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Field Epidemiology Training Program, Bureau of Epidemiology
Department of Disease Control, Ministry of Public Health, Thailand
Tel: +6625903894, Fax: +6625903845, Email: osireditor@osirjournal.net, http://www.osirjournal.net

Migrant Policies in Thailand in Light of the Universal Health Coverage: Evolution and Remaining Challenges

Rapeepong Suphanchaimat[1,2,*], Hathairat Kosiyaporn[1], Attaya Limwattanayingyong[3]

1 International Health Policy Program, Ministry of Public Health, Thailand

2 Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health, Thailand

3 Bureau of General Communicable Diseases, Department of Disease Control, Ministry of Public Health, Thailand

*Corresponding author, email address: rapeepong@ihpp.thaigov.net

Global Movements, Criticisms and Challenges on Migrant Health

At present, there exists a need to share responsibility and expectation of global support in addressing needs of international migrants. So far, there have been a number of global agreements in the past several years to facilitate the implementation of health policies towards migrants.

In 2016, the United Nations General Assembly unanimously adopted the 'New York Declaration for Refugees and Migrants'.[1] The declaration underlined a need for more cooperation among nations towards effective management of migration and negotiation on the 'Global Compact for Safe, Orderly and Regular Migration', which was later endorsed in 2018.[2]

In 2017, the World Health Assembly (WHA) endorsed a resolution, 'Promoting the Health of Refugees and Migrants' (WHA 70.15), leading to the development of the 'Draft Global Action Plan, 2019-2023' in 2019.[3] These agreements were supported by Thailand and many other countries.[4] During negotiation of such agreements, there were debates and criticisms, particularly on issues of shared responsibility and ownership of countries, clarification of roles among key stakeholders, distinction between illegal and legal migrants, and commitment of member states to implement actions specified in the agreements while maintaining national sovereignty (Table 1).

Thailand and Universal Health Coverage at a Glance

Universal Health Coverage (UHC) is both path and principle to ensure that all people are able to access standard health services, without incurring financial hardship.[5] It is now one of the global targets in the Sustainable Development Goals.[6,7] Thailand has achieved UHC since 2002, which is attributed to continuous investment in health workforce and health care infrastructures for over 30 years, combined with a critical health financing reform.[8]

At present, there are three main public insurance schemes in Thailand. First is Civil Servant Medical Benefit Scheme which covers Thai civil servants, constituting around 9% of total population. Second is Social Security Scheme (SSS) for private employees in the formal sector, numbering about 15% of total population. Third is Universal Coverage Scheme (UCS) for the majority of Thai citizens (75% of total population).[9] All of the three schemes have been successful in improving health of Thai citizens and protecting them against catastrophic expenditures.[10] All of these accounts made Thailand gain remarkable achievement as one of the UHC champions in global health arena[11] (Table 2).

Linkage between UHC and Migrants

Theoretically, UHC means 'universal protection' for all populations. Yet, practically, there is always a fundamental question, to what extent the term 'population' covers. Does it cover the native residents only? Does it include anyone living in the country border? This issue becomes more complex when dealing with non-Thai population. Most of them are migrant workers and their dependents, numbering around 3.1 million. This figure has not included undocumented migrants who are untraceable by the government.

Table 1. Key characteristics of selected important international agreements on migrant health

Agreement	Key substance
New York declaration for refugees and migrants (Resolution 71/1)[1]	• Leading to 2 main concrete actions: (1) initiating the draft on Global Compact for Safe, Orderly and Regular Migration and (2) initiating guidelines on the treatment of migrants in vulnerable situations
Global compact for safe, orderly and regular migration[2]	• Support the development of evidence-based migration policy (ensuring proven identity, enhancing availability and flexibility for regular migration, access basic services, and making provisions for both full inclusion of migrants and social cohesion) • Emphasising principles of national sovereignty (reaffirming the sovereign rights of a country to determine its national migration policy and its prerogative to govern migration within their jurisdiction, in conformity with international laws) • Making no distinction between illegal and legal migrants
World Health (WHA) Assembly resolution 70.15, 'Promoting the Health of Refugees and Migrants'[3]	• Focusing on strengthening international cooperation and partnerships on the health of refugees and migrants • Leading to the development of a Global Action Plan for consideration at the following WHA in 2019
Global Action Plan, 2019-2023[4]	• Following from the WHA resolution 70.15 • Asserting health as an essential component of good migration governance • Key activities mainly confined in the WHO secretariat rather than the member states

Table 2. Key characteristics of the main three insurance schemes for Thai citizens at present[27,28]

