42.49
Hospitals	16,564.01	2,427.09	454.66	9,207.79	1,554.00	12,258.72	2,992.54	163.52	108.29	111.41	3,212.52	18,836.92	219.31	328.09	68,438.90	34.09
- Public	16,564.01	2,427.09	454.66	7,391.28	1,147.70	11,331.63	1,278.30	69.85	16.24	16.71	2,628.02	10,040.78	212.94	328.09	53,907.31	26.85
- Private	0.00	0.00	0.00	1,816.50	406.29	927.10	1,714.25	93.67	92.05	94.70	584.51	8,796.14	6.37	0.00	14,531.59	7.24
Speciality hospitals (Public)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.99	0.00	0.00	0.00
Offices of physicians	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	111.41	48.96	9,180.26	1.65	0.00	9,342.29	4.65
Offices of dentists	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	81.35	1,667.38	0.00	0.00	1,748.73	0.87
Offices of other health practitioners (1)	1,981.63	0.00	1,050.70	301.43	185.91	2,176.68	37.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,734.18	2.86
Out-patient care centres	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.59	0.00	5.59	0.00
All other providers													28.95		28.95	0.01
Home health care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.21	0.00	0.21	0.00
Ancillary services to health care (2)	0.00	0.00	0.00	0.00	0.00	177.29	0.00	0.00	0.00	0.00	0.00	351.93	7.84	0.00	537.06	0.27
Medical goods dispensed to out-patients (3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	97.92	7,652.36	5.71	0.00	7,756.00	3.86
Pharmaceuticals; other med. non-durables	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	97.92	7,532.19	5.11	0.00	7,635.22	3.80
Prescribed medicines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.12	0.00	3.12	0.00
Over-the-counter medicines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	95.66	7,442.06	0.14	0.00	7,537.86	3.75
Other medical non-durables	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.26	90.13	1.85	0.00	94.24	0.05
Therapeutical appl.; other medical durables	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	120.17	0.60	0.00	120.77	0.06
Glasses and other vision products	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	120.17	0.00	0.00	120.17	0.06
Orthopaedic appliances; other prosthetics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.60	0.00	0.60	0.00
All other misc. durable medical goods	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Prevention and public health services	17,839.56	2,346.98	433.84	0.00	0.00	4,285.71	0.00	0.00	0.00	0.00	0.00	0.00	55.07	25.57	24,986.71	12.45
Health administration and health insurance	1,846.38	235.00	1,550.35	0.00	0.00	1,134.90	627.70	14.93	2,272.24	1,400.53	314.40	0.00	110.39	52.18	9,559.01	4.76
Total current expenditure on health care	47,738.75	6,253.29	4,658.69	20,476.32	2,631.85	26,647.81	10,684.42	512.46	5,882.05	5,114.29	6,602.36	53,673.85	682.84	405.83	191,964.82	95.62
Gross capital formation	1,405.61	254.05	1,890.66	0.00	0.00	3,696.43	0.00	0.00	0.00	0.00	0.00	1,180.37	213.93	161.95	8,803.01	4.38
Total Health Expenditure	49,144.36	6,507.34	6,549.35	20,476.32	2,631.85	30,344.24	10,684.42	512.46	5,882.05	5,114.29	6,602.36	54,854.22	896.78	567.78	200,767.82	100.00
%	24.48	3.24	3.26	10.20	1.31	15.11	5.32	0.26	2.93	2.55	3.29	27.32	0.45	0.28	100.00	

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

Thai NHA 2003: Total expenditure on health by function of care, provider and source of funding

															Unit : million Baht	
Expenditure category	Public Financing Agencies								Private Financing Agencies						Total	%
	1	2	3	4	5	6	7	8	9	10	11	12	13	14		
	MOPH	Other mins	Local government	CSMBS	State enterprise	UC	Social security funds	WCF	Private insurance	Traffic insurance	Employer benefit	Household	Non - profit	Rest of the world		
In-patient care including day cases	11,044.37	1,834.71	1,336.47	11,335.40	888.70	13,363.59	8,247.92	390.96	3,853.06	3,535.54	2,831.82	16,576.76	250.33	0.00	75,489.63	32.98
Curative and rehabilitative care	11,044.37	1,834.71	1,336.47	11,335.40	888.70	13,363.59	8,247.92	390.96	3,853.06	3,535.54	2,831.82	16,576.76	250.33	0.00	75,489.63	32.98
General hospitals	11,044.37	1,834.71	1,336.47	11,335.40	888.70	13,363.59	8,247.92	390.96	3,853.06	3,535.54	2,831.82	16,576.76	183.08	0.00	75,422.38	32.95
- Public	11,044.37	1,834.71	1,336.47	10,960.72	711.05	12,315.62	4,576.72	216.94	577.96	530.33	2,096.89	8,968.23	177.92	0.00	55,347.94	24.18
- Private	0.00	0.00	0.00	374.68	177.65	1,047.98	3,671.20	174.02	3,275.10	3,005.21	734.92	7,608.53	5.15	0.00	20,074.44	8.77
Speciality hospitals (Public)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.21	0.00	4.21	0.00
Nursing and residential care facilities (Private)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.24	0.00	5.24	0.00
All other providers	0.00												57.79		57.79	0.03
Long-term nursing care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
General hospitals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Speciality hospitals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nursing and residential care facilities															0.00	0.00
All other providers															0.00	0.00
Outpatient curative and rehabilitative care	21,544.25	3,578.97	1,737.30	11,350.49	1,740.70	12,792.20	3,541.58	191.41	119.17	225.67	3,324.77	30,783.50	264.69	255.78	91,450.49	39.95
Hospitals	19,242.22	3,578.97	519.74	10,990.69	1,685.53	10,883.77	3,497.36	191.41	119.17	112.84	3,195.16	19,534.27	221.43	255.78	74,028.33	32.34
- Public	19,242.22	3,578.97	519.74	8,822.46	1,353.01	9,935.18	1,493.93	81.76	17.88	16.93	2,613.81	10,412.49	215.13	255.78	58,559.30	25.58
- Private	0.00	0.00	0.00	2,168.23	332.52	948.59	2,003.43	109.64	101.29	95.91	581.35	9,121.78	6.30	0.00	15,469.04	6.76
Speciality hospitals (Public)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.99	0.00	0.00	0.00
Offices of physicians	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	112.84	48.70	9,520.12	1.72	0.00	9,683.38	4.23
Offices of dentists	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80.91	1,729.11	0.00	0.00	1,810.02	0.79
Offices of other health practitioners (1)	2,302.04	0.00	1,217.56	359.80	55.18	1,908.43	44.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,887.23	2.57
Out-patient care centres	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.45	0.00	5.45	0.00
All other providers													29.09		29.09	0.01
Home health care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.21	0.00	0.21	0.00
Ancillary services to health care (2)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	364.96	9.37	0.00	374.33	0.16
Medical goods dispensed to out-patients (3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	97.39	7,935.66	11.16	0.00	8,044.21	3.51
Pharmaceuticals; other med. non-durables	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	97.39	7,811.04	10.56	0.00	7,918.99	3.46
Prescribed medicines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.25	0.00	8.25	0.00
Over-the-counter medicines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	95.14	7,717.57	0.16	0.00	7,812.87	3.41
Other medical non-durables	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.25	93.47	2.15	0.00	97.87	0.04
Therapeutical appl.; other medical durables	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	124.62	0.60	0.00	125.22	0.05
Glasses and other vision products	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	124.62	0.00	0.00	124.62	0.05
Orthopaedic appliances; other prosthetics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.60	0.00	0.60	0.00
All other misc. durable medical goods	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Prevention and public health services	11,896.49	1,972.52	468.85	0.00	0.00	3,942.10	0.00	0.00	0.00	0.00	0.00	0.00	55.41	61.81	18,397.18	8.04
Health administration and health insurance	1,856.68	295.68	1,611.73	0.00	0.00	1,134.90	639.31	17.47	2,806.39	1,466.16	312.70	0.00	117.83	54.79	10,313.64	4.51
Total current expenditure on health care	46,341.79	7,681.88	5,154.34	22,685.89	2,629.40	31,232.80	12,428.81	599.84	6,778.62	5,227.37	6,566.67	55,660.88	709.01	372.39	204,069.70	89.14
Gross capital formation	1,041.95	317.35	7,229.24	0.00	0.00	1,212.52	12,428.81	599.84	0.00	0.00	0.00	1,248.56	233.09	541.99	24,853.36	10.86
Total Health Expenditure	47,383.74	7,999.23	12,383.58	22,685.89	2,629.40	32,445.32	24,857.63	1,199.68	6,778.62	5,227.37	6,566.67	56,909.44	942.10	914.37	228,923.06	100.00
%	20.70	3.49	5.41	9.91	1.15	14.17	10.86	0.52	2.96	2.28	2.87	24.86	0.41	0.40	100.00	

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

Thai NHA 2004: Total expenditure on health by function of care, provider and source of funding

	Unit: million Baht															
Expenditure category	Public Financing Agencies								Private Financing Agencies						Total	%
	1	2	3	4	5	6	7	8	9	10	11	12	13	14		
	MOPH	Other mins	Local government	CSMBS	State enterprise	UC	Social security funds	WCF	Private insurance	Traffic insurance	Employer benefit	Household	Non - profit	Rest of the world		
In-patient care including day cases	14,254.79	1,722.68	1,527.75	12,137.85	1,110.61	11,580.91	8,761.86	375.56	4,679.82	3,743.95	2,491.37	16,087.53	261.50	0.00	78,736.17	34.89
Curative and rehabilitative care	14,254.79	1,722.68	1,527.75	12,137.85	1,110.61	11,580.91	8,761.86	375.56	4,679.82	3,743.95	2,491.37	16,087.53	261.50	0.00	78,736.17	34.89
General hospitals	14,254.79	1,722.68	1,527.75	12,137.85	1,110.61	11,580.91	8,761.86	375.56	4,679.82	3,743.95	2,491.37	16,087.53	186.96	0.00	78,661.64	34.86
- Public	14,254.79	1,722.68	1,527.75	11,777.99	912.97	10,825.49	4,772.06	204.54	701.97	561.59	1,568.27	7,759.53	181.86	0.00	56,771.52	25.16
- Private	0.00	0.00	0.00	359.86	197.64	755.41	3,989.80	171.01	3,977.85	3,182.35	923.10	8,328.00	5.09	0.00	21,890.12	9.70
Speciality hospitals (Public)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.21	0.00	4.21	0.00
Nursing and residential care facilities (Private)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.51	0.00	5.51	0.00
All other providers	0.00												64.81		64.81	0.03
Long-term nursing care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
General hospitals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Speciality hospitals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nursing and residential care facilities															0.00	0.00
All other providers															0.00	0.00
Outpatient curative and rehabilitative care	23,283.06	2,813.75	2,018.81	13,905.27	1,519.61	13,342.14	4,203.85	224.26	144.74	238.98	3,121.95	31,894.14	266.92	268.57	97,246.04	43.10
Hospitals	20,504.52	2,813.75	594.13	13,421.07	1,466.70	11,333.67	4,122.13	224.26	144.74	119.49	2,966.64	19,407.67	223.58	268.57	77,610.93	34.39
- Public	20,504.52	2,813.75	594.13	10,357.12	1,131.86	10,455.94	1,426.18	77.59	21.71	17.92	2,320.88	11,964.45	217.35	268.57	62,171.98	27.55
- Private	0.00	0.00	0.00	3,063.95	334.84	877.74	2,695.95	146.67	123.03	101.56	645.76	7,443.22	6.23	0.00	15,438.95	6.84
Speciality hospitals (Public)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.99	0.00	0.00	0.00
Offices of physicians	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	119.49	72.40	10,628.43	1.80	0.00	10,822.12	4.80
Offices of dentists	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	82.91	1,858.04	0.00	0.00	1,940.95	0.86
Offices of other health practitioners (1)	2,778.53	0.00	1,424.68	484.20	52.91	2,008.47	81.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,830.50	3.03
Out-patient care centres	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.31	0.00	5.31	0.00
All other providers													29.24		29.24	0.01
Home health care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.21	0.00	0.21	0.00
Ancillary services to health care (2)	0.00	0.00	0.00	0.00	0.00	200.00	0.00	0.00	0.00	0.00	0.00	630.41	11.23	0.00	841.64	0.37
Medical goods dispensed to out-patients (3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	109.77	9,035.83	25.50	0.00	9,171.09	4.06
Pharmaceuticals; other med. non-durables	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	109.77	8,863.29	24.90	0.00	8,997.96	3.99
Prescribed medicines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22.21	0.00	22.21	0.01
Over-the-counter medicines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	108.02	8,571.32	0.18	0.00	8,679.51	3.85
Other medical non-durables	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.75	291.98	2.51	0.00	296.24	0.13
Therapeutical appl.; other medical durables	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	172.53	0.60	0.00	173.13	0.08
Glasses and other vision products	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	172.53	0.00	0.00	172.53	0.08
Orthopaedic appliances; other prosthetics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.60	0.00	0.60	0.00
All other misc. durable medical goods	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Prevention and public health services	12,417.67	1,495.04	507.34	0.00	0.00	4,196.47	0.00	0.00	0.00	0.00	0.00	0.00	55.78	64.90	18,737.19	8.30
Health administration and health insurance	2,629.03	308.47	1,676.08	0.00	0.00	1,291.61	1,287.35	17.99	2,732.88	1,635.28	286.15	0.00	126.10	57.53	12,048.47	5.34
Total current expenditure on health care	52,584.55	6,339.94	5,729.98	26,043.12	2,630.22	30,611.12	14,253.06	617.82	7,557.43	5,618.20	6,009.24	57,647.90	747.24	391.01	216,780.82	96.07
Gross capital formation	580.08	194.94	2,277.10	0.00	0.00	3,550.00	0.00	0.00	0.00	0.00	0.00	1,837.16	253.99	177.61	8,870.88	3.93
Total Health Expenditure	53,164.63	6,534.88	8,007.08	26,043.12	2,630.22	34,161.12	14,253.06	617.82	7,557.43	5,618.20	6,009.24	59,485.06	1,001.22	568.62	225,651.70	100.00
%	23.56	2.90	3.55	11.54	1.17	15.14	6.32	0.27	3.35	2.49	2.66	26.36	0.44	0.25	100.00	

