

Thailand: Obesity Health System



Economic classification



Upper Middle Income¹

Health system summary

Thailand has a pluralistic health system that involves both public and private providers and financing bodies (although most care is delivered by the public system). By law, all Thai citizens must be a member of a social health protection scheme and so universal health coverage was reached by 2002. There are three health insurance schemes, membership of which is typically dependent on type of employment. The Servant Medical Benefit Scheme covers central government employees and the Social Security Scheme covers private employees. Most people, however, are covered by the Universal Coverage Scheme that covers those that work in the informal sector. The latter scheme is financed by general taxation, does not rely on contributions from members and covers approximately 72% of the population.² Over the past two decades, public expenditure on health has increased significantly and out of pocket payments as a percentage of total health spending has fallen to 12.4%.³ There has also been a reduction in catastrophic health spending and medical impoverishment.⁴

Current challenges include the continued financing of the primarily tax-financed health system. As a large proportion of the population live in poverty and contribute little, there is widespread concern that the status quo is not sustainable.

Does Thailand's government define 'Obesity as a disease'?



Does Thailand's healthcare provider(s) define 'Obesity as a disease'?



In practice, how is obesity treatment largely funded?



Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?



(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Unknown)

Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?



Are there any obesity-specific treatment recommendations or guidelines published for adults?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?



Are there any obesity-specific treatment recommendations or guidelines published for children?



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Obesity prevalence

12.0%	7.0%
Women	Men
5.2%	9.9%
Girls	Boys

Overweight prevalence

28.9%	23.8%
Women	Men
9.5%	8.3%
Girls	Boys

Key prevention policies

- ⇒ 'Healthier Choices' logo - front of pack labels
- ⇒ Tax on sugary beverages
- ⇒ Voluntary school ban on sugary drinks and snacks to children

Summary of stakeholder feedback*

Obesity is high on the government's agenda in Thailand and is increasingly being prioritised. There has been several healthy lifestyle campaigns and public awareness drives alongside clear policies ambitions from the Ministry of Health. Preventative action on obesity includes both the introduction of a sugar tax and mandatory food labelling.

While it is felt that most healthcare professionals believe obesity to be a disease, this appears not to extend to the insurers as there is limited to no reimbursement for obesity treatment. It appears that only lifestyle and behavioural treatment is covered by public insurance and so most obesity treatment received is paid for out of pocket.

Stakeholders reported that there is a sufficient number of obesity treatment professionals in urban areas, but less so in rural areas. Stakeholders noted, however, that there are no guidelines in place for these professionals to follow. A literature search found 2014 obesity guidelines for children by the Royal College of Paediatricians but it appears that there are not well-versed with the public as the stakeholders were not aware of it.

**Based on interviews/survey returns from 3 stakeholders*

Perceived barriers to treatment



High cost of out of pocket payments



Poor availability of pharmaceutical treatments



Obesity considered an aesthetic issue

References

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3. https://apps.who.int/iris/bitstream/handle/10665/208216/9789290617136_eng.pdf?sequence=1&isAllowed=y (last accessed 09.01.20)
4. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30198-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30198-3/fulltext) (last accessed 09.01.20)

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