

1. Introduction

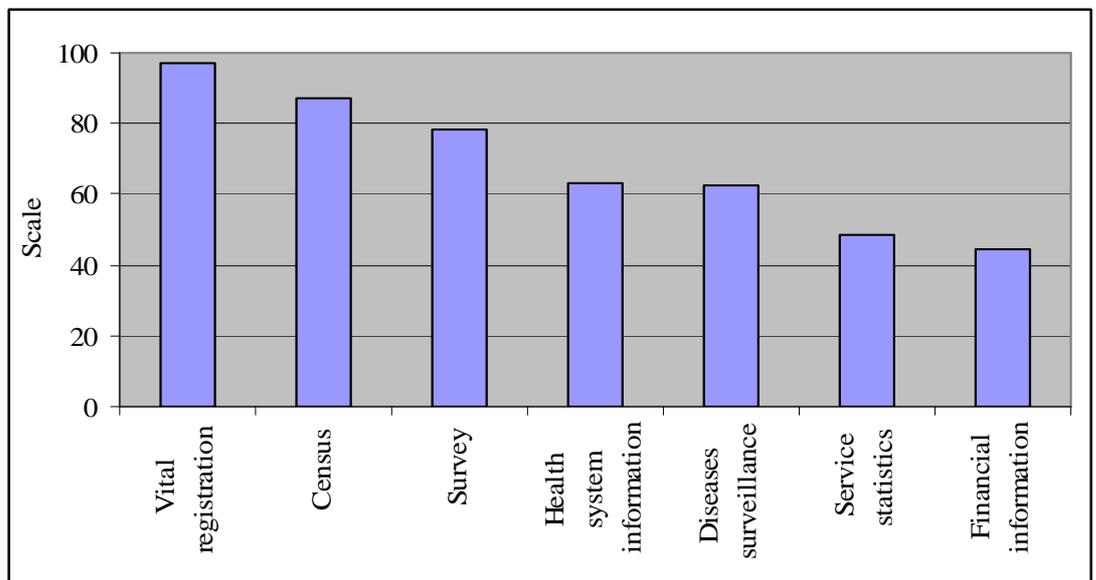
Factual information on Thailand's health system is scattered. Generally speaking, this assessment is shared by most professional observers; it is equally true with respect to information on the system's finances.

For reasons of quality assessment the HISO recently undertook a Delphi-type study (small groups consensus methodology) among experts and users of available information on the Thai health system. In this survey, interviewees were asked to rank between 0 and 100 different existing data platforms (Thai statistical programmes) according to their

- 1) information contents,
- 2) capacity of available resources,
- 3) turning theory (methodology) into practice,
- 4) dissemination of information, and
- 5) integration with other statistics / methods.

The above five items were given equal weight, i.e. overall assessment was calculated as their arithmetic average (Chart 1).

Chart 1. Quality assessment of various health statistics programmes

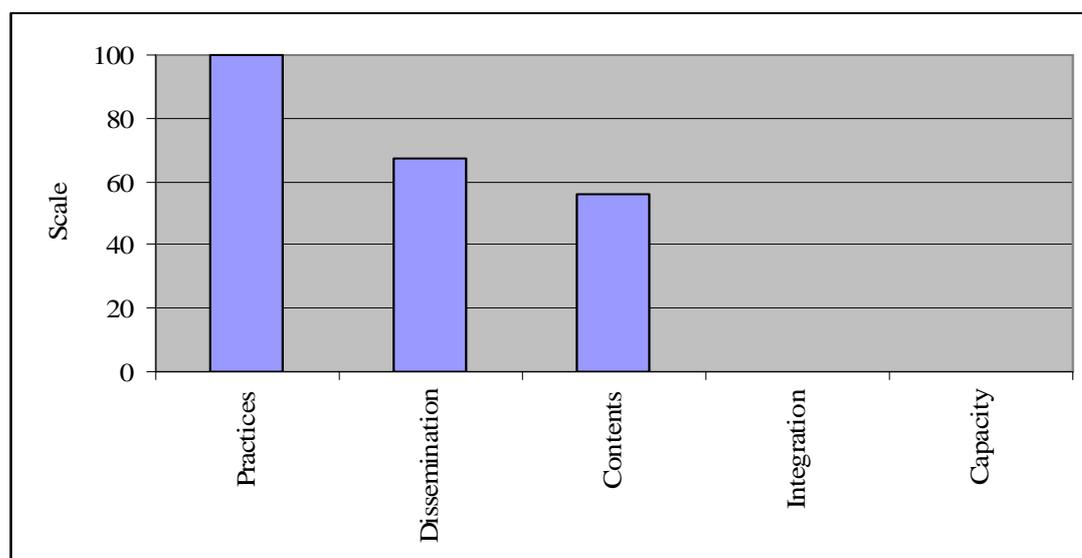


Source: HISO communication, March 2006

While the information on the health system in general ranks average, it is the programmes related to population statistics that rank higher, with vital statistics (births, deaths by place, cause, etc) scoring top.

By contrast, financial information ranks lowest. For better understanding of this result it is interesting to look at the above five criteria (Chart 2).

Chart 2. Quality assessment of health financial information by criterium



Source: HISO communication, March 2006

Obviously, turning method into practice, to the extent it happens, is satisfying: the administration knows to handle its accounts. But dissemination and contents are being judged, *cum granu salis*, only average. The reason for the overall low(est) ranking of financial information is to be seen, however, in the fact that interviewees ranked integration with other statistical programmes, and available capacities for the compiling of information sufficiently *zero*.

This result is confirmed and bolstered by other, objective facts regarding Thailand's overall statistical fabric, and its health statistics especially, which will be addressed in this report.

The existing wide gaps with respect to financial statistics, including information on physical, monetary (cost) and further, structural, variables must be thoroughly closed, and as fast as possible. After Thailand's stark move towards full health coverage of the population close and informed financial monitoring is now vital for medium-term adjustments of the established new structure of the health system, as well as for its further improvement according to emerging future needs and circumstances over the medium and long run.

Some consideration should be given to whether such statistics improvements can be achieved without a substantial amendment of the Statistics Act, B.E. 2508 (1965).

It seems that the "scatteredness" of Thailand's statistical landscape can only be overcome by way of a substantial institutional (administrative) reform. In this respect the report later addresses a number of problems.