Insurance scheme	Population coverage	Source of revenue	Mode of provider payment	Access to service
Civil Servant Medical Benefit Scheme (CSMBS)	~9%, government employees plus dependents (parents, spouse, and up to 2 children)	General tax, noncontributory scheme	Fee for service, direct disbursement to mostly public providers and Diagnostic Related Groups (DRG) for inpatient treatment	Free choice of public providers
Social Security Scheme (SSS)	~16%, private sector employees, excluding dependents	Tripartite contribution, equally shared by employer, employee and the government	Inclusive capitation for both outpatient and inpatient plus additional adjusted payments for accident and emergency and high-cost care	Registered public and private contractors
Universal Coverage Scheme (UCS)	~75%,the rest of the 'Thai' population not covered by SSS and CSMBS	General tax	Capitation for outpatients and global budget plus DRG for inpatients	Registered contractors, notably the network of public hospitals (Contracting Unit for Primary Care)

Over 90% of them are from Cambodia, Lao PDR and Myanmar, so-called CLM migrants.[12] The CLM migrants are mostly engaged in dirty, demeaning and dangerous jobs.[13] The rest 10% is a group of well-off non-Thai, including professional workers and expatriates who are already covered by either private insurance or SSS. Low-skilled migrant workers working as employees in the formal sector have to be enrolled in SSS while those in the informal sector (such as fishermen, farmers, and housemaids) are to be insured with Health Insurance Card Scheme (HICS) of the Ministry of Public Health (MOPH).

Protecting health of migrants is not only a matter of health. In fact, it means a protection of the national macro-economy. Recent report by the International Labour Organization suggested that in 2010, migrant workers contributed around 4.3-6.6% of gross domestic product in Thailand.[14] This figure represented 4.7% of the employed population.[14]

Since CLM migrants constitute the greatest share of non-Thai population in Thailand, most policy dialogues on migrant health so far have been centered on CLM migrant workers and their dependents. One of the greatest complexities of this issue is that a large amount of CLM migrants are (and can be) undocumented at certain periods of their lives. Thus, the term 'undocumented' in this regard means that they once entered Thailand without legitimate travel documents, or dependents were born

in Thailand without registering for a birth certificate. Therefore, a provision of health care cannot be functioned effectively unless measures to remedy the precarious legal status of migrants are in place.

Health Insurance Card Scheme - One of the Most Remarkable Policies on Migrant Health in Thailand

The health-protection policy for migrants started in early 1990s. During that period, the government proclaimed public health insurance for migrants in certain industrialized provinces until 2004 when there was an establishment of public insurance for migrants, namely, HICS, for the whole country.[15]

The benefit package of HICS is quite similar to UCS, including out-patient, in-patient and emergency care, and high-cost treatments. HICS is financed by annual premium paid by migrants. Note that during the start-up period, the HICS benefit still excluded HIV/AIDS treatment with an annual at 1,300 Baht (USD 39) plus 600 Baht (USD 18) for a pre-enrollment health check.[15,16]

In 2013, HICS faced the important milestone in its evolution. The cabinet at that time approved to include HIV/AIDS treatment in the HICS benefit package.[16] Besides, HICS extended its enrollment eligibility to cover undocumented migrants' dependents, aged below seven years. However, to be insured with HICS, these undocumented migrants were obliged to register with the government to undertake the 'nationality verification' (NV) and acquire 'work permit' from the Ministry of Labour first. In other words, NV serves as a legalization process for undocumented migrants. Before enrolling in HICS and obtaining a work permit, applicants must undertake health screening for detect serious communicable diseases that can pose public health threats such as active tuberculosis, syphilis, leprosy and filariasis.[15]

In 2014, there was a critical change in the migrant policies again. A new measure, namely, the One Stop Service (OSS) was instigated.[17] The OSS is aimed to serve as a synergistic platform for different authorities, namely, Ministry of Labour, Ministry of Interior and Ministry of Public Health. At the end of 2014, the number of formerly undocumented migrants who had already passed NV amounted to over 1.5 million, far greater than the previous NV processes prior to the OSS era.

There are some operational details necessitating special considerations: one of which is the interaction between SSS and HICS. Migrants registered with the OSS are required to be insured with either SSS or HICS, depending on the nature of work. Those working as an employee in the formal sector are obliged to be insured with SSS while those in the informal sector need to be insured with HICS. Nonetheless, in practice, to be enrolled with SSS, a (potential) insuree needs to complete NV first and generally the whole NV process takes a while until completion. Thus migrants with unfinished NV are still obliged to be insured with HICS even though they are engaged in the formal sector.