(1) E.g., paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

Thai NHA 2005: Total expenditure on health by function of care, provider and source of funding

	Unit : million Baht															
Expenditure category	Public Financing Agencies								Private Financing Agencies						Total	%
	1	2	3	4	5	6	7	8	9	10	11	12	13	14		
	MOPH	Other mins	Local government	CSMBS	State enterprise	UC	Social security funds	WCF	Private insurance	Traffic insurance	Employer benefit	Household	Non - profit	Rest of the world		
In-patient care including day cases	11,934.92	2,027.73	1,746.41	12,437.28	1,040.90	17,985.47	11,488.63	396.18	5,144.60	3,587.67	2,436.96	18,519.68	276.93	0.00	89,023.36	35.89
Curative and rehabilitative care	11,934.92	2,027.73	1,746.41	12,437.28	1,040.90	17,985.47	11,488.63	396.18	5,144.60	3,587.67	2,436.96	18,519.68	276.93	0.00	89,023.36	35.89
General hospitals	11,934.92	2,027.73	1,746.41	12,437.28	1,040.90	17,985.47	11,488.63	396.18	5,144.60	3,587.67	2,436.96	18,519.68	190.93	0.00	88,937.36	35.85
- Public	11,934.92	2,027.73	1,746.41	12,210.93	911.23	15,530.08	6,704.38	231.20	771.69	538.15	1,534.02	8,932.63	185.89	0.00	63,259.27	25.50
- Private	0.00	0.00	0.00	226.35	129.67	2,455.39	4,784.25	164.98	4,372.91	3,049.52	902.94	9,587.05	5.03	0.00	25,678.09	10.35
Speciality hospitals (Public)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.21	0.00	4.21	0.00
Nursing and residential care facilities (Private)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.80	0.00	5.80	0.00
All other providers	0.00												75.99		75.99	0.03
Long-term nursing care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
General hospitals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Speciality hospitals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nursing and residential care facilities															0.00	0.00
All other providers															0.00	0.00
Outpatient curative and rehabilitative care	19,424.58	3,300.22	2,363.66	16,942.75	1,633.07	15,468.14	4,734.10	210.29	159.11	229.00	3,053.77	36,715.97	269.21	282.00	104,785.86	42.24
Hospitals	17,317.59	3,300.22	679.17	16,545.65	1,594.79	12,924.78	4,660.52	210.29	159.11	114.50	2,901.85	22,341.77	225.74	282.00	83,257.98	33.56
- Public	17,317.59	3,300.22	679.17	13,412.89	1,292.83	11,158.91	1,899.20	85.69	23.87	17.18	2,270.20	13,773.26	219.59	282.00	65,732.58	26.50
- Private	0.00	0.00	0.00	3,132.76	301.96	1,765.87	2,761.33	124.59	135.24	97.33	631.66	8,568.50	6.15	0.00	17,525.39	7.06
Speciality hospitals (Public)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.99	0.00		0.00
Offices of physicians	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	114.50	70.82	12,235.26	1.88	0.00	12,422.46	5.01
Offices of dentists	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	81.10	2,138.94	0.00	0.00	2,220.04	0.89
Offices of other health practitioners (1)	2,106.99	0.00	1,684.49	397.10	38.28	2,543.36	73.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,843.80	2.76
Out-patient care centres	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.18	0.00	5.18	0.00
All other providers													29.41		29.41	0.01
Home health care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.21	0.00	0.21	0.00
Ancillary services to health care (2)	0.00	0.00	0.00	0.00	0.00	226.98	0.00	0.00	0.00	0.00	0.00	725.71	13.50	0.00	966.20	0.39
Medical goods dispensed to out-patients (3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	107.37	10,401.88	63.92	0.00	10,573.18	4.26
Pharmaceuticals; other med. non-durables	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	107.37	10,203.27	63.32	0.00	10,373.96	4.18
Prescribed medicines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	60.21	0.00	60.21	0.02
Over-the-counter medicines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	105.66	9,867.15	0.20	0.00	9,973.00	4.02
Other medical non-durables	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.71	336.12	2.92	0.00	340.75	0.14
Therapeutical appl.; other medical durables	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	198.62	0.60	0.00	199.22	0.08
Glasses and other vision products	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	198.62	0.00	0.00	198.62	0.08
Orthopaedic appliances; other prosthetics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.60	0.00	0.60	0.00
All other misc. durable medical goods	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Prevention and public health services	5,817.96	988.47	549.71	0.00	0.00	4,361.18	0.00	0.00	0.00	0.00	0.00	0.00	56.17	68.15	11,841.63	4.77
Health administration and health insurance	9,060.52	1,539.37	1,743.59	0.00	0.00	618.75	2,900.62	18.19	2,917.33	1,894.08	279.91	0.00	135.27	60.40	21,168.04	8.53
Total current expenditure on health care	46,237.97	7,855.79	6,403.38	29,380.03	2,673.97	38,660.52	19,123.35	624.66	8,221.04	5,710.75	5,878.01	66,363.25	815.21	410.56	238,358.48	96.08
Gross capital formation	839.06	142.56	2,499.00	0.00	0.00	3,592.98	0.00	0.00	0.00	0.00	0.00	2,184.32	276.78	186.01	9,720.70	3.92
Total Health Expenditure	47,077.03	7,998.34	8,902.37	29,380.03	2,673.97	42,253.50	19,123.35	624.66	8,221.04	5,710.75	5,878.01	68,547.57	1,091.99	596.56	248,079.18	100.00
%	18.98	3.22	3.59	11.84	1.08	17.03	7.71	0.25	3.31	2.30	2.37	27.63	0.44	0.24	100.00	

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory; diagnostic imaging; and patient transport. (3) Included are fitting of prosthesis; eye tests and other services of providers of these goods.

Thai NHA: Total expenditure on health by source of funding, function of care and provider

Unit: million Baht

Unit: million Baht																
Expenditure category	ICHA-HC function of health care	ICHA-HP provider industry	Public Financing Agencies													
			1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
			MOPH	MOPH	MOPH	MOPH	MOPH	MOPH	MOPH	MOPH	MOPH	MOPH	MOPH	MOPH	MOPH	MOPH
In-patient care including day cases	HC.1.1; 1.2; 2.1; 2.2;	All industries	6,650.15	7,669.78	9,105.70	10,588.75	9,260.33	13,426.65	14,352.90	13,813.98	9,507.17	11,044.37	14,254.79	11,934.92		
Curative and rehabilitative care			6,650.15	7,669.78	9,105.70	10,588.75	9,260.33	13,426.65	14,352.90	13,813.98	9,507.17	11,044.37	14,254.79	11,934.92		
General hospitals		HP.1.1	6,650.15	7,669.78	9,105.70	10,588.75	9,260.33	13,426.65	14,352.90	13,813.98	9,507.17	11,044.37	14,254.79	11,934.92		
- Public		HP.1.1.1	6,650.15	7,669.78	9,105.70	10,588.75	9,260.33	13,426.65	14,352.90	13,813.98	9,507.17	11,044.37	14,254.79	11,934.92		
- Private		HP.1.1.2														
Speciality hospitals (Public)		HP.1.2+1.3														
Nursing and residential care facilities(Private)		HP.2														
All other providers		All other														
Long-term nursing care (included in curative)	HC.3.1; 3.2	All industries														
General hospitals		HP.1.1														
Speciality hospitals		HP.1.2+1.3														
Nursing and residential care facilities		HP.2														
All other providers		All other														
Outpatient curative and rehabilitative care	HC.1.3; 2.3	All industries	9,737.69	11,230.72	13,333.30	13,089.56	11,447.41	16,597.71	17,742.72	17,076.52	18,545.64	21,544.25	23,283.06	19,424.58		
Hospitals		HP.1.1	8,545.70	9,855.97	11,701.17	11,782.69	10,304.49	14,940.58	15,971.28	15,371.59	16,564.01	19,242.22	20,504.52	17,317.59		
- Public		HP.1.1.1	8,545.70	9,855.97	11,701.17	11,782.69	10,304.49	14,940.58	15,971.28	15,371.59	16,564.01	19,242.22	20,504.52	17,317.59		
- Private		HP.1.1.2														
Speciality hospitals (Public)		HP.1.2+1.3														
Offices of physicians		HP.3.1														
Offices of dentists		HP.3.2														
Offices of other health practitioners (1)		HP.3.3	1,191.99	1,374.75	1,632.13	1,306.87	1,142.91	1,657.12	1,771.44	1,704.93	1,981.63	2,302.04	2,778.53	2,106.99		
Out-patient care centres (special tx)		HP.3.4														
All other providers		All other														
Home health care	HC.1.4; 2.4; 3.3	All industries														
Ancillary services to health care (2)	HC.4	All industries														
Medical goods dispensed to out-patients (3)	HC.5	All industries														
Pharmaceuticals; other med. non-durables	HC.5.1															
Prescribed medicines	HC.5.1.1															
Over-the-counter medicines	HC.5.1.2															
Other medical non-durables	HC.5.1.3															
Therapeutical appl.; other medical durables	HC.5.2															
Glasses and other vision products	HC.5.2.1															
Orthopaedic appliances; other prosthetics	HC.5.2.2															
All other misc. durable medical goods	HC.5.2.3-5.2.9															
Prevention and public health services	HC.6	All industries	7,881.42	9,187.99	10,995.43	11,999.51	11,154.08	11,467.61	12,436.85	12,492.28	17,839.56	11,896.49	12,417.67	5,817.96		
Health administration and health insurance	HC.7	All industries	1,991.48	1,937.17	2,299.84	6,566.91	6,153.05	5,806.67	5,989.23	5,894.23	1,846.38	1,856.68	2,629.03	9,060.52		
Total recurrent expenditure on health care	HC.1-HC.7	All industries	26,260.74	30,025.66	35,734.27	42,244.72	38,014.87	47,298.63	50,521.71	49,277.00	47,738.75	46,341.79	52,584.55	46,237.97		
Gross capital formation	HC.R.1		8,214.19	12,098.31	15,801.97	24,267.10	19,983.99	5,417.05	4,438.67	3,790.91	1,405.61	1,041.95	580.08	839.06		
Total Health Expenditure			34,474.93	42,123.97	51,536.25	66,511.82	57,998.86	52,715.68	54,960.38	53,067.91	49,144.36	47,383.74	53,164.63	47,077.03	47,077	47,077

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prosthesis, eye tests and other services of providers of these goods.

