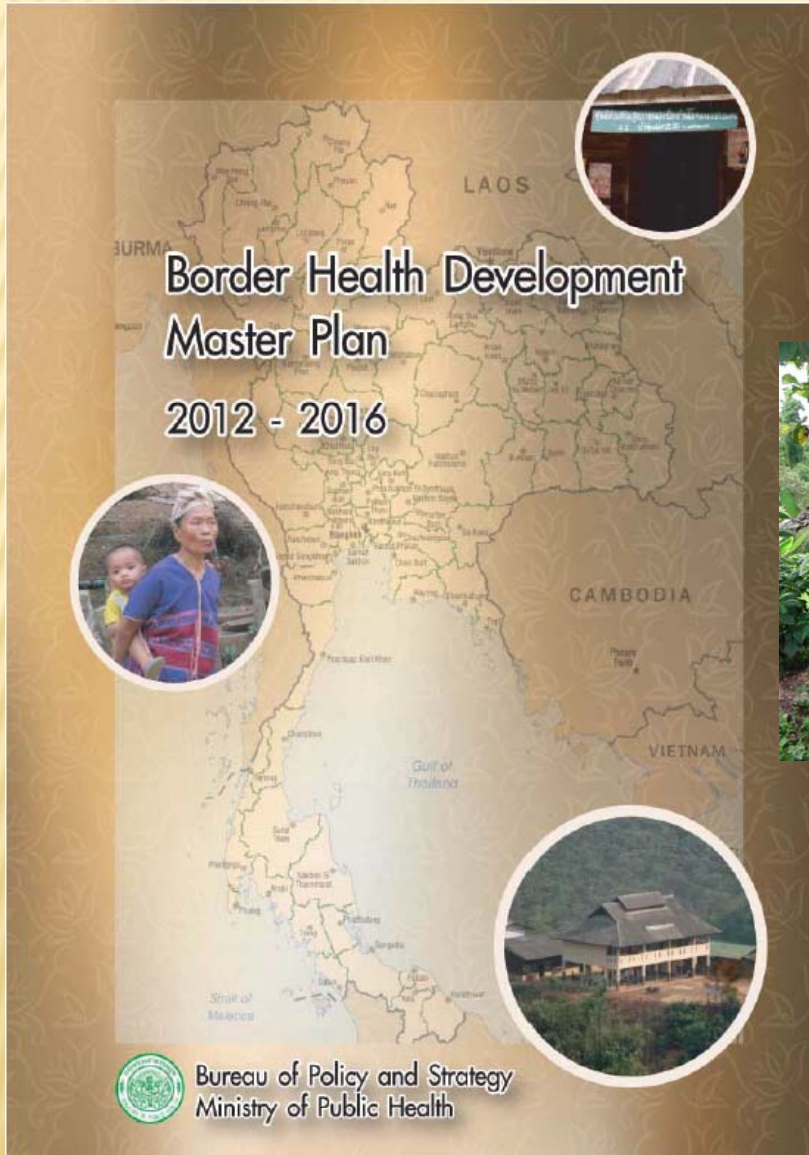


Thailand Border Health Strategy and Migrant Health Policy



JITMM2013
Central World
12 December 2013

Dr. Supakit Sirilak MD, MPH
Senior Expert on
Preventive Medicine,
MoPH, Thailand

Different target groups need different approaches

- Thai
 - 65.4 (Thai national 62.1 : yr2010)
- Stateless person
 - 0.45 million
- Refugee
 - 0.14 million (0.08million)
- Migrant worker
 - Registered 1,117,865 (MOI registered)
 - 357,643 insured in Social Security Scheme
 - Waiting for Nationality Identification 292,235
- Illegal migrant
 - 2 millions ?

Problem Identification

- Health Service delivery
- Health workforce
- Health Information
- Medical Product & Technology
- Health Financing
- Leadership & Governance

1) Health Service delivery and Insurance

- Universal Health Coverage?
 - Principle vs Law and Security
- Social Security Scheme
 - not cover informal sector
 - not include P&P
 - lag time before eligible for health service
- Friendly service
 - language & cultural barriers
 - attitude of health staff
- Primary Health Care (Migrant Community Involvement)

2) Health workforce

- Health manpower
 - migrant health professional
 - migrant health worker
 - migrant health volunteer
- Attitude & Skill needed

3) Migrant Health Information System

- poor identification and mobility
- no denominator for health service coverage
- burden of data completion with no incentive
- not priority in some areas

4) Medical Product & Technology

- Different benefit package in CMHI
- Proper unit cost

5) Health Financing

- The design scheme
 - SSS
 - MoPH
 - CMHIS 1,300 → 2,200 B (63,503 Sold)
 - age 0-6 365 B (2,444 Sold)
 - Others
 - Matching fund (central & local)
 - Private insurance

6) Leadership & Governance

- The policy is not solid
- Ineffective system management at national and local level

Quick Look at Border



- 3,300 Kms. with 4 countries
- 31 provinces are at border
- High trade value > 100,000 m
- Mixed population
- Remote and Endemic area
- High risk of transmitted diseases
- Uninsured migrant
- 17% of OPD and 30% of IPD
- Friendly and Coverage of service
- Difficulty in cross-border service

Formulation Process

- 6 meetings
- Widely participation and hearing
 - Government, NGOs, INGOs, Local Gov.
- Lesson learned from the 1st master plan
- The cabinet endorsed
- Policy communication to the province



Vision and Goal

Healthy Border Population



- Good quality and friendly health service
- All can access to health care
- Synergy from all actors
- Effective management

The 4 Strategies

1 Developing a health service system

Standard, Friendly, Referral and follow-up, P&P,
Consumer protection

2 Improving access to basic health services

Insurance coverage, outreach service, health care info

3 Strengthening collaboration and participation in all sectors

Networking of actors of all levels, neighboring country

4 Improving an effective management

Supporting mechanism or structure , HRH, MHIS

Product of the plan

- The operational plan in the provincial level
- 300 million baht allocated to the border province
- The national border health indicators
- Local bilateral cross-country meetings



Challenges

- The solid long term policy & strategy
- Targeting on UHC with proper financing
- ASEAN community opportunity
- Strengthen the essential systems
- Focus on local empowerment
- Translate National Strategy to the effective area implementation





Swasdee