In 2014, the HICS premium reduced to, 365 Baht (USD 11) per year for a migrant child, and 1,600 Baht (USD 49) a migrant adult plus 500 Baht (USD 15.2) for the preconditioned health check.[15] Moreover, HICS for a migrant adult is classified into several subtypes with a less-then-one-year validity period. This sub-arrangement is made so as to cover migrants working in private enterprises who will be soon be enrolled in SSS, but have not completed the SSS contribution requirement. Normally, a SSS beneficiary requires to have his/her wage deducted to SSS for at least three months as a precondition in activating the rights to enjoy services.

Chronological evolution and key features of migrant insurance policy in Thailand are excerpted in table 3.

It is worth mentioning that there have been another group of non-Thai, namely, stateless people, residing in the country for years. The majority of them are hill-tribe residents and highlanders who fled from neighboring countries due to political conflicts. However, due to several reasons (such as ignorance of the civil registry system, poverty and geographical barriers), they missed the opportunity to register for their citizenship status and neither did their dependents. The estimated number of stateless people is 500,000-700,000 all over the country.[18] In 2010, the cabinet proclaimed the insurance policy specifically for this population, so-called, 'Health Insurance for People with Citizenship Problems' (HIS-PCP).[19] The insurance is financed by central budget of MOPH, with the benefit package almost comparable to UCS.[18] However, HIS-PCP is beyond the scope of this paper and it needs more space to discuss further in detail on its operational constraints and remaining challenges.

Direction of the Government to Address the Health of Migrants

Aside from the insurance policy, MOPH has launched the Border Health Plan as a guideline for all public facilities to provide care for migrants.[20] The plan emphasizes the importance and benefit of migrant friendly service. To this end, migrant health workers

Table 3. Chronological evolution and key characteristics of several subtypes of the insurance card for migrants

Card	Premium	Coverage length	Beneficiary	Stating year	Benefit package	Legal basis
Health Insurance Card for 'migrant'	1,300 Baht + 600 Baht for health check	1 Year	Migrant workers	2004	Out-patient, in-patient, and health promotion, disease prevention services but excluding HIV/AIDS treatment, mental diseases and drug dependence, and chronic dialysis	Cabinet Resolution
Health Insurance Card for 'migrant'	2,200 Baht + 500 Baht for health check	1 Year	All non-Thai populations, except for tourists, and Caucasian foreigners	2013	Out-patient, in-patient, and health promotion, disease prevention services but excluding HIV/AIDS treatment, mental diseases and drug dependence, and chronic dialysis	Cabinet Resolution
Health Insurance Card for 'migrant child'	365 Baht	1 Year	Migrant child aged less than 7	2013	Out-patient, in-patient, and health promotion, disease prevention services but excluding HIV/AIDS treatment, mental diseases and drug dependence, and chronic dialysis	Cabinet Resolution
Health Insurance Card for 'migrant worker'	1,600 Baht + 500 Baht for health check	1 Year	Migrants who registered with the One Stop Service by 31 October 2014	2014	Same as 2013	National Council for Peace and Order
	900 Baht + 500 Baht for health check	6 months	Migrants who registered with the One Stop Service by 31 October 2014	2014	Same as 2013	National Council for Peace and Order
	500 Baht + 500 Baht for health check	3 months	Migrants who registered with the One Stop Service by 31 October 2014	2014	Same as 2013	National Council for Peace and Order
Health Insurance Card for 'a child of migrant workers'	365 Baht	1 Year	Child of migrant workers, aged less than 7, registered with the One Stop Service by 31 October 2014	2014	Same as 2013	National Council for Peace and Order

Source: adapted from the Health Insurance Group, Ministry of Public Health, Thailand[16]

(MHWs) and migrant health volunteers (MHVs) are promoted. The functions of MHWs and MHVs include not only being a translator for migrant patients in the Thai public facilities, but also providing outreach health education to migrant communities.[20,21]

The attempt to include migrants in the public insurance arrangement became more materialized in 2017, when the Thai government endorsed a 20-year Master Plan for Integration of Health Insurance Systems Development (2018-2037).[22] The plan is chaired by the Deputy Prime Minister, with a purpose to ensure that everybody in Thailand is covered by at least one of the public insurance schemes and is able to maximize their health potentials. Such a political momentum coincides with the Vision of the National Health Security Office, the governing body of UCS, which clearly emphasizes that everybody on the Thai soil, regardless of their ethnic status, should be insured for their health by any of public insurance arrangements.[23]

Besides, Thailand has supported the ASEAN Declaration on the 'Protection and Promotion of the Rights of Migrant Workers' since 2017.[24] The declaration reflects a political commitment and progress towards better protection for health of migrants not only in Thailand, but also in the whole Southeast Asia region.