Thai NHA: Total expenditure on health by source of funding, function of care and provider

			Unit : million Baht													
Expenditure category	ICHA-HC function of health care	ICHA-HP provider industry	Public Financing Agencies													
			1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
			Other mins	Other mins	Other mins	Other mins	Other mins	Other mins	Other mins	Other mins	Other mins	Other mins	Other mins	Other mins	Other mins	Other mins
In-patient care including day cases	HC.1.1; 1.2; 2.1; 2.2;	All industries	856.33	1,377.87	1,384.37	1,158.11	1,071.03	1,264.82	1,124.66	732.18	1,244.22	1,834.71	1,722.68	2,027.73		
Curative and rehabilitative care			856.33	1,377.87	1,384.37	1,158.11	1,071.03	1,264.82	1,124.66	732.18	1,244.22	1,834.71	1,722.68	2,027.73		
General hospitals		HP.1.1	856.33	1,377.87	1,384.37	1,158.11	1,071.03	1,264.82	1,124.66	732.18	1,244.22	1,834.71	1,722.68	2,027.73		
- Public		HP.1.1.1	856.33	1,377.87	1,384.37	1,158.11	1,071.03	1,264.82	1,124.66	732.18	1,244.22	1,834.71	1,722.68	2,027.73		
- Private		HP.1.1.2														
Speciality hospitals (Public)		HP.1.2+1.3														
Nursing and residential care facilities(Private)		HP.2														
All other providers		All other														
Long-term nursing care (included in curative)	HC.3.1; 3.2	All industries														
General hospitals		HP.1.1														
Speciality hospitals		HP.1.2+1.3														
Nursing and residential care facilities		HP.2														
All other providers		All other														
Outpatient curative and rehabilitative care	HC.1.3; 2.3	All industries	1,100.42	1,770.61	1,778.97	1,288.69	1,191.80	1,407.43	1,251.47	814.74	2,427.09	3,578.97	2,813.75	3,300.22		
Hospitals		HP.1.1	1,100.42	1,770.61	1,778.97	1,288.69	1,191.80	1,407.43	1,251.47	814.74	2,427.09	3,578.97	2,813.75	3,300.22		
- Public		HP.1.1.1	1,100.42	1,770.61	1,778.97	1,288.69	1,191.80	1,407.43	1,251.47	814.74	2,427.09	3,578.97	2,813.75	3,300.22		
- Private		HP.1.1.2														
Speciality hospitals (Public)		HP.1.2+1.3														
Offices of physicians		HP.3.1														
Offices of dentists		HP.3.2														
Offices of other health practitioners (1)		HP.3.3														
Out-patient care centres (special tx)		HP.3.4														
All other providers		All other														
Home health care	HC.1.4; 2.4; 3.3	All industries														
Ancillary services to health care (2)	HC.4	All industries														
Medical goods dispensed to out-patients (3)	HC.5	All industries														
Pharmaceuticals; other med. non-durables	HC.5.1															
Prescribed medicines	HC.5.1.1															
Over-the-counter medicines	HC.5.1.2															
Other medical non-durables	HC.5.1.3															
Therapeutical appl.; other medical durables	HC.5.2															
Glasses and other vision products	HC.5.2.1															
Orthopaedic appliances; other prosthetics	HC.5.2.2															
All other misc. durable medical goods	HC.5.2.3-5.2.9															
Prevention and public health services	HC.6	All industries	996.69	1,620.32	1,627.98	1,296.35	1,275.83	1,070.12	929.05	657.73	2,346.98	1,972.52	1,495.04	988.47		
Health administration and health insurance	HC.7	All industries	237.79	322.70	324.22	678.59	672.37	516.81	443.40	295.17	235.00	295.68	308.47	1,539.37		
Total recurrent expenditure on health care	HC.1-HC.7	All industries	3,191.23	5,091.50	5,115.55	4,421.74	4,211.03	4,259.19	3,748.58	2,499.82	6,253.29	7,681.88	6,339.94	7,855.79		
Gross capital formation	HC.R.1		1,268.69	2,036.69	1,438.27	1,622.12	117.07	577.85	1,076.28	1,277.61	254.05	317.35	194.94	142.56		
Total Health Expenditure			4,459.93	7,128.19	6,553.82	6,043.86	4,328.10	4,837.04	4,824.86	3,777.44	6,507.34	7,999.23	6,534.88	7,998.34	8,347	8,603

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prosthesis, eye tests and other services of providers of these goods.

Thai NHA: Total expenditure on health by source of funding, function of care and provider

		Unit : million Baht													
Expenditure category	ICHA-HC function of health care	ICHA-HP provider industry	Public Financing Agencies												
			1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
			Local government	Local government	Local government	Local government	Local government	Local government	Local government	Local government	Local government	Local government	Local government	Local government	Local government
In-patient care including day cases	HC.1.1; 1.2; 2.1; 2.2;	All industries	288.28	369.18	523.96	531.09	426.33	567.93	813.69	1,022.75	1,169.13	1,336.47	1,527.75	1,746.41	
Curative and rehabilitative care			288.28	369.18	523.96	531.09	426.33	567.93	813.69	1,022.75	1,169.13	1,336.47	1,527.75	1,746.41	
General hospitals		HP.1.1	288.28	369.18	523.96	531.09	426.33	567.93	813.69	1,022.75	1,169.13	1,336.47	1,527.75	1,746.41	
- Public		HP.1.1.1	288.28	369.18	523.96	531.09	426.33	567.93	813.69	1,022.75	1,169.13	1,336.47	1,527.75	1,746.41	
- Private		HP.1.1.2													
Speciality hospitals (Public)		HP.1.2+1.3													
Nursing and residential care facilities(Private)		HP.2													
All other providers		All other													
Long-term nursing care (included in curative)	HC.3.1; 3.2	All industries													
General hospitals		HP.1.1													
Speciality hospitals		HP.1.2+1.3													
Nursing and residential care facilities		HP.2													
All other providers		All other													
Outpatient curative and rehabilitative care	HC.1.3; 2.3	All industries	537.45	620.10	710.10	774.46	708.37	896.18	1,121.04	1,312.50	1,505.36	1,737.30	2,018.81	2,363.66	
Hospitals		HP.1.1	112.11	143.57	203.76	206.53	165.80	220.86	316.43	397.74	454.66	519.74	594.13	679.17	
- Public		HP.1.1.1	112.11	143.57	203.76	206.53	165.80	220.86	316.43	397.74	454.66	519.74	594.13	679.17	
- Private		HP.1.1.2													
Speciality hospitals (Public)		HP.1.2+1.3													
Offices of physicians		HP.3.1													
Offices of dentists		HP.3.2													
Offices of other health practitioners (1)		HP.3.3	425.34	476.53	506.34	567.92	542.58	675.31	804.61	914.77	1,050.70	1,217.56	1,424.68	1,684.49	
Out-patient care centres (special tx)		HP.3.4													
All other providers		All other													
Home health care	HC.1.4; 2.4; 3.3	All industries													
Ancillary services to health care (2)	HC.4	All industries													
Medical goods dispensed to out-patients (3)	HC.5	All industries													
Pharmaceuticals; other med. non-durables	HC.5.1														
Prescribed medicines	HC.5.1.1														
Over-the-counter medicines	HC.5.1.2														
Other medical non-durables	HC.5.1.3														
Therapeutic appl.; other medical durables	HC.5.2														
Glasses and other vision products	HC.5.2.1														
Orthopaedic appliances; other prosthetics	HC.5.2.2														
All other misc. durable medical goods	HC.5.2.3-5.2.9														
Prevention and public health services	HC.6	All industries	112.76	134.37	279.77	310.28	298.66	377.39	331.01	401.97	433.84	468.85	507.34	549.71	
Health administration and health insurance	HC.7	All industries	221.96	472.22	1,236.06	1,476.09	1,504.49	1,674.47	1,875.14	1,491.80	1,550.35	1,611.73	1,676.08	1,743.59	
Total recurrent expenditure on health care	HC.1-HC.7	All industries	1,160.45	1,595.87	2,749.89	3,091.91	2,937.86	3,515.97	4,140.88	4,229.02	4,658.69	5,154.34	5,729.98	6,403.38	
Gross capital formation	HC.R.1		654.67	670.87	1,082.21	1,802.56	1,916.96	1,607.30	1,479.38	1,722.78	1,890.66	7,229.24	2,277.10	2,499.00	
Total Health Expenditure			1,815.12	2,266.74	3,832.10	4,894.48	4,854.81	5,123.27	5,620.26	5,951.81	6,549.35	12,383.58	8,007.08	8,902.37	11,273

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prosthesis, eye tests and other services of providers of these goods.

Thai NHA: Total expenditure on health by source of funding, function of care and provider

			Unit : million Baht													
Expenditure category	ICHA-HC function of health care	ICHA-HP provider industry	Public Financing Agencies													
			1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
			State enterprise	State enterprise	State enterprise	State enterprise	State enterprise	State enterprise	State enterprise	State enterprise	State enterprise	State enterprise	State enterprise	State enterprise	State enterprise	State enterprise
In-patient care including day cases	HC.1.1; 1.2; 2.1; 2.2;	All industries	1,377.60	996.53	1,129.30	1,169.52	1,117.92	1,072.80	1,139.97	1,193.81	891.94	888.70	1,110.61	1,040.90		
Curative and rehabilitative care			1,377.60	996.53	1,129.30	1,169.52	1,117.92	1,072.80	1,139.97	1,193.81	891.94	888.70	1,110.61	1,040.90		
General hospitals		HP.1.1	1,377.60	996.53	1,129.30	1,169.52	1,117.92	1,072.80	1,139.97	1,193.81	891.94	888.70	1,110.61	1,040.90		
- Public		HP.1.1.1	209.31	151.41	171.59	903.12	863.27	828.43	880.30	921.87	714.36	711.05	912.97	911.23		
- Private		HP.1.1.2	1,168.29	845.12	957.71	266.40	254.65	244.37	259.67	271.93	177.58	177.65	197.64	129.67		
Speciality hospitals (Public)		HP.1.2+1.3														
Nursing and residential care facilities(Private)		HP.2														
All other providers		All other														
Long-term nursing care (included in curative)	HC.3.1; 3.2	All industries														
General hospitals		HP.1.1														
Speciality hospitals		HP.1.2+1.3														
Nursing and residential care facilities		HP.2														
All other providers		All other														
Outpatient curative and rehabilitative care	HC.1.3; 2.3	All industries	1,100.83	796.32	902.42	1,355.46	1,295.65	1,243.36	1,321.20	1,383.60	1,739.91	1,740.70	1,519.61	1,633.07		
Hospitals		HP.1.1	1,092.08	789.99	895.24	1,335.60	1,276.67	1,225.14	1,301.84	1,363.33	1,554.00	1,685.53	1,466.70	1,594.79		
- Public		HP.1.1.1	361.68	261.63	296.49	1,073.14	1,025.79	984.39	1,046.02	1,095.42	1,147.70	1,353.01	1,131.86	1,292.83		
- Private		HP.1.1.2	730.39	528.35	598.75	262.46	250.88	240.75	255.82	267.91	406.29	332.52	334.84	301.96		
Speciality hospitals (Public)		HP.1.2+1.3														
Offices of physicians		HP.3.1														
Offices of dentists		HP.3.2														
Offices of other health practitioners (1)		HP.3.3	8.76	6.33	7.18	19.86	18.99	18.22	19.36	20.27	185.91	55.18	52.91	38.28		
Out-patient care centres (special tx)		HP.3.4														
All other providers		All other														
Home health care	HC.1.4; 2.4; 3.3	All industries														
Ancillary services to health care (2)	HC.4	All industries														
Medical goods dispensed to out-patients (3)	HC.5	All industries														
Pharmaceuticals; other med. non-durables	HC.5.1															
Prescribed medicines	HC.5.1.1															
Over-the-counter medicines	HC.5.1.2															
Other medical non-durables	HC.5.1.3															
Therapeutical appl.; other medical durables	HC.5.2															
Glasses and other vision products	HC.5.2.1															
Orthopaedic appliances; other prosthetics	HC.5.2.2															
All other misc. durable medical goods	HC.5.2.3-5.2.9															
Prevention and public health services	HC.6	All industries														
Health administration and health insurance	HC.7	All industries														
Total recurrent expenditure on health care	HC.1-HC.7	All industries	2,478.43	1,792.85	2,031.72	2,524.98	2,413.58	2,316.16	2,461.17	2,577.41	2,631.85	2,629.40	2,630.22	2,673.97		
Gross capital formation	HC.R.1															
Total Health Expenditure			2,478.43	1,792.85	2,031.72	2,524.98	2,413.58	2,316.16	2,461.17	2,577.41	2,631.85	2,629.40	2,630.22	2,673.97	2,795	2,884

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prosthesis, eye tests and other services of providers of these goods.

