# Report card

## Thailand

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity prevalence</td>
<td>2</td>
</tr>
<tr>
<td>Trend: % Adults living with obesity in Thailand 1997-2009</td>
<td>4</td>
</tr>
<tr>
<td>Trend: % Adults living with overweight or obesity in Thailand 2003-2009</td>
<td>5</td>
</tr>
<tr>
<td>Overweight/obesity by education</td>
<td>6</td>
</tr>
<tr>
<td>Overweight/obesity by age</td>
<td>8</td>
</tr>
<tr>
<td>Overweight/obesity by region</td>
<td>10</td>
</tr>
<tr>
<td>Insufficient physical activity</td>
<td>14</td>
</tr>
<tr>
<td>Average daily frequency of carbonated soft drink consumption</td>
<td>20</td>
</tr>
<tr>
<td>Estimated per-capita fruit intake</td>
<td>21</td>
</tr>
<tr>
<td>Prevalence of less-than-daily fruit consumption</td>
<td>22</td>
</tr>
<tr>
<td>Prevalence of less-than-daily vegetable consumption</td>
<td>23</td>
</tr>
<tr>
<td>Average weekly frequency of fast food consumption</td>
<td>24</td>
</tr>
<tr>
<td>Estimated per-capita processed meat intake</td>
<td>25</td>
</tr>
<tr>
<td>Estimated per-capita whole grains intake</td>
<td>26</td>
</tr>
<tr>
<td>Mental health - depression disorders</td>
<td>27</td>
</tr>
<tr>
<td>Mental health - anxiety disorders</td>
<td>28</td>
</tr>
<tr>
<td>Oesophageal cancer</td>
<td>29</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>31</td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>32</td>
</tr>
<tr>
<td>Pancreatic cancer</td>
<td>34</td>
</tr>
<tr>
<td>Gallbladder cancer</td>
<td>36</td>
</tr>
<tr>
<td>Kidney cancer</td>
<td>38</td>
</tr>
<tr>
<td>Cancer of the uterus</td>
<td>40</td>
</tr>
<tr>
<td>Raised blood pressure</td>
<td>41</td>
</tr>
<tr>
<td>Raised cholesterol</td>
<td>44</td>
</tr>
<tr>
<td>Raised fasting blood glucose</td>
<td>47</td>
</tr>
<tr>
<td>Diabetes prevalence</td>
<td>49</td>
</tr>
<tr>
<td>Health systems</td>
<td>50</td>
</tr>
</tbody>
</table>
Obesity prevalence

Adults, 2009

Survey type: Measured
Age: 20+
Sample size: 19,181
Area covered: National


Notes: In this graph, overweight refers to BMI 25–<30, and obesity as BMI ≥30 kg/m²

Unless otherwise noted, overweight refers to a BMI between 25 kg and 29.9 kg/m². Obesity refers to a BMI greater than 30 kg/m².
### Children, 2016

<table>
<thead>
<tr>
<th></th>
<th>Obesity</th>
<th>Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Survey type:** Measured  
**Age:** 6-18  
**Sample size:** 1749  
**Area covered:** Regional  
**Notes:** WHO cut-offs used.  
**Cutoffs:** WHO
% Adults living with obesity in Thailand 1997-2009

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with overweight or obesity in Thailand 2003-2009

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Overweight/obesity by education

Men, 2009

Survey type: Measured
Age: 20+
Sample size: 19,181
Area covered: National - URBAN


Notes: Prevalence of Overweight & Obesity by Education in Urban Areas In this graph, overweight refers to BMI 25–<30, and obesity as BMI ≥30 kg/m²

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2009

Survey type: Measured
Age: 20+
Sample size: 19,181
Area covered: National - URBAN


Notes: Prevalence of Overweight & Obesity by Education in Urban Areas in this graph, overweight refers to BMI 25–<30, and obesity as BMI ≥30 kg/m²

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by age

Adults, 2003-2005

Survey type: Measured
Sample size: 7279
Area covered: National
References: Jitnarin N, Kosulwat V, Rojroongwasinkul N et al. Prevalence of overweight and obesity in Thai population: Results of the National Thai Food Consumption Survey. 2011;16:e242-e249

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2003-2005

Survey type: Measured
Sample size: 9287
Area covered: National
References: Jitnarin N, Kosulwat V, Rojroongwasinkul N et al. Prevalence of overweight and obesity in Thai population: Results of the National Thai Food Consumption Survey. 2011;16:e242-e249
Cutoffs: IOTF
Overweight/obesity by region

Men, 2009

Survey type: Measured
Age: 20+
Sample size: 19,181
Area covered: National


Notes: In this graph, overweight refers to BMI 25–<30, and obesity as BMI ≥30 kg/m²

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2009

Survey type: Measured
Age: 20+
Sample size: 19,181
Area covered: National


Notes: In this graph, overweight refers to BMI 25–<30, and obesity as BMI ≥30 kg/m².