Remaining Challenges and Future Ahead

Despite several initiatives on migrant health, challenges still remain as presented in the following examples. First, the NV process is a longish task and cannot be achieved without seamless coordination between sending and receiving countries, which hardly happen in reality.

Second, though the HICS in intended to be a compulsory scheme for all migrants, in practice there are some migrants failing or refusing to register with HICS or OSS. The number of these migrants remains in question. In addition, so far, there have not been any laws or regulations that indicate penalty on migrants who refuse to buy HICS or employers of migrants who leave their migrant employees uninsured. In other words, HICS is not truly compulsory as intended; its status is rather 'semi-compulsory'.[25] Third, the employment status of a migrant is never static. Portability of one scheme to another, SSS to HICS and vice versa, is still a critical challenge. Fourth, the unsynchronized data management systems across authorities always hamper effective implementation of migrant health policies.

Fifth, there remains a small, but significant discrepancy between HICS and UCS benefit packages, which is treatment for mental health diseases and drug dependence. Strictly speaking, psychiatric diseases are amongst diseases in the negative list specified in the immigration law. Migrants suffering from the negative-list diseases are prohibited from entering the country.[26] However, the process of deporting these migrants is unclear and beyond the authority of the health sector. Thus, it is very likely that these migrants are neither able to enjoy services, nor deported back to their homeland. Last but not least is a variety of societal attitudes and diverse legal interpretations towards migrants, which definitely shape how migrants receive service in reality.[25]

Conclusion

Thailand has travelled far in the quest towards universal protection for 'everybody' on its land. Lessons from Thailand show that protecting health of migrants must come alongside a proper remedy on precarious legal status of migrants, especially the undocumented ones. Promoting health and well-being of migrants should be viewed as a sensible investment for the society rather than service burden. Finally, the synergistic effort and policy coherence from all relevant stakeholders are extremely indispensable to ensure health of the whole nation.

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References

1. United Nations General Assembly. New York declaration for refugees and migrants: resolution adopted by the general assembly.2016 Oct 3 [cited 2019 Jun 2]. <https://www.unhcr.org/new-york-declaration-for-refugees-and-migrants.html>.

2. United Nations. Global compact for safe, orderly and regular migration. 2018 [cited 2019 Jun 2]. <https://refugeesmigrants.un.org/migration-compact>.

3. World Health Organization. Promoting the health of refugees and migrants. Seventieth World Health Assembly Resolution WHA70.15, 31 May 2017.Geneva: WHO; 2017 [cited 2019 Jun 2]. www.who.int/migrants/about/A70_R15-en.pdf.

4. World Health Organization. Promoting the health of refugees and migrants: draft global action plan, 2019-2023. 2018 Dec 24 [cited 2019 May 31]. <https://apps.who.int/gb/ebwha/pdf_files/EB144/B144_27-en.pdf>.

5. Holmes D. Margaret Chan: committed to universal health coverage. Lancet. 2012 Sep 8;380(9845):879.

6. Brolan CE, Hill PS. Universal Health Coverage's evolving location in the post-2015 development agenda: key informant perspectives within multilateral and related agencies during the first phase of post-2015 negotiations. 2016 May;31(4):514-26. Epub 2015 Oct 22.

7. Hogan DR, Stevens GA, Hosseinpoor AR, Boerma T. Monitoring universal health coverage within the Sustainable Development Goals: development and baseline data for an index of essential health services. Lancet Glob Health. 2018 Feb;6(2):e152-68. Epub 2017 Dec 13.

8. Tangcharoensathien V, Witthayapipopsakul W, Panichkriangkrai W, Patcharanarumol W, Mills A. Health systems development in Thailand: a solid platform for successful implementation of universal health coverage. Lancet. 2018 Mar 24;391(10126):1205-23.

9. Tangcharoensathien V, Limwattananon S, Patcharanarumol W, Thammatacharee J, Jongudomsuk P, Sirilak S. Achieving universal health coverage goals in Thailand: the vital role of strategic purchasing. Health Policy Plan. 2015 Nov;30(9):1152-61.

10. Limwattananon S, Tangcharoensathien V, Prakongsai P. Reducing impoverishment caused by costly health-care payments: outcome of universal health care coverage in Thailand. Journal of Health Systems Research. 2011;5(1):25-31.

11. Patcharanarumol W, Tangcharoensathien V, Limwattananon S, Panichkriangkrai W, Pachanee K, Poungkantha W, et al. Why and how did Thailand achieve good health at low cost? In: Balabanova D, McKee M, Mills A, editors. 'Good health at low cost' 25 years on What makes a successful health system. 1st ed. London: London School of Hygiene & Tropical Medicine; 2011. p. 193-223.