Thai NHA: Total expenditure on health by source of funding, function of care and provider

Unit : million Baht

			Public Financing Agencies													
Expenditure category	ICHA-HC function of health care	ICHA-HP provider industry	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
			CSMBS	CSMBS	CSMBS	CSMBS	CSMBS	CSMBS	CSMBS	CSMBS	CSMBS	CSMBS	CSMBS	CSMBS	CSMBS	CSMBS
In-patient care including day cases	HC.1.1; 1.2; 2.1; 2.2;	All industries	6,580.11	7,184.42	8,761.27	9,877.98	10,594.16	9,836.24	10,050.17	11,008.14	10,967.10	11,335.40	12,137.85	12,437.28	15,108.93	15,648.55
Curative and rehabilitative care			6,580.11	7,184.42	8,761.27	9,877.98	10,594.16	9,836.24	10,050.17	11,008.14	10,967.10	11,335.40	12,137.85	12,437.28		
General hospitals		HP.1.1	6,580.11	7,184.42	8,761.27	9,877.98	10,594.16	9,836.24	10,050.17	11,008.14	10,967.10	11,335.40	12,137.85	12,437.28		
- Public		HP.1.1.1	4,874.63	5,476.42	6,660.17	7,520.33	8,772.20	9,047.78	9,083.46	9,775.13	9,462.62	10,960.72	11,777.99	12,210.93		
- Private		HP.1.1.2	1,705.48	1,708.00	2,101.10	2,357.65	1,821.96	788.46	966.71	1,233.01	1,504.48	374.68	359.86	226.35		
Speciality hospitals (Public)		HP.1.2+1.3														
Nursing and residential care facilities(Private)		HP.2														
All other providers		All other														
Long-term nursing care (included in curative)	HC.3.1; 3.2	All industries														
General hospitals		HP.1.1														
Speciality hospitals		HP.1.2+1.3														
Nursing and residential care facilities		HP.2														
All other providers		All other														
Outpatient curative and rehabilitative care	HC.1.3; 2.3	All industries	3,373.89	3,971.52	4,821.94	5,624.92	5,865.80	6,205.54	7,007.39	8,122.64	9,509.22	11,350.49	13,905.27	16,942.75	21,895.52	30,832.50
Hospitals		HP.1.1	3,257.33	3,834.31	4,655.35	5,529.77	5,766.58	6,100.57	6,888.85	7,985.24	9,207.79	10,990.69	13,421.07	16,545.65		
- Public		HP.1.1.1	3,257.33	3,834.31	4,655.35	5,529.77	5,766.58	6,100.57	6,888.85	7,985.24	7,391.28	8,822.46	10,357.12	13,412.89		
- Private		HP.1.1.2									1,816.50	2,168.23	3,063.95	3,132.76		
Speciality hospitals (Public)		HP.1.2+1.3														
Offices of physicians		HP.3.1														
Offices of dentists		HP.3.2														
Offices of other health practitioners (1)		HP.3.3	116.56	137.21	166.59	95.15	99.22	104.97	118.54	137.40	301.43	359.80	484.20	397.10		
Out-patient care centres (special tx)		HP.3.4														
All other providers		All other														
Home health care	HC.1.4; 2.4; 3.3	All industries														
Ancillary services to health care (2)	HC.4	All industries														
Medical goods dispensed to out-patients (3)	HC.5	All industries														
Pharmaceuticals; other med. non-durables	HC.5.1															
Prescribed medicines	HC.5.1.1															
Over-the-counter medicines	HC.5.1.2															
Other medical non-durables	HC.5.1.3															
Therapeutical appl.; other medical durables	HC.5.2															
Glasses and other vision products	HC.5.2.1															
Orthopaedic appliances; other prosthetics	HC.5.2.2															
All other misc. durable medical goods	HC.5.2.3-5.2.9															
Prevention and public health services	HC.6	All industries														
Health administration and health insurance	HC.7	All industries														
Total recurrent expenditure on health care	HC.1-HC.7	All industries	9,954.00	11,155.94	13,583.21	15,502.90	16,459.96	16,041.78	17,057.56	19,130.78	20,476.32	22,685.89	26,043.12	29,380.03	37,004.45	46,481.05
Gross capital formation	HC.R.1															
Total Health Expenditure			9,954.00	11,155.94	13,583.21	15,502.90	16,459.96	16,041.78	17,057.56	19,130.78	20,476.32	22,685.89	26,043.12	29,380.03	37,004	46,481

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prostheses, eye tests and other services of providers of these goods.

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prosthesis, eye tests and other services of providers of these goods.

Thai NHA: Total expenditure on health by source of funding, function of care and provider

Expenditure category	ICHA-HC function of health care	ICHA-HP provider industry	Public Financing Agencies											
			1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
			Social security funds	Social security funds	Social security funds	Social security funds	Social security funds	Social security funds	Social security funds	Social security funds	Social security funds	Social security funds	Social security funds	Social security funds
In-patient care including day cases	HC.1.1; 1.2; 2.1; 2.2;	All industries	1,764.45	2,266.50	2,993.03	3,005.26	3,918.67	3,610.13	4,112.63	4,977.50	7,026.33	8,247.92	8,761.86	11,488.63
Curative and rehabilitative care			1,764.45	2,266.50	2,993.03	3,005.26	3,918.67	3,610.13	4,112.63	4,977.50	7,026.33	8,247.92	8,761.86	11,488.63
General hospitals		HP.1.1	1,764.45	2,266.50	2,993.03	3,005.26	3,918.67	3,610.13	4,112.63	4,977.50	7,026.33	8,247.92	8,761.86	11,488.63
- Public		HP.1.1.1	955.03	1,226.77	1,620.01	1,806.59	2,355.68	2,170.20	2,472.27	2,992.18	3,898.87	4,576.72	4,772.06	6,704.38
- Private		HP.1.1.2	809.42	1,039.73	1,373.02	1,198.67	1,562.99	1,439.93	1,640.36	1,985.32	3,127.46	3,671.20	3,989.80	4,784.25
Speciality hospitals (Public)		HP.1.2+1.3												
Nursing and residential care facilities(Private)		HP.2												
All other providers		All other												
Long-term nursing care (included in curative)	HC.3.1; 3.2	All industries												
General hospitals		HP.1.1												
Speciality hospitals		HP.1.2+1.3												
Nursing and residential care facilities		HP.2												
All other providers		All other												
Outpatient curative and rehabilitative care	HC.1.3; 2.3	All industries	1,124.79	1,323.66	1,721.54	2,071.54	3,075.17	2,810.73	3,195.42	4,012.87	3,030.38	3,541.58	4,203.85	4,734.10
Hospitals		HP.1.1	1,083.76	1,275.38	1,658.74	2,029.08	3,012.15	2,753.13	3,129.94	3,930.63	2,992.54	3,497.36	4,122.13	4,660.52
- Public		HP.1.1.1	632.84	744.73	968.59	991.72	1,472.20	1,345.60	1,529.77	1,921.11	1,278.30	1,493.93	1,426.18	1,899.20
- Private		HP.1.1.2	450.92	530.65	690.15	1,037.36	1,539.95	1,407.53	1,600.17	2,009.52	1,714.25	2,003.43	2,695.95	2,761.33
Speciality hospitals (Public)		HP.1.2+1.3												
Offices of physicians		HP.3.1												
Offices of dentists		HP.3.2												
Offices of other health practitioners (1)		HP.3.3	41.03	48.29	62.80	42.45	63.02	57.60	65.48	82.24	37.84	44.22	81.72	73.58
Out-patient care centres (special tx)		HP.3.4												
All other providers		All other												
Home health care	HC.1.4; 2.4; 3.3	All industries												
Ancillary services to health care (2)	HC.4	All industries												
Medical goods dispensed to out-patients (3)	HC.5	All industries												
Pharmaceuticals; other med. non-durables	HC.5.1													
Prescribed medicines	HC.5.1.1													
Over-the-counter medicines	HC.5.1.2													
Other medical non-durables	HC.5.1.3													
Therapeutic appl.; other medical durables	HC.5.2													
Glasses and other vision products	HC.5.2.1													
Orthopaedic appliances; other prosthetics	HC.5.2.2													
All other misc. durable medical goods	HC.5.2.3-5.2.9													
Prevention and public health services	HC.6	All industries												
Health administration and health insurance	HC.7	All industries	359.71	762.90	560.50	553.22	942.64	961.14	1,051.13	1,761.98	627.70	639.31	1,287.35	2,900.62
Total recurrent expenditure on health care	HC.1-HC.7	All industries	3,248.94	4,353.07	5,275.08	5,630.01	7,936.48	7,382.01	8,359.19	10,752.35	10,684.42	12,428.81	14,253.06	19,123.35
Gross capital formation	HC.R.1		37.53	64.58	67.89	24.57	14.04	11.92	8.09					
Total Health Expenditure			3,286.47	4,417.64	5,342.97	5,654.59	7,950.52	7,393.94	8,367.28	10,752.35	10,684.42	12,428.81	14,253.06	19,123.35
(1) E.g. paramedical practitioners and providers of alternative medicine.			2,549.58	2,792.47	3,642.98	3,802.74	5,659.43	5,074.36	5,807.73	6,518.04	7,315.83	8,540.76	8,966.92	10,708.10
(2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport.			2,889.24	3,590.16	4,714.58	5,076.79	6,993.84	6,420.87	7,308.05	8,990.37	10,056.72	11,789.50	12,965.71	16,222.73
(3) Including fitting of prosthesis, eye tests and other services of providers of these goods.			3,286.47	4,417.64	5,342.97	5,654.59	7,950.52	7,393.94	8,367.28	10,752.35	10,684.42	12,428.81	14,253.06	19,123.35

Thai NHA: Total expenditure on health by source of funding, function of care and provider

			Unit : million Baht													
Expenditure category	ICHA-HC function of health care	ICHA-HP provider industry	Public Financing Agencies													
			1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
											UC	UC	UC	UC		
In-patient care including day cases	HC.1.1; 1.2; 2.1; 2.2;	All industries									6,614.51	13,363.59	11,580.91	17,985.47	25,562.39	33,442.07
Curative and rehabilitative care											6,614.51	13,363.59	11,580.91	17,985.47		
General hospitals		HP.1.1									6,614.51	13,363.59	11,580.91	17,985.47		
- Public		HP.1.1.1									5,768.95	12,315.62	10,825.49	15,530.08		
- Private		HP.1.1.2									845.56	1,047.98	755.41	2,455.39		
Speciality hospitals (Public)		HP.1.2+1.3														
Nursing and residential care facilities(Private)		HP.2														
All other providers		All other														
Long-term nursing care (included in curative)	HC.3.1; 3.2	All industries														
General hospitals		HP.1.1														
Speciality hospitals		HP.1.2+1.3														
Nursing and residential care facilities		HP.2														
All other providers		All other														
Outpatient curative and rehabilitative care	HC.1.3; 2.3	All industries									14,435.40	12,792.20	13,342.14	15,468.14	19,579.73	24,083.31
Hospitals		HP.1.1									12,258.72	10,883.77	11,333.67	12,924.78		
- Public		HP.1.1.1									11,331.63	9,935.18	10,455.94	11,158.91		
- Private		HP.1.1.2									927.10	948.59	877.74	1,765.87		
Speciality hospitals (Public)		HP.1.2+1.3														
Offices of physicians		HP.3.1														
Offices of dentists		HP.3.2														
Offices of other health practitioners (1)		HP.3.3									2,176.68	1,908.43	2,008.47	2,543.36		
Out-patient care centres (special tx)		HP.3.4														
All other providers		All other														
Home health care	HC.1.4; 2.4; 3.3	All industries														
Ancillary services to health care (2)	HC.4	All industries									177.29		200.00	226.98	250.00	275.00
Medical goods dispensed to out-patients (3)	HC.5	All industries														
Pharmaceuticals; other med. non-durables	HC.5.1															
Prescribed medicines	HC.5.1.1															
Over-the-counter medicines	HC.5.1.2															
Other medical non-durables	HC.5.1.3															
Therapeutical appl.; other medical durables	HC.5.2															
Glasses and other vision products	HC.5.2.1															
Orthopaedic appliances; other prosthetics	HC.5.2.2															
All other misc. durable medical goods	HC.5.2.3-5.2.9															
Prevention and public health services	HC.6	All industries									4,285.71	3,942.10	4,196.47	4,361.18	5,520.42	6,790.19
Health administration and health insurance	HC.7	All industries									1,134.90	1,134.90	1,291.61	618.75	580.00	740.00
Total recurrent expenditure on health care	HC.1-HC.7	All industries									26,647.81	31,232.80	30,611.12	38,660.52	51,492.54	65,330.56
Gross capital formation	HC.R.1										3,696.43	1,212.52	3,550.00	3,592.98	3,500.00	3,500.00
Total Health Expenditure											30,344.24	32,445.32	34,161.12	42,253.50	54,993	68,831

(1) F.n. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prostheses, eye tests and other services of providers of these goods.

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prosthesis, eye tests and other services of providers of these goods.

