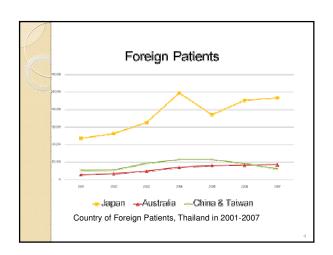


Composition of foreign patients

- •In 2008, about 1.3 million foreign patients
- •58.6% are medical travelers and general travelers and
- •41.4% is the expatriates.



Country of Foreign Patients

- Japan
- Germany
 - US
- Myanmar
 - UK
 - UAE

Private Hospitals with Foreign Patients

- □Quality Physicians
- ☐Reasonable Price
- □International Standards
- ☐ Thai Hospitality

Private Hospitals

- Impacts
- ·Higher Revenue
- Broader Target
- ·High Specialist

Public Hospitals

- Impacts
- ·Less Revenue
- Some patients might not have insurance (patients from bordering areas)

Problems

- □ Local Thais may have less access to health care services
- If doctors from government hospital move to private health institutions, the number of existing personnel in public hospital would decline.

Internal Migration of Doctors

- Private hospital demand for only specialist doctors who are credited with American Board or European Training, not GPs.
- Selection of private doctor is very strict, since it remains very high competitive in health industry.
- most of GPs usually serve mainly rural people, will hardly enter to private hospitals.

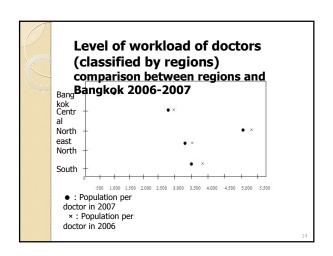
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Distribution of Doctor and Dentist

 The distribution of dentists slightly differs from doctors. They give services in Bangkok and Central region in a similar proportion.

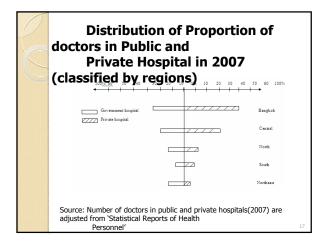
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Workload of Health Personnel Proportion of population to doctor, Regions Proportion of population to doctor of workload of doctors between BKK and 2006 2007 Bangkok 1:889 1:852 Central 1:2,985 1:2,695 3.2 Northeast 1:5,754 1:5,309 6.2 3.8 North 1:3,352 1:3,277 South 1:3,807 1:3,365 Whole 1:2,985 1:2,783 Country Source: Proportion of populations doctor classified by regions (2006-2007) are adjusted from 'Statistical Reports of Health Personnel'



- If consider the level of complication of caring by types of illness, it may be better for those who practice in rural area. Most cases in the District Hospitals usually not much complicated.
- Though the workload among regions are imbalance, it is possible to say that newly GPs just started work may be appropriate to handle with the uncomplication of provision care services.

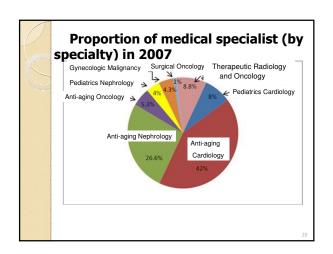
Number and growth rate of medical doctors in public and private hospitals (Classified by Regions)										
Region s	No. or actifing 2 Government			QQ6 _W 2 th	QQ. of doctors in Private hospital			wth		
	2006	(%)	2007	(%)	(%)	2006	(%)	200	(%)	(%)
Bangkok Metropol	4,250	25.4	4,25 9	23.8	0.2	2,161	50.2	2,45 0	51.8	13.4
Central	3,893	23.3	4,40	24.6	13.0	1,220	28.3	1,31	27.8	7.7
Northea	3,494	20.9	3,78	21.1	7.6	227	5.3	243	5.1	7.0
North	3,134	18.7	3,20	17.9	2.3	413	9.6	416	8.8	0.7
South	1,971	11.4	2,26	12.6	14.8	288	6.6	309	6.5	7.3
Whole	16,742	100.	17,9	100.	7.0	4,303	100.	4,73	100.	9.97
Source: Number of medical doctors in public and private hospitals(2006-2007) are adjusted from "Statistical Reports"										



- Distribution of medical doctors in Public and Private hospitals
 - The trend of changing in distribution of doctors in private hospitals may be seen now. This dose not mean that there will be a fast movement of doctors from public to private hospitals. There is strictly regulations to prevent entry of specialists from public to private hospitals.