12. Office of Foreign Workers Administration. Statistics of cross-border migrants with work permit in Thailand as of February 2019.Bangkok: Department of Employment, Ministry of Labour, Thailand; 2019 [cited 2019 May 31]. <http://wp.doe.go.th/wp/images/statistic/sm/58/sm0558.pdf>.

13. Pholphirul P, Rukumnuyakit P. Economic contribution of migrant workers to Thailand Bangkok: school of development economics national institute of development Administration; 2008 [cited 2015 Oct 21]. <http://news.nida.ac.th/th/images/PDF/article2551/%E0%B8%AD.%E0%B8%9E%E0%B8%B4%E0%B8%A3%E0%B8%B4%E0%B8%A2%E0%B8%B0.pdf>.

14. OECD/ILO. How immigrants contribute to Thailand's economy, OECD development pathways.Paris: OECD Publishing; 2017 [cited 2019 May 31]. <http://www.oecd.org/dev/migration-development/Prelim_version_ECLM_Thailand.pdf>.

15. Suphanchaimat R, Putthasri W, Prakongsai P, Tangcharoensathien V. Evolution and complexity of government policies to protect the health of undocumented/illegal migrants in Thailand - the unsolved challenges. Risk Manag Healthc Policy. 2017;10:49-62.

16. Health Insurance Group. Health card for uninsured foreigners and health card for mother and child. Seminar on measures and protocols of medical examination, insuring migrants and protecting maternal and child health; 2013 Jul 9-10; Bangkok, Thailand. Nonthaburi: Office of the Permanent Secretary, Ministry of Public Health, Thailand; 2013.

17. National Council for Peace and Order. Temporary measures to problems of migrant workers and human trafficking (Order No.118/2557). Bangkok: NCPO; 2014.

18. Suphanchaimat R, Putthasri W, Prakongsai P, Mills A. Health insurance for people with citizenship problems in Thailand: a case study

of policy implementation within a complex health system. BMC Health Services Research. 2014 Jul 7;14(2):P121.

19. Suphanchaimat R, Prakongsai P, Limwattananon S, Mills A. Impact of the health insurance scheme for stateless people on inpatient utilization in Kraburi Hospital, Thailand. Risk Manag Healthc Policy. 2016;9:261-9.
20. Thailand. Bureau of Policy and Strategy. Ministry of Public Health. Border health plan (2012-2016). Nonthaburi: Ministry of Public Health, Thailand; 2012.
21. Sirilak S, Okanurak K, Wattanagoon Y, Chatchaiyalerk S, Tornee S, Siri S. Community participation of cross-border migrants for primary health care in Thailand. Health Policy Plan. 2013 Sep;28(6):658-64.
22. Thailand. Bureau of Policy and Strategy. Ministry of Public Health. National strategy for the next 20 years (Public Health).Nonthaburi: Ministry of Public Health, Thailand; 2016 [cited 2019 May 31]. <https://waa.inter.nstda.or.th/stks/pub/2017/20171117-MinistryofPublicHealth.pdf>.
23. National Health Security Office. NHSO vision, mission and policies. Bangkok: National Health Security Office; 2017 [cited 2019 May 31]. <https://www.nhso.go.th/eng/FrontEnd/page-contentdetail.aspx?CatID=NjM=>.
24. Guinto RL, Curran UZ, Suphanchaimat R, Pocock NS. Universal health coverage in 'One ASEAN': are migrants included? Glob Health Action. 2015;8:25749.
25. Suphanchaimat R, Pudpong N, Prakongsai P, Putthasri W, Hanefeld J, Mills A. The devil is in the detail-understanding divergence between intention and implementation of health policy for undocumented migrants in Thailand. Int J Environ Res Public Health. 2019 Mar 20;16(6).
26. Thailand. Ministry of Public Health. Notification of the Ministry of Public Health on health screening and health insurance management for migrant workers, 2019 (2562 B.E.). Nonthaburi: Ministry of Public Health, Thailand; 2019.
27. National Health Security Office. National Health Security Act in the name of his Mejesty King Bhumibol (enacted on the 11th of November B.E. 2545). Bangkok: National Health Security Office; 2002 [cited 2019 Jun 24]. <http://www.nhso.go.th/eng/Files/Userfiles/file/Thailand_NHS_Act.pdf>.
28. Tangcharoensathien V, Patcharanarumol W, Vasavid C, Prakongsai P, Jongudomsuk P, Srithamrongswat S, et al