Thai NHA: Total expenditure on health by source of funding, function of care and provider

Unit : million Baht															
Expenditure category	ICHA-HC function of health care	ICHA-HP provider industry	Public Financing Agencies												
			1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
			WCF	WCF	WCF	WCF	WCF	WCF	WCF	WCF	WCF	WCF	WCF	WCF	2007
In-patient care including day cases	HC.1.1; 1.2; 2.1; 2.2;	All industries	219.08	272.93	341.91	371.59	298.58	236.69	226.20	244.10	334.01	390.96	375.56	396.18	
Curative and rehabilitative care			219.08	272.93	341.91	371.59	298.58	236.69	226.20	244.10	334.01	390.96	375.56	396.18	
General hospitals		HP.1.1	219.08	272.93	341.91	371.59	298.58	236.69	226.20	244.10	334.01	390.96	375.56	396.18	
- Public		HP.1.1.1	118.58	147.72	185.06	308.00	247.48	196.18	187.49	202.32	185.34	216.94	204.54	231.20	
- Private		HP.1.1.2	100.50	125.20	156.85	63.59	51.10	40.50	38.71	41.77	148.67	174.02	171.01	164.98	
Speciality hospitals (Public)		HP.1.2+1.3													
Nursing and residential care facilities(Private)		HP.2													
All other providers		All other													
Long-term nursing care (included in curative)	HC.3.1; 3.2	All industries													
General hospitals		HP.1.1													
Speciality hospitals		HP.1.2+1.3													
Nursing and residential care facilities		HP.2													
All other providers		All other													
Outpatient curative and rehabilitative care	HC.1.3; 2.3	All industries	167.61	208.81	261.58	395.28	317.61	251.77	240.61	259.65	163.52	191.41	224.26	210.29	
Hospitals		HP.1.1	167.61	208.81	261.58	395.28	317.61	251.77	240.61	259.65	163.52	191.41	224.26	210.29	
- Public		HP.1.1.1	97.87	121.93	152.75	313.75	252.10	199.84	190.98	206.10	69.85	81.76	77.59	85.69	
- Private		HP.1.1.2	69.74	86.88	108.84	81.53	65.51	51.93	49.63	53.56	93.67	109.64	146.67	124.59	
Speciality hospitals (Public)		HP.1.2+1.3													
Offices of physicians		HP.3.1													
Offices of dentists		HP.3.2													
Offices of other health practitioners (1)		HP.3.3													
Out-patient care centres (special tx)		HP.3.4													
All other providers		All other													
Home health care	HC.1.4; 2.4; 3.3	All industries													
Ancillary services to health care (2)	HC.4	All industries													
Medical goods dispensed to out-patients (3)	HC.5	All industries													
Pharmaceuticals; other med. non-durables	HC.5.1														
Prescribed medicines	HC.5.1.1														
Over-the-counter medicines	HC.5.1.2														
Other medical non-durables	HC.5.1.3														
Therapeutical appl.; other medical durables	HC.5.2														
Glasses and other vision products	HC.5.2.1														
Orthopaedic appliances; other prosthetics	HC.5.2.2														
All other misc. durable medical goods	HC.5.2.3-5.2.9														
Prevention and public health services	HC.6	All industries													
Health administration and health insurance	HC.7	All industries	23.98	31.67	29.48	34.06	32.92	23.63	15.63	17.51	14.93	17.47	17.99	18.19	
Total recurrent expenditure on health care	HC.1-HC.7	All industries	410.68	513.40	632.97	800.93	649.11	512.09	482.44	521.25	512.46	599.84	617.82	624.66	
Gross capital formation	HC.R.1		5.02	8.67	8.69	3.71	1.24	0.92	0.52			599.84			
Total Health Expenditure			415.70	522.07	641.66	804.65	650.35	513.01	482.95	521.25	512.46	1,199.68	617.82	624.66	661

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prosthesis, eye tests and other services of providers of these goods.

Thai NHA: Total expenditure on health by source of funding, function of care and provider

Unit : million Baht																
Expenditure category	ICHA-HC function of health care	ICHA-HP provider industry	Private Financing Agencies													
			1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
			Private insurance	Private insurance	Private insurance	Private insurance	Private insurance	Private insurance	Private insurance	Private insurance	Private insurance	Private insurance	Private insurance	Private insurance	Private insurance	Private insurance
In-patient care including day cases	HC.1.1; 1.2; 2.1; 2.2;	All industries	1,451.25	2,080.20	3,151.70	3,345.73	3,171.64	2,938.96	2,922.59	3,175.92	3,501.52	3,853.06	4,679.82	5,144.60		
Curative and rehabilitative care			1,451.25	2,080.20	3,151.70	3,345.73	3,171.64	2,938.96	2,922.59	3,175.92	3,501.52	3,853.06	4,679.82	5,144.60		
General hospitals		HP.1.1	1,451.25	2,080.20	3,151.70	3,345.73	3,171.64	2,938.96	2,922.59	3,175.92	3,501.52	3,853.06	4,679.82	5,144.60		
- Public		HP.1.1.1	217.69	312.03	472.76	501.86	475.75	440.84	438.39	476.39	525.23	577.96	701.97	771.69		
- Private		HP.1.1.2	1,233.57	1,768.17	2,678.95	2,843.87	2,695.89	2,498.12	2,484.20	2,699.53	2,976.29	3,275.10	3,977.85	4,372.91		
Speciality hospitals (Public)		HP.1.2+1.3														
Nursing and residential care facilities(Private)		HP.2														
All other providers		All other														
Long-term nursing care (included in curative)	HC.3.1; 3.2	All industries														
General hospitals		HP.1.1														
Speciality hospitals		HP.1.2+1.3														
Nursing and residential care facilities		HP.2														
All other providers		All other														
Outpatient curative and rehabilitative care	HC.1.3; 2.3	All industries	44.88	64.34	97.48	103.48	98.09	90.90	90.39	98.22	108.29	119.17	144.74	159.11		
Hospitals		HP.1.1	44.88	64.34	97.48	103.48	98.09	90.90	90.39	98.22	108.29	119.17	144.74	159.11		
- Public		HP.1.1.1	6.73	9.65	14.62	15.52	14.71	13.63	13.56	14.73	16.24	17.88	21.71	23.87		
- Private		HP.1.1.2	38.15	54.69	82.85	87.95	83.38	77.26	76.83	83.49	92.05	101.29	123.03	135.24		
Speciality hospitals (Public)		HP.1.2+1.3														
Offices of physicians		HP.3.1														
Offices of dentists		HP.3.2														
Offices of other health practitioners (1)		HP.3.3														
Out-patient care centres (special tx)		HP.3.4														
All other providers		All other														
Home health care	HC.1.4; 2.4; 3.3	All industries														
Ancillary services to health care (2)	HC.4	All industries														
Medical goods dispensed to out-patients (3)	HC.5	All industries														
Pharmaceuticals; other med. non-durables	HC.5.1															
Prescribed medicines	HC.5.1.1															
Over-the-counter medicines	HC.5.1.2															
Other medical non-durables	HC.5.1.3															
Therapeutical appl.; other medical durables	HC.5.2															
Glasses and other vision products	HC.5.2.1															
Orthopaedic appliances; other prosthetics	HC.5.2.2															
All other misc. durable medical goods	HC.5.2.3-5.2.9															
Prevention and public health services	HC.6	All industries														
Health administration and health insurance	HC.7	All industries	737.99	977.42	1,244.82	1,489.14	1,550.01	1,609.68	2,009.78	2,072.32	2,272.24	2,806.39	2,732.88	2,917.33		
Total recurrent expenditure on health care	HC.1-HC.7	All industries	2,234.13	3,121.96	4,494.00	4,938.35	4,819.74	4,639.54	5,022.76	5,346.46	5,882.05	6,778.62	7,557.43	8,221.04		
Gross capital formation	HC.R.1															
Total Health Expenditure			2,234.13	3,121.96	4,494.00	4,938.35	4,819.74	4,639.54	5,022.76	5,346.46	5,882.05	6,778.62	7,557.43	8,221.04	9,357	10,268

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prosthesis, eye tests and other services of providers of these goods.

Thai NHA: Total expenditure on health by source of funding, function of care and provider

Unit : million Baht

Expenditure category	ICHA-HC function of health care	ICHA-HP provider industry	Private Financing Agencies													
			1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
			Traffic insurance	Traffic insurance	Traffic insurance	Traffic insurance	Traffic insurance	Traffic insurance	Traffic insurance	Traffic insurance	Traffic insurance	Traffic insurance	Traffic insurance	Traffic insurance		
In-patient care including day cases	HC.1.1; 1.2; 2.1; 2.2;	All industries	1,894.67	2,229.99	2,708.75	2,543.61	2,693.86	3,123.03	2,804.55	3,153.41	3,490.93	3,535.54	3,743.95	3,587.67		
Curative and rehabilitative care			1,894.67	2,229.99	2,708.75	2,543.61	2,693.86	3,123.03	2,804.55	3,153.41	3,490.93	3,535.54	3,743.95	3,587.67		
General hospitals		HP.1.1	1,894.67	2,229.99	2,708.75	2,543.61	2,693.86	3,123.03	2,804.55	3,153.41	3,490.93	3,535.54	3,743.95	3,587.67		
- Public		HP.1.1.1	284.20	334.50	406.31	381.54	404.08	468.45	420.68	473.01	523.64	530.33	561.59	538.15		
- Private		HP.1.1.2	1,610.47	1,895.49	2,302.44	2,162.07	2,289.78	2,654.58	2,383.87	2,680.40	2,967.29	3,005.21	3,182.35	3,049.52		
Speciality hospitals (Public)		HP.1.2+1.3														
Nursing and residential care facilities(Private)		HP.2														
All other providers		All other														
Long-term nursing care (included in curative)	HC.3.1; 3.2	All industries														
General hospitals		HP.1.1														
Speciality hospitals		HP.1.2+1.3														
Nursing and residential care facilities		HP.2														
All other providers		All other														
Outpatient curative and rehabilitative care	HC.1.3; 2.3	All industries	120.94	142.34	172.90	162.36	171.95	199.34	179.01	201.28	222.83	225.67	238.98	229.00		
Hospitals		HP.1.1	60.47	71.17	86.45	81.18	85.97	99.67	89.51	100.64	111.41	112.84	119.49	114.50		
- Public		HP.1.1.1	9.07	10.68	12.97	12.18	12.90	14.95	13.43	15.10	16.71	16.93	17.92	17.18		
- Private		HP.1.1.2	51.40	60.49	73.48	69.00	73.08	84.72	76.08	85.54	94.70	95.91	101.56	97.33		
Speciality hospitals (Public)		HP.1.2+1.3														
Offices of physicians		HP.3.1	60.47	71.17	86.45	81.18	85.97	99.67	89.51	100.64	111.41	112.84	119.49	114.50		
Offices of dentists		HP.3.2														
Offices of other health practitioners (1)		HP.3.3														
Out-patient care centres (special tx)		HP.3.4														
All other providers		All other														
Home health care	HC.1.4; 2.4; 3.3	All industries														
Ancillary services to health care (2)	HC.4	All industries														
Medical goods dispensed to out-patients (3)	HC.5	All industries														
Pharmaceuticals; other med. non-durables	HC.5.1															
Prescribed medicines	HC.5.1.1															
Over-the-counter medicines	HC.5.1.2															
Other medical non-durables	HC.5.1.3															
Therapeutical appl.; other medical durables	HC.5.2															
Glasses and other vision products	HC.5.2.1															
Orthopaedic appliances; other prosthetics	HC.5.2.2															
All other misc. durable medical goods	HC.5.2.3-5.2.9															
Prevention and public health services	HC.6	All industries														
Health administration and health insurance	HC.7	All industries	991.80	1,130.87	1,530.18	1,439.38	1,357.97	1,293.05	1,355.84	1,422.17	1,400.53	1,466.16	1,635.28	1,894.08		
Total recurrent expenditure on health care	HC.1-HC.7	All industries	3,007.40	3,503.21	4,411.83	4,145.35	4,223.78	4,615.43	4,339.41	4,776.87	5,114.29	5,227.37	5,618.20	5,710.75		
Gross capital formation	HC.R.1															
Total Health Expenditure			3,007.40	3,503.21	4,411.83	4,145.35	4,223.78	4,615.43	4,339.41	4,776.87	5,114.29	5,227.37	5,618.20	5,710.75	6,033	6,272

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prosthesis, eye tests and other services of providers of these goods.