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Number of medical specialists					
Number and percentage of specialists (whole					
Area of	Number	%			
Pediatrics	68	8.0			
Anti-aging Medicine	336	42.0			
Anti-aging	212	26.6			
Anti-aging	42	5.3			
Pediatrics	32	4.0			
Gynecologic	34	4.3			
Surgical Oncology	4	1.0			
Therapeutic Radiology and	70	8.8			
Total	798	-			



For the changing trend of medical specialists, currently.

- If anyone holds some specialty in his/her profession, then there will be some value added extra to his/her return (or income).
- Many professions, rather than general, also get the extra income due to their ability.

- Therefore, medical specialists have higher competency than GPs. The reason that most private hospitals need specialists because of their consumers/patients are those highincome groups-foreigners, or some Thai welloff families.
- The prediction here is: there will be a rapid movement of medical specialists group only (not GPs) since Thailand starts FTAs. The existing situation (though not having any FTAs), the movement already been conducted.
- The impact of loss of welfare may be seen.

Distribution of nurses

- RNs' pattern of distribution is slightly different from the medical doctors.
- In 2007, around 26.3% of nurses are in the Central region, more than in Bangkok (22.5%), Northeast (20.3%), North(17.7%) and South(13.2%).

Two-tier System of Services

- GPs from government hospitals may get chance in practicing at private hospital, but very few are able to work as permanent.
- Patients of private hospital are foreigners and small number of the Thai well-off customers.
- Segment of foreign health care services is not the same as local health services

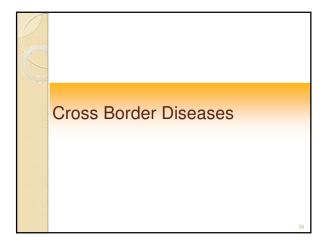
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Standard and Pricing

- Private Hospitals
- → International standard and higher price
- JCIA (Joint Commission International of American)
 - HA (Hospital Accreditation)
- ISO (The International Organization for Standard)
- Public Hospitals

National Standard and lower price

- HA (Hospital Accreditation)



2003				
National	Migrant workers	Cross border	Total	
 	Cases	_ Caraels	Cases	
Myanmar	14,668	Foreigner 603	15,271	
Laos	227	823	1,050	
Cambodia	501	100	601	
China	-	-	-	
Malaysia	12	9	21	
Vietnam	7	3	10	
Other	3,105	1,147	4,252	
Total	18,520	2,685	21,205	

Reported Case among Foreigners by Type and National,							
2008							
Nation	Migra nt	Cross border and	Unspecif ied	Total			
al	CARSER	Forgigger	Cases	Cases			
Myanma	19,652	1,811	1,717	23,180			
Cambodi	1,443	42	27	1,512			
Labs	875	312	118	1,305			
China	34	164	24	222			
Malaysia	12	33	9	54			
Vietnam	20	0	2	22			
Other	1,812	2,418	2,872	7,102			
Total	23,848	2,095	4,769	33,397			
2008, Thailand							

Cross Border Diseases (Thailand) In 2003 In 2008 Acute diarrhea 7,165 cases Acute diarrhea 12,382 cases Malaria 5,039 cases Malaria 7,903 cases Pyrexia of unknown origin 3,141 cases Pyrexia of unknown origin 2,392 cases Pneumonia 1,423 cases Pneumonia 1,613 cases Hemorrhagic conjunctivitis 1,100 cases Dengue hemorrhagic fever 1,444 cases Dengue hemorrhagic fever 738 cases Sexually transmitted infection 189 cases Food poisoning 631 cases • Food poisoning 958 cases

Recommendations

- Branding
- Products and Services
- Target Penetration & Location
- Human Capital
- Quality and Standards
- Differentiate

Policy Responses

- Diversity Management
- Training / Workshop
- Language, Culture, Food,

Policy Responses

- Production
- Investments
- •Quality Management
- Financial Supports
- Co-operation (Research, Business & Government)

Thank

youfor your attention.

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