

HEALTHY PUBLIC POLICY : INVESTING WISELY IN HEALTH



IT PAYS TO BE HEALTHY

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Health is wealth in more ways than one. In 1994, US\$2,230 billion was spent on health care around the world. A huge investment and with two principal aims - to improve the quality of life, and in doing so, increase global economic growth.

The facts speak for themselves. Improved health leads to higher productivity (fewer work days are lost to illness), creates more opportunities for well paid jobs and adds years to our working lives.

Less obvious benefits are better management of natural resources. Eradicate malaria and affected areas become attractive for settlement. Migrants move in and output increases.

Health spending assists the next generation by enhancing ability. Healthy and well - nourished toddlers are not only better prepared for school but are also more likely to enroll. Nutritional deficiencies in early childhood to lasting problems; iron deficiency reduces mental capacity, iodine deficiency causes irreversible mental retardation, and vitamin A deficiency is the primary cause of blindness among children.

Perhaps most importantly, the costs of medical care can be reduced as the eradication of disease increases. Prevention is the best and most cost - effective approach.

A country must invest wisely in its health system. Thailand, unfortunately, has so far failed miserably.

National health costs have been steadily increasing but the returns have been low - an indication of poor policies and unjustified decisions.

The outlay on health care delivery in 1982 was 3.56 per cent of gross domestic product (GDP). By 1992 it has risen to 6.38 per cent, and is projected to reach 8.10 per cent of GDP by the year 2000. In 1993, percentages of GDP on health in Indonesia and the Philippines was two per cent, Malaysia reported three per cent and Sri Lanka was the highest at 3.7 per cent.

Thailand spends far more on each of its citizens than these countries. In 1993, the amount was US\$73 per person, compared with \$12 in Indonesia, \$14 in the Philippines, \$18 in Sri Lanka and \$67 in Malaysia.

But in spite of the higher health spending, the "return" on the "investment" has been lower than that of neighbouring countries which spend less. Thai infant mortality stands at 38 per 1000 live - births, while the rates in Sri Lanka are 18 and Malaysia 15. Thais also have a shorter life span, an estimated 68 years, compared to 70.5 for Malaysia and 71.3 years for Sri Lankans.

One major reason for Thailand's low return on its investment in health is the unbalanced allocation of its resources : 57.7 per cent of the budget is spent on curative health care while only 13.4 per cent is set aside for preventive measures. Promotion accounts for 11.4 per cent.

Household health expenditure is now out of control at 73 per cent, with 40 per cent going to clinics and private hospitals. Much of the increase can be explained by the high degree of specialisation. Presently, 52 per cent of practising doctors are specialists. Only 22 per cent are general practitioners.

The problem has been further exacerbated by the alarming proliferation of the latest in technology. The use of expensive medical equipment is unreasonable, wasteful and uncontrolled. A 1995 study revealed that Thailand had 3.5 computerised scanners per million population, compared to 2.3 in the UK - the birthplace of this marvellous instrument. In Bangkok alone there are 15.7 scanners for every million people.

The World Bank's Development Report in 1993 recommended that government spending on health should be redirected to more cost - effective programmes focusing on those who most need them, the impoverished. Already far too much money has been invested in specialised care in large hospitals and is not showing the results to justify the cost. Much too little have been invested in low - cost, highly effective schemes such as tobacco control, national programmes to prevent or reduce motor vehicle accidents, heart disease and cancer.

Even in a stable economic climate, Thailand can ill afford to allocate a large portion of her health budget to medical and health procedures that cannot prove their relevance and effectiveness. Now, with our resources badly depleted, the decision - makers must be given clear, timely, and reliable data. All evidence - based decision - making must depend on valid and solid research. Policy - makers must be able to translate research data into wise choices.

All sectors, health - related or otherwise, should pay more attention to our national health expenditure. A common policy should be top of the agenda, and investments judiciously made.

Our very future depends on it.