Thai NHA: Total expenditure on health by source of funding, function of care and provider

Unit : million Baht

Expenditure category	ICHA-HC function of health care	ICHA-HP provider industry	Private Financing Agencies													
			1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
			Employer benefit	Employer benefit	Employer benefit	Employer benefit	Employer benefit	Employer benefit	Employer benefit	Employer benefit	Employer benefit	Employer benefit	Employer benefit	Employer benefit		
In-patient care including day cases	HC.1.1; 1.2; 2.1; 2.2;	All industries	2,277.95	2,254.36	2,370.36	1,982.25	1,784.31	3,250.51	2,636.09	2,754.56	2,847.21	2,831.82	2,491.37	2,436.96		
Curative and rehabilitative care			2,277.95	2,254.36	2,370.36	1,982.25	1,784.31	3,250.51	2,636.09	2,754.56	2,847.21	2,831.82	2,491.37	2,436.96		
General hospitals		HP.1.1	2,277.95	2,254.36	2,370.36	1,982.25	1,784.31	3,250.51	2,636.09	2,754.56	2,847.21	2,831.82	2,491.37	2,436.96		
- Public		HP.1.1.1	1,490.88	1,475.45	1,551.36	1,298.71	1,169.03	2,234.32	1,751.07	2,276.66	2,108.29	2,096.89	1,568.27	1,534.02		
- Private		HP.1.1.2	787.07	778.91	819.00	683.54	615.28	1,016.19	885.02	477.90	738.92	734.92	923.10	902.94		
Speciality hospitals (Public)		HP.1.2+1.3														
Nursing and residential care facilities (Private)		HP.2														
All other providers		All other														
Long-term nursing care (included in curative)	HC.3.1; 3.2	All industries														
General hospitals		HP.1.1														
Speciality hospitals		HP.1.2+1.3														
Nursing and residential care facilities		HP.2														
All other providers		All other														
Outpatient curative and rehabilitative care	HC.1.3; 2.3	All industries	5,184.04	5,130.36	5,394.33	4,654.86	4,190.04	3,120.22	3,369.40	3,716.99	3,342.83	3,324.77	3,121.95	3,053.77		
Hospitals		HP.1.1	4,979.70	4,928.14	5,181.71	4,340.44	3,907.02	2,989.94	3,091.25	3,497.96	3,212.52	3,195.16	2,966.64	2,901.85		
- Public		HP.1.1.1	3,746.14	3,707.34	3,898.10	3,267.29	2,941.03	2,709.84	2,446.45	2,668.27	2,628.02	2,613.81	2,320.88	2,270.20		
- Private		HP.1.1.2	1,233.56	1,220.80	1,283.61	1,073.15	965.99	280.10	644.80	829.69	584.51	581.35	645.76	631.66		
Speciality hospitals (Public)		HP.1.2+1.3														
Offices of physicians		HP.3.1	113.52	112.34	118.12	109.36	98.44	78.17	82.18	179.21	48.96	48.70	72.40	70.82		
Offices of dentists		HP.3.2	90.82	89.88	94.50	205.06	184.58	52.11	195.97	39.82	81.35	80.91	82.91	81.10		
Offices of other health practitioners (1)		HP.3.3														
Out-patient care centres (special tx)		HP.3.4														
All other providers		All other														
Home health care	HC.1.4; 2.4; 3.3	All industries														
Ancillary services to health care (2)	HC.4	All industries	15.14	14.98	15.75			13.03	88.50							
Medical goods dispensed to out-patients (3)	HC.5	All industries	90.82	89.88	94.50	198.22	178.43	130.28	227.58	165.94	97.92	97.39	109.77	107.37		
Pharmaceuticals; other med. non-durables	HC.5.1		90.82	89.88	94.50	198.22	178.43	130.28	227.58	165.94	97.92	97.39	109.77	107.37		
Prescribed medicines	HC.5.1.1															
Over-the-counter medicines	HC.5.1.2		90.82	89.88	94.50	191.39	172.28	117.25	227.58	159.30	95.66	95.14	108.02	105.66		
Other medical non-durables	HC.5.1.3					6.83	6.15	13.03		6.64	2.26	2.25	1.75	1.71		
Therapeutical appl.; other medical durables	HC.5.2															
Glasses and other vision products	HC.5.2.1															
Orthopaedic appliances; other prosthetics	HC.5.2.2															
All other misc. durable medical goods	HC.5.2.3-5.2.9															
Prevention and public health services	HC.6	All industries														
Health administration and health insurance	HC.7	All industries	378.40	374.48	393.75	341.77	307.64	325.70	316.08	331.87	314.40	312.70	286.15	279.91		
Total recurrent expenditure on health care	HC.1-HC.7	All industries	7,946.35	7,864.06	8,268.69	7,177.10	6,460.42	6,839.74	6,637.65	6,969.36	6,602.36	6,566.67	6,009.24	5,878.01		
Gross capital formation	HC.R.1															
Total Health Expenditure			7,946.35	7,864.06	8,268.69	7,177.10	6,460.42	6,839.74	6,637.65	6,969.36	6,602.36	6,566.67	6,009.24	5,878.01	5,743	5,651

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prosthesis, eye tests and other services of providers of these goods.

Thai NHA: Total expenditure on health by source of funding, function of care and provider

Unit : million Baht																
Expenditure category	ICHA-HC function of health care	ICHA-HP provider industry	Private Financing Agencies													
			1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
			Household	Household	Household	Household	Household	Household	Household	Household	Household	Household	Household	Household	Household	Household
In-patient care including day cases	HC.1.1; 1.2; 2.1; 2.2;	All industries	9,942.48	11,366.38	14,266.71	13,595.01	10,368.15	11,423.17	11,062.09	13,151.91	15,984.99	16,576.76	16,087.53	18,519.68		
Curative and rehabilitative care			9,942.48	11,366.38	14,266.71	13,595.01	10,368.15	11,423.17	11,062.09	13,151.91	15,984.99	16,576.76	16,087.53	18,519.68		
General hospitals		HP.1.1	9,942.48	11,366.38	14,266.71	13,595.01	10,368.15	11,423.17	11,062.09	13,151.91	15,984.99	16,576.76	16,087.53	18,519.68		
- Public		HP.1.1.1	4,356.18	4,980.04	7,140.54	6,804.35	5,700.22	6,323.04	6,514.76	8,165.56	8,648.07	8,968.23	7,759.53	8,932.63		
- Private		HP.1.1.2	5,586.30	6,386.34	7,126.17	6,790.66	4,667.93	5,100.13	4,547.34	4,986.35	7,336.91	7,608.53	8,328.00	9,587.05		
Speciality hospitals (Public)		HP.1.2+1.3														
Nursing and residential care facilities(Private)		HP.2														
All other providers		All other														
Long-term nursing care (included in curative)	HC.3.1; 3.2	All industries														
General hospitals		HP.1.1														
Speciality hospitals		HP.1.2+1.3														
Nursing and residential care facilities		HP.2														
All other providers		All other														
Outpatient curative and rehabilitative care	HC.1.3; 2.3	All industries	31,589.14	36,113.15	44,804.56	42,695.11	35,648.51	33,888.60	32,214.94	31,269.24	29,684.57	30,783.50	31,894.14	36,715.97		
Hospitals		HP.1.1	21,708.17	24,817.08	31,974.64	30,469.24	23,489.09	21,122.24	20,808.45	20,271.67	18,836.92	19,534.27	19,407.67	22,341.77		
- Public		HP.1.1.1	11,777.81	13,464.55	19,305.90	18,396.95	15,332.99	12,533.81	12,452.07	11,995.26	10,040.78	10,412.49	11,964.45	13,773.26		
- Private		HP.1.1.2	9,930.36	11,352.52	12,668.74	12,072.28	8,156.10	8,588.43	8,356.37	8,276.41	8,796.14	9,121.78	7,443.22	8,568.50		
Speciality hospitals (Public)		HP.1.2+1.3														
Offices of physicians		HP.3.1	8,486.77	9,702.20	11,146.34	10,621.56	10,401.58	11,212.67	10,037.14	10,024.98	9,180.26	9,520.12	10,628.43	12,235.26		
Offices of dentists		HP.3.2	1,394.20	1,593.87	1,683.58	1,604.32	1,757.85	1,553.70	1,369.36	972.59	1,667.38	1,729.11	1,858.04	2,138.94		
Offices of other health practitioners (1)		HP.3.3														
Out-patient care centres (special tx)		HP.3.4														
All other providers		All other														
Home health care	HC.1.4; 2.4; 3.3	All industries														
Ancillary services to health care (2)	HC.4	All industries					379.49	312.74	150.55	315.83	351.93	364.96	630.41	725.71		
Medical goods dispensed to out-patients (3)	HC.5	All industries	8,144.87	9,311.33	8,561.82	8,158.72	9,679.96	8,891.15	10,321.73	10,240.41	7,652.36	7,935.66	9,035.83	10,401.88		
Pharmaceuticals; other med. non-durables	HC.5.1		7,371.79	8,427.53	8,151.77	7,767.98	9,473.50	8,424.04	10,105.19	9,663.14	7,532.19	7,811.04	8,863.29	10,203.27		
Prescribed medicines	HC.5.1.1															
Over-the-counter medicines	HC.5.1.2		7,322.41	8,371.08	8,070.94	7,690.95	9,304.40	8,347.85	9,964.96	9,579.47	7,442.06	7,717.57	8,571.32	9,867.15		
Other medical non-durables	HC.5.1.3		49.39	56.46	80.83	77.02	169.10	76.18	140.24	83.66	90.13	93.47	291.98	336.12		
Therapeutical appl.; other medical durables	HC.5.2		773.08	883.79	410.05	390.75	206.46	467.11	216.54	577.28	120.17	124.62	172.53	198.62		
Glasses and other vision products	HC.5.2.1		773.08	883.79	410.05	390.75	206.46	467.11	216.54	577.28	120.17	124.62	172.53	198.62		
Orthopaedic appliances; other prosthetics	HC.5.2.2															
All other misc. durable medical goods	HC.5.2.3-5.2.9															
Prevention and public health services	HC.6	All industries														
Health administration and health insurance	HC.7	All industries														
Total recurrent expenditure on health care	HC.1-HC.7	All industries	49,676.49	56,790.85	67,633.09	64,448.84	56,076.11	54,515.66	53,749.31	54,977.39	53,673.85	55,660.88	57,647.90	66,363.25		
Gross capital formation	HC.R.1		7,089.03	6,165.89	7,611.91	5,303.26	5,048.65	1,437.82	2,612.75	1,308.56	1,180.37	1,248.56	1,837.16	2,184.32		
Total Health Expenditure			56,765.52	62,956.75	75,245.00	69,752.10	61,124.76	55,953.48	56,362.06	56,285.95	54,854.22	56,909.44	59,485.06	68,547.57	71,325	73,362

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prosthesis, eye tests and other services of providers of these goods.

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prosthesis, eye tests and other services of providers of these goods.

Thai NHA: Total expenditure on health by source of funding, function of care and provider