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Boys, 2003-2005

<table>
<thead>
<tr>
<th>Area</th>
<th>Obesity</th>
<th>Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangkok</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Central</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>North</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Northeast</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>South</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Survey type: Measured
Age: 3-18
Sample size: 9287
Area covered: National
References: Jitnarin N, Kosulwat V, Rojroongwasinkul N et al. Prevalence of overweight and obesity in Thai population: Results of the National Thai Food Consumption Survey. 2011;16:e242-e249
Cutoffs: IOTF
Girls, 2003-2005

<table>
<thead>
<tr>
<th>Area</th>
<th>Obesity</th>
<th>Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangkok</td>
<td>0.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Central</td>
<td>1.5</td>
<td>2.5</td>
</tr>
<tr>
<td>North</td>
<td>1.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Northeast</td>
<td>1.5</td>
<td>2.5</td>
</tr>
<tr>
<td>South</td>
<td>1.5</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Survey type: Measured
Age: 3-18
Sample size: 9287
Area covered: National

References:
Jitnarin N, Kosulwat V, Rojroongwasinkul N et al. Prevalence of overweight and obesity in Thai population: Results of the National Thai Food Consumption Survey. 2011;16:e242-e249

Cutoffs: IOTF
Insufficient physical activity

Adults, 2016

Men, 2016

Women, 2016

## Children, 2010

<table>
<thead>
<tr>
<th>Country</th>
<th>% insufficient physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>70</td>
</tr>
<tr>
<td>Maldives</td>
<td>80</td>
</tr>
<tr>
<td>Indonesia</td>
<td>80</td>
</tr>
<tr>
<td>Myanmar</td>
<td>80</td>
</tr>
<tr>
<td>Thailand</td>
<td>90</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>80</td>
</tr>
</tbody>
</table>

### Age:
11-17

### References:

### Notes:
% of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

### Definitions:
% Adolescents insufficiently active (age standardised estimate)
Boys, 2010

<table>
<thead>
<tr>
<th>Country</th>
<th>% Insufficient Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>65</td>
</tr>
<tr>
<td>Maldives</td>
<td>70</td>
</tr>
<tr>
<td>Thailand</td>
<td>80</td>
</tr>
<tr>
<td>Myanmar</td>
<td>75</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>80</td>
</tr>
<tr>
<td>Indonesia</td>
<td>80</td>
</tr>
</tbody>
</table>

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Girls, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Average daily frequency of carbonated soft drink consumption

Children, 2014-2015

Survey type: Measured
Age: 12-17

https://doi.org/10.1177/0379572119848287 sourced from Food Systems Dashboard  
http://www.foodsystemsdashboard.org/food-system
Estimated per-capita fruit intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita fruit intake (g/day)
Prevalence of less-than-daily fruit consumption

Children, 2008-2015

Survey type: Measured
Age: 12-17


Definitions: Prevalence of less-than-daily fruit consumption (% less-than-daily fruit consumption)
Prevalence of less-than-daily vegetable consumption

Children, 2008-2015

Survey type: Measured
Age: 12-17


Definitions: Prevalence of less-than-daily vegetable consumption (% less-than-daily vegetable consumption)
Average weekly frequency of fast food consumption

Children, 2014-2015

Age: 12-17

Estimated per-capita processed meat intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita processed meat intake (g per day)
Estimated per-capita whole grains intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018

References:

Definitions:
Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)
Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
**Women, 2018**

- **Maldives**
- **Timor-Leste**
- **Indonesia**
- **Sri Lanka**
- **Myanmar**
- **Bhutan**
- **India**
- **North Korea**
- **Thailand**
- **Bangladesh**
- **Nepal**

**Incidence per 100,000**

**Age:** 20+


**Definitions:** Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bhutan</td>
<td>0</td>
</tr>
<tr>
<td>Maldives</td>
<td>1</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>1.5</td>
</tr>
<tr>
<td>Indonesia</td>
<td>2</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>2.5</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2.8</td>
</tr>
<tr>
<td>Myanmar</td>
<td>2.9</td>
</tr>
<tr>
<td>India</td>
<td>3</td>
</tr>
<tr>
<td>Thailand</td>
<td>5.8</td>
</tr>
<tr>
<td>Nepal</td>
<td>5.9</td>
</tr>
<tr>
<td>North Korea</td>
<td>6.1</td>
</tr>
</tbody>
</table>

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Men, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Women, 2015

References:

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Raised cholesterol

Adults, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A885

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Women, 2008

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A885

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A869?lang=en

Definitions:
Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014

% raised fasting blood glucose

North Korea  Myanmar  Sri Lanka  Indonesia  Thailand  India  Bangladesh  Maldives  Nepal  Bhutan


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
Health systems

**Economic classification: Upper Middle Income**

**Health systems 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. 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%. There has also been a reduction in catastrophic health spending and medical impoverishment.

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.

**Indicators**

<table>
<thead>
<tr>
<th>Question</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>Defined as disease</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>Some progress</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Out of pocket</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>Not known</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>Partial</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>No</td>
</tr>
</tbody>
</table>
Are there any obesity-specific recommendations or guidelines published for children? Yes

Perceived barriers to treatment

- High cost of out of pocket payments
- Poor availability of pharmaceutical treatments
- Obesity considered an aesthetic issue

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

Last updated: June 2020