Unit : million Baht														
Expenditure category	ICHA-HC function of health care	ICHA-HP provider industry	Private Financing Agencies											
			1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
			Non - profit	Non - profit	Non - profit	Non - profit	Non - profit	Non - profit	Non - profit	Non - profit	Non - profit	Non - profit	Non - profit	Non - profit
In-patient care including day cases	HC.1.1; 1.2; 2.1; 2.2;	All industries	187.34	239.23	291.13	286.98	334.05	262.07	237.15	233.00	241.12	250.33	261.50	276.93
Curative and rehabilitative care			187.34	239.23	291.13	286.98	334.05	262.07	237.15	233.00	241.12	250.33	261.50	276.93
General hospitals		HP.1.1	151.81	193.86	235.92	232.56	288.27	219.19	191.34	175.57	179.28	183.08	186.96	190.93
- Public		HP.1.1.1	146.09	186.56	227.02	223.79	282.21	212.95	185.89	170.30	174.07	177.92	181.86	185.89
- Private		HP.1.1.2	5.72	7.31	8.89	8.77	6.06	6.24	5.45	5.27	5.21	5.15	5.09	5.03
Speciality hospitals (Public)		HP.1.2+1.3								4.21	4.21	4.21	4.21	4.21
Nursing and residential care facilities(Private)		HP.2	3.51	4.49	5.46	5.38	5.01	4.05	4.34	4.77	5.00	5.24	5.51	5.80
All other providers		All other	32.01	40.88	49.75	49.04	40.77	38.84	41.47	48.44	52.63	57.79	64.81	75.99
Long-term nursing care (included in curative)	HC.3.1; 3.2	All industries												
General hospitals		HP.1.1												
Speciality hospitals		HP.1.2+1.3												
Nursing and residential care facilities		HP.2												
All other providers		All other												
Outpatient curative and rehabilitative care	HC.1.3; 2.3	All industries	239.65	306.04	372.42	367.12	453.50	337.82	292.01	260.36	262.50	264.69	266.92	269.21
Hospitals		HP.1.1	203.17	259.45	315.73	311.24	388.27	292.94	250.75	217.22	219.31	221.43	223.58	225.74
- Public		HP.1.1.1	196.18	250.52	304.86	300.52	380.85	285.31	244.09	210.77	212.94	215.13	217.35	219.59
- Private		HP.1.1.2	6.99	8.93	10.87	10.71	7.41	7.63	6.66	6.45	6.37	6.30	6.23	6.15
Speciality hospitals (Public)		HP.1.2+1.3								6.99	6.99	6.99	6.99	6.99
Offices of physicians		HP.3.1	1.17	1.49	1.81	1.79	1.95	1.68	1.71	1.58	1.65	1.72	1.80	1.88
Offices of dentists		HP.3.2												
Offices of other health practitioners (1)		HP.3.3												
Out-patient care centres (special tx)		HP.3.4	6.87	8.77	10.67	10.52	12.85	8.84	6.82	5.74	5.59	5.45	5.31	5.18
All other providers		All other	28.44	36.32	44.20	43.57	50.44	34.36	32.72	28.83	28.95	29.09	29.24	29.41
Home health care	HC.1.4; 2.4; 3.3	All industries					0.38	0.03	0.45	0.21	0.21	0.21	0.21	0.21
Ancillary services to health care (2)	HC.4	All industries	2.05	2.62	3.19	3.14	3.01	2.83	3.89	6.59	7.84	9.37	11.23	13.50
Medical goods dispensed to out-patients (3)	HC.5	All industries	1.42	1.81	2.20	2.17	3.40	2.45	1.67	3.55	5.71	11.16	25.50	63.92
Pharmaceuticals; other med. non-durables	HC.5.1		0.61	0.77	0.94	0.93	1.88	0.94	0.85	2.94	5.11	10.56	24.90	63.32
Prescribed medicines	HC.5.1.1		0.002	0.003	0.004	0.004	0.400	0.011	0.143	1.232	3.118	8.250	22.213	60.206
Over-the-counter medicines	HC.5.1.2		0.06	0.07	0.09	0.09	0.10	0.11	0.09	0.12	0.14	0.16	0.18	0.20
Other medical non-durables	HC.5.1.3		0.55	0.70	0.85	0.84	1.38	0.82	0.62	1.59	1.85	2.15	2.51	2.92
Therapeutic appl.; other medical durables	HC.5.2		0.81	1.04	1.26	1.24	1.52	1.51	0.82	0.61	0.60	0.60	0.60	0.60
Glasses and other vision products	HC.5.2.1		0.001	0.002	0.002	0.002	0.019	0.011	0.003					
Orthopaedic appliances; other prosthetics	HC.5.2.2		0.68	0.87	1.06	1.04	1.37	1.50	0.82	0.61	0.60	0.60	0.60	0.60
All other misc. durable medical goods	HC.5.2.3-5.2.9		0.13	0.17	0.20	0.20	0.14							
Prevention and public health services	HC.6	All industries	52.88	67.53	82.18	81.01	120.30	79.53	67.38	54.74	55.07	55.41	55.78	56.17
Health administration and health insurance	HC.7	All industries	71.98	91.91	111.85	110.26	113.18	87.80	92.36	103.68	110.39	117.83	126.10	135.27
Total recurrent expenditure on health care	HC.1-HC.7	All industries	555.32	709.15	862.97	850.69	1,027.82	772.53	694.91	662.13	682.84	709.01	747.24	815.21
Gross capital formation	HC.R.1		108.29	186.10	263.92	246.31	416.22	321.08	243.88	196.38	213.93	233.09	253.99	276.78
Total Health Expenditure			663.61	895.25	1,126.89	1,097.00	1,444.05	1,093.61	938.78	858.51	896.78	942.10	1,001.22	1,091.99

1,158 1,207

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prosthesis, eye tests and other services of providers of these goods.

Thai NHA: Total expenditure on health by source of funding, function of care and provider

Unit : million Baht

Expenditure category	ICHA-HC function of health care	ICHA-HP provider industry	Private Financing Agencies													
			1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
			Rest of the world	Rest of the world	Rest of the world	Rest of the world	Rest of the world	Rest of the world	Rest of the world	Rest of the world	Rest of the world	Rest of the world	Rest of the world	Rest of the world	Rest of the world	Rest of the world
In-patient care including day cases	HC.1.1; 1.2; 2.1; 2.2;	All industries														
Curative and rehabilitative care																
General hospitals		HP.1.1														
- Public		HP.1.1.1														
- Private		HP.1.1.2														
Speciality hospitals (Public)		HP.1.2+1.3														
Nursing and residential care facilities (Private)		HP.2														
All other providers		All other														
Long-term nursing care (included in curative)	HC.3.1; 3.2	All industries														
General hospitals		HP.1.1														
Speciality hospitals		HP.1.2+1.3														
Nursing and residential care facilities		HP.2														
All other providers		All other														
Outpatient curative and rehabilitative care	HC.1.3; 2.3	All industries								2.79	328.09	255.78	268.57	282.00		
Hospitals		HP.1.1								2.79	328.09	255.78	268.57	282.00		
- Public		HP.1.1.1								2.79	328.09	255.78	268.57	282.00		
- Private		HP.1.1.2														
Speciality hospitals (Public)		HP.1.2+1.3														
Offices of physicians		HP.3.1														
Offices of dentists		HP.3.2														
Offices of other health practitioners (1)		HP.3.3														
Out-patient care centres (special tx)		HP.3.4														
All other providers		All other														
Home health care	HC.1.4; 2.4; 3.3	All industries														
Ancillary services to health care (2)	HC.4	All industries														
Medical goods dispensed to out-patients (3)	HC.5	All industries														
Pharmaceuticals; other med. non-durables	HC.5.1															
Prescribed medicines	HC.5.1.1															
Over-the-counter medicines	HC.5.1.2															
Other medical non-durables	HC.5.1.3															
Therapeutical appl.; other medical durables	HC.5.2															
Glasses and other vision products	HC.5.2.1															
Orthopaedic appliances; other prosthetics	HC.5.2.2															
All other misc. durable medical goods	HC.5.2.3-5.2.9															
Prevention and public health services	HC.6	All industries	41.96	40.32	18.09	39.34	39.80	9.28	12.43	24.35	25.57	61.81	64.90	68.15		
Health administration and health insurance	HC.7	All industries								5.43	52.18	54.79	57.53	60.40		
Total recurrent expenditure on health care	HC.1-HC.7	All industries	41.96	40.32	18.09	39.34	39.80	9.28	12.43	32.56	405.83	372.39	391.01	410.56		
Gross capital formation	HC.R.1		111.94	48.53	16.36	56.80	42.29	31.96	59.33	154.64	161.95	541.99	177.61	186.01		
Total Health Expenditure			153.90	88.86	34.44	96.14	82.10	41.24	71.76	187.21	567.78	914.37	568.62	596.56	594	594

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prosthesis, eye tests and other services of providers of these goods.

Thai NHA: Total expenditure on health by source of funding, function of care and provider

		Unit : million Baht														
Expenditure category	ICHA-HC function of health care	ICHA-HP provider industry	All Financing Agencies													
			1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
			All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies
In-patient care including day cases	HC.1.1; 1.2; 2.1; 2.2;	All industries	33,489.70	38,307.37	47,028.19	48,455.89	45,039.05	51,013.01	51,482.69	55,461.25	63,820.19	75,489.63	78,736.17	89,023.36		
Curative and rehabilitative care			33,489.70	38,307.37	47,028.19	48,455.89	45,039.05	51,013.01	51,482.69	55,461.25	63,820.19	75,489.63	78,736.17	89,023.36		
General hospitals		HP.1.1	33,454.17	38,262.00	46,972.98	48,401.46	44,993.27	50,970.12	51,436.88	55,403.82	63,758.35	75,422.38	78,661.64	88,937.36		
- Public		HP.1.1.1	20,447.35	23,707.73	29,448.85	32,026.24	31,027.62	37,181.60	38,225.56	41,022.34	43,929.97	55,347.94	56,771.52	63,259.27		
- Private		HP.1.1.2	13,006.82	14,554.27	17,524.13	16,375.22	13,965.65	13,788.52	13,211.32	14,381.49	19,828.38	20,074.44	21,890.12	25,678.09		
Speciality hospitals (Public)		HP.1.2+1.3								4.21	4.21	4.21	4.21	4.21		
Nursing and residential care facilities (Private)		HP.2	3.51	4.49	5.46	5.38	5.01	4.05	4.34	4.77	5.00	5.24	5.51	5.80		
All other providers		All other	32.01	40.88	49.75	49.04	40.77	38.84	41.47	48.44	52.63	57.79	64.81	75.99		
Long-term nursing care (included in curative)	HC.3.1; 3.2	All industries														
General hospitals		HP.1.1														
Speciality hospitals		HP.1.2+1.3														
Nursing and residential care facilities		HP.2														
All other providers		All other														
Outpatient curative and rehabilitative care	HC.1.3; 2.3	All industries	54,321.35	61,677.96	74,371.55	72,582.83	64,463.90	67,049.60	68,025.60	68,531.41	85,305.64	91,450.49	97,246.04	104,785.86		
Hospitals		HP.1.1	42,355.40	48,018.80	58,810.82	57,873.22	50,003.53	51,495.18	53,430.77	54,311.42	68,438.90	74,028.33	77,610.93	83,257.98		
- Public		HP.1.1.1	29,843.88	34,175.49	43,293.53	43,178.76	38,861.23	40,756.83	42,364.40	42,698.85	53,907.31	58,559.30	62,171.98	65,732.58		
- Private		HP.1.1.2	12,511.52	13,843.32	15,517.30	14,694.45	11,142.29	10,738.34	11,066.37	11,612.57	14,531.59	15,469.04	15,438.95	17,525.39		
Speciality hospitals (Public)		HP.1.2+1.3								6.99	6.99	6.99	6.99	6.99		
Offices of physicians		HP.3.1	8,661.93	9,887.20	11,352.72	10,813.88	10,587.94	11,392.19	10,210.53	10,306.41	9,342.29	9,683.38	10,822.12	12,422.46		
Offices of dentists		HP.3.2	1,485.02	1,683.75	1,778.08	1,809.38	1,942.43	1,605.81	1,565.33	1,012.41	1,748.73	1,810.02	1,940.95	2,220.04		
Offices of other health practitioners (1)		HP.3.3	1,783.68	2,043.12	2,375.04	2,032.26	1,866.72	2,513.23	2,779.43	2,859.61	5,734.18	5,887.23	6,830.50	6,843.80		
Out-patient care centres (special bx)		HP.3.4	6.87	8.77	10.67	10.52	12.85	8.84	6.82	5.74	5.59	5.45	5.31	5.18		
All other providers		All other	28.44	36.32	44.20	43.57	50.44	34.36	32.72	28.83	28.95	29.09	29.24	29.41		
Home health care	HC.1.4; 2.4; 3.3	All industries					0.38	0.03	0.45	0.21	0.21	0.21	0.21	0.21		
Ancillary services to health care (2)	HC.4	All industries	17.19	17.60	18.94	3.14	382.50	328.60	242.94	322.42	537.06	374.33	841.64	966.20		
Medical goods dispensed to out-patients (3)	HC.5	All industries	8,237.11	9,403.02	8,658.53	8,359.11	9,861.79	9,023.88	10,550.98	10,409.91	7,756.00	8,044.21	9,171.09	10,573.18		
Pharmaceuticals; other med. non-durables	HC.5.1		7,463.22	8,518.19	8,247.21	7,967.12	9,653.81	8,555.25	10,333.62	9,832.02	7,635.22	7,918.99	8,997.96	10,373.96		
Prescribed medicines	HC.5.1.1		0.00	0.00	0.00	0.00	0.40	0.01	0.14	1.23	3.12	8.25	22.21	60.21		
Over-the-counter medicines	HC.5.1.2		7,413.28	8,461.03	8,165.53	7,882.43	9,476.78	8,465.21	10,192.63	9,738.90	7,537.86	7,812.87	8,679.51	9,973.00		
Other medical non-durables	HC.5.1.3		49.93	57.16	81.68	84.69	176.63	90.03	140.85	91.89	94.24	97.87	296.24	340.75		
Therapeutical appl.; other medical durables	HC.5.2		773.89	884.83	411.32	391.99	207.98	468.63	217.36	577.89	120.77	125.22	173.13	199.22		
Glasses and other vision products	HC.5.2.1		773.08	883.80	410.06	390.75	206.48	467.12	216.54	577.28	120.17	124.62	172.53	198.62		
Orthopaedic appliances; other prosthetics	HC.5.2.2		0.68	0.87	1.06	1.04	1.37	1.50	0.82	0.61	0.60	0.60	0.60	0.60		
All other misc. durable medical goods	HC.5.2.3-5.2.9		0.13	0.17	0.20	0.20	0.14									
Prevention and public health services	HC.6	All industries	9,085.72	11,050.54	13,003.45	13,726.49	12,888.67	13,003.93	13,776.71	13,631.06	24,986.71	18,397.18	18,737.19	11,841.63		
Health administration and health insurance	HC.7	All industries	5,015.08	6,101.34	7,730.70	12,689.41	12,634.27	12,298.96	13,148.60	13,396.15	9,559.01	10,313.64	12,048.47	21,168.04		
Total recurrent expenditure on health care	HC.1-HC.7	All industries	110,166.14	126,557.84	150,811.36	155,816.88	145,270.55	152,718.01	157,227.98	161,752.41	191,964.82	204,069.70	216,780.82	238,358.48		
Gross capital formation	HC.R.1		17,489.36	21,279.64	26,291.22	33,326.43	27,540.47	9,405.90	9,918.90	8,450.89	8,803.01	24,853.36	8,870.88	9,720.70		
Total Health Expenditure			127,655.50	147,837.48	177,102.58	189,143.31	172,811.02	162,123.91	167,146.87	170,203.30	200,767.82	228,923.06	225,651.70	248,079.18	277,883	308,066

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prosthesis, eye tests and other services of providers of these goods.

Thai NHA: Total expenditure on health by source of funding, function of care and provider

		Unit : million Baht														
Expenditure category	ICHA-HC function of health care	ICHA-HP provider industry	Public Financing Agencies													
			1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
			All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies
In-patient care including day cases	HC.1.1; 1.2; 2.1; 2.2;	All industries	17,736.00	20,137.20	24,239.54	26,702.30	26,687.03	30,015.26	31,820.22	32,992.46	37,754.42	48,442.12	51,472.01	59,057.52		
Curative and rehabilitative care			17,736.00	20,137.20	24,239.54	26,702.30	26,687.03	30,015.26	31,820.22	32,992.46	37,754.42	48,442.12	51,472.01	59,057.52		
General hospitals		HP.1.1	17,736.00	20,137.20	24,239.54	26,702.30	26,687.03	30,015.26	31,820.22	32,992.46	37,754.42	48,442.12	51,472.01	59,057.52		
- Public		HP.1.1.1	13,952.31	16,419.15	19,650.86	22,815.98	22,996.33	27,501.99	28,914.77	29,460.42	31,950.67	42,996.60	45,998.29	51,296.88		
- Private		HP.1.1.2	3,783.69	3,718.05	4,588.68	3,886.32	3,690.70	2,513.27	2,905.45	3,532.04	5,803.75	5,445.52	5,473.73	7,760.64		
Speciality hospitals (Public)		HP.1.2+1.3														
Nursing and residential care facilities(Private)		HP.2														
All other providers		All other														
Long-term nursing care (included in curative)	HC.3.1; 3.2	All industries														
General hospitals		HP.1.1														
Speciality hospitals		HP.1.2+1.3														
Nursing and residential care facilities		HP.2														
All other providers		All other														
Outpatient curative and rehabilitative care	HC.1.3; 2.3	All industries	17,142.69	19,921.74	23,529.86	24,599.91	23,901.81	29,412.72	31,879.86	32,982.53	51,356.53	56,476.91	61,310.75	64,076.80		
Hospitals		HP.1.1	15,359.00	17,878.63	21,154.82	22,567.65	22,035.09	26,899.50	29,100.43	30,122.92	45,622.35	50,589.68	54,480.24	57,233.00		
- Public		HP.1.1.1	14,107.95	16,732.75	19,757.08	21,186.30	20,178.75	25,199.28	27,194.81	27,791.93	40,664.53	45,027.27	47,361.09	49,146.49		
- Private		HP.1.1.2	1,251.05	1,145.88	1,397.74	1,381.35	1,856.34	1,700.21	1,905.62	2,330.98	4,957.82	5,562.41	7,119.15	8,086.51		
Speciality hospitals (Public)		HP.1.2+1.3														
Offices of physicians		HP.3.1														
Offices of dentists		HP.3.2														
Offices of other health practitioners (1)		HP.3.3	1,783.68	2,043.12	2,375.04	2,032.26	1,866.72	2,513.23	2,779.43	2,859.61	5,734.18	5,887.23	6,830.50	6,843.80		
Out-patient care centres (special tx)		HP.3.4														
All other providers		All other														
Home health care	HC.1.4; 2.4; 3.3	All industries														
Ancillary services to health care (2)	HC.4	All industries									177.29		200.00	226.98		
Medical goods dispensed to out-patients (3)	HC.5	All industries														
Pharmaceuticals; other med. non-durables	HC.5.1															
Prescribed medicines	HC.5.1.1															
Over-the-counter medicines	HC.5.1.2															
Other medical non-durables	HC.5.1.3															
Therapeutic appl.; other medical durables	HC.5.2															
Glasses and other vision products	HC.5.2.1															
Orthopaedic appliances; other prosthetics	HC.5.2.2															
All other misc. durable medical goods	HC.5.2.3-5.2.9															
Prevention and public health services	HC.6	All industries	8,990.87	10,942.69	12,903.18	13,606.14	12,728.57	12,915.13	13,696.91	13,551.98	24,906.08	18,279.95	18,616.51	11,717.32		
Health administration and health insurance	HC.7	All industries	2,834.91	3,526.66	4,450.11	9,308.87	9,305.47	8,982.73	9,374.53	9,460.68	5,409.26	5,555.77	7,210.54	15,881.05		
Total recurrent expenditure on health care	HC.1-HC.7	All industries	46,704.47	54,528.29	65,122.69	74,217.21	72,622.87	81,325.84	86,771.52	88,987.64	119,603.59	128,754.75	138,809.81	150,959.67		
Gross capital formation	HC.R.1		10,180.10	14,879.11	18,399.04	27,720.07	22,033.30	7,615.04	7,002.93	6,791.31	7,246.76	22,829.72	6,602.12	7,073.59		
Total Health Expenditure			56,884.57	69,407.40	83,521.73	101,937.28	94,656.18	88,940.87	93,774.45	95,778.95	126,850.34	151,584.47	145,411.93	158,033.26	183,674	210,711

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prosthesis, eye tests and other services of providers of these goods.

Thai NHA: Total expenditure on health by source of funding, function of care and provider

Unit : million Baht

Expenditure category	ICHA-HC function of health care	ICHA-HP provider industry	Private Financing Agencies													
			1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
			All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies	All Agencies
In-patient care including day cases	HC.1.1; 1.2; 2.1; 2.2;	All industries	15,753.70	18,170.17	22,788.65	21,753.59	18,352.02	20,997.75	19,662.48	22,468.79	26,065.77	27,047.51	27,264.16	29,965.84		
Curative and rehabilitative care			15,753.70	18,170.17	22,788.65	21,753.59	18,352.02	20,997.75	19,662.48	22,468.79	26,065.77	27,047.51	27,264.16	29,965.84		
General hospitals		HP.1.1	15,718.17	18,124.80	22,733.44	21,699.16	18,306.24	20,954.86	19,616.67	22,411.37	26,003.93	26,980.25	27,189.62	29,879.84		
- Public		HP.1.1.1	6,495.03	7,288.58	9,797.99	9,210.26	8,031.29	9,679.60	9,310.79	11,561.92	11,979.30	12,351.34	10,773.23	11,962.39		
- Private		HP.1.1.2	9,223.13	10,836.22	12,935.45	12,488.91	10,274.95	11,275.26	10,305.88	10,849.45	14,024.63	14,628.92	16,416.39	17,917.45		
Speciality hospitals (Public)		HP.1.2+1.3								4.21	4.21	4.21	4.21	4.21		
Nursing and residential care facilities(Private)		HP.2	3.51	4.49	5.46	5.38	5.01	4.05	4.34	4.77	5.00	5.24	5.51	5.80		
All other providers		All other	32.01	40.88	49.75	49.04	40.77	38.84	41.47	48.44	52.63	57.79	64.81	75.99		
Long-term nursing care (included in curative)	HC.3.1; 3.2	All industries														
General hospitals		HP.1.1														
Speciality hospitals		HP.1.2+1.3														
Nursing and residential care facilities		HP.2														
All other providers		All other														
Outpatient curative and rehabilitative care	HC.1.3; 2.3	All industries	37,178.66	41,756.22	50,841.69	47,982.93	40,562.09	37,636.88	36,145.75	35,548.89	33,949.11	34,973.58	35,935.30	40,709.07		
Hospitals		HP.1.1	26,996.39	30,140.18	37,656.01	35,305.57	27,968.44	24,595.68	24,330.34	24,188.50	22,816.55	23,438.65	23,130.68	26,024.98		
- Public		HP.1.1.1	15,735.93	17,442.74	23,536.45	21,992.46	18,682.48	15,557.55	15,169.59	14,906.91	13,242.78	13,532.02	14,810.89	16,586.09		
- Private		HP.1.1.2	11,260.46	12,697.44	14,119.56	13,313.10	9,285.95	9,038.13	9,160.75	9,281.59	9,573.77	9,906.63	8,319.80	9,438.88		
Speciality hospitals (Public)		HP.1.2+1.3								6.99	6.99	6.99	6.99	6.99		
Offices of physicians		HP.3.1	8,661.93	9,887.20	11,352.72	10,813.88	10,587.94	11,392.19	10,210.53	10,306.41	9,342.29	9,683.38	10,822.12	12,422.46		
Offices of dentists		HP.3.2	1,485.02	1,683.75	1,778.08	1,809.38	1,942.43	1,605.81	1,565.33	1,012.41	1,748.73	1,810.02	1,940.95	2,220.04		
Offices of other health practitioners (1)		HP.3.3														
Out-patient care centres (special bx)		HP.3.4	6.87	8.77	10.67	10.52	12.85	8.84	6.82	5.74	5.59	5.45	5.31	5.18		
All other providers		All other	28.44	36.32	44.20	43.57	50.44	34.36	32.72	28.83	28.95	29.09	29.24	29.41		
Home health care	HC.1.4; 2.4; 3.3	All industries					0.38	0.03	0.45	0.21	0.21	0.21	0.21	0.21		
Ancillary services to health care (2)	HC.4	All industries	17.19	17.60	18.94	3.14	382.50	328.60	242.94	322.42	359.78	374.33	641.64	739.22		
Medical goods dispensed to out-patients (3)	HC.5	All industries	8,237.11	9,403.02	8,658.53	8,359.11	9,861.79	9,023.88	10,550.98	10,409.91	7,756.00	8,044.21	9,171.09	10,573.18		
Pharmaceuticals; other med. non-durables	HC.5.1		7,463.22	8,518.19	8,247.21	7,967.12	9,653.81	8,555.25	10,333.62	9,832.02	7,635.22	7,918.99	8,997.96	10,373.96		
Prescribed medicines	HC.5.1.1		0.00	0.00	0.00	0.00	0.40	0.01	0.14	1.23	3.12	8.25	22.21	60.21		
Over-the-counter medicines	HC.5.1.2		7,413.28	8,461.03	8,165.53	7,882.43	9,476.78	8,465.21	10,192.63	9,738.90	7,537.86	7,812.87	8,679.51	9,973.00		
Other medical non-durables	HC.5.1.3		49.93	57.16	81.68	84.69	176.63	90.03	140.85	91.89	94.24	97.87	296.24	340.75		
Therapeutical appl.; other medical durables	HC.5.2		773.89	884.83	411.32	391.99	207.98	468.63	217.36	577.89	120.77	125.22	173.13	199.22		
Glasses and other vision products	HC.5.2.1		773.08	883.80	410.06	390.75	206.48	467.12	216.54	577.28	120.17	124.62	172.53	198.62		
Orthopaedic appliances; other prosthetics	HC.5.2.2		0.68	0.87	1.06	1.04	1.37	1.50	0.82	0.61	0.60	0.60	0.60	0.60		
All other misc. durable medical goods	HC.5.2.3-5.2.9		0.13	0.17	0.20	0.20	0.14									
Prevention and public health services	HC.6	All industries	94.84	107.86	100.27	120.35	160.10	88.81	79.80	79.08	80.63	117.23	120.68	124.32		
Health administration and health insurance	HC.7	All industries	2,180.16	2,574.68	3,280.59	3,380.54	3,328.80	3,316.23	3,774.06	3,935.47	4,149.74	4,757.88	4,837.93	5,286.99		
Total recurrent expenditure on health care	HC.1-HC.7	All industries	63,461.66	72,029.55	85,688.67	81,599.67	72,647.68	71,392.17	70,456.46	72,764.77	72,361.23	75,314.95	77,971.02	87,398.81		
Gross capital formation	HC.R.1		7,309.26	6,400.53	7,892.18	5,606.36	5,507.16	1,790.86	2,915.96	1,659.58	1,556.25	2,023.64	2,268.76	2,647.11		
Total Health Expenditure			70,770.92	78,430.08	93,580.85	87,206.03	78,154.84	73,183.04	73,372.42	74,424.35	73,917.48	77,338.58	80,239.77	90,045.92	94,209	97,355

(1) E.g. paramedical practitioners and providers of alternative medicine. (2) This item includes freestanding clinical laboratory, diagnostic imaging and patient transport. (3) Including fitting of prosthesis, eye tests and other services of providers of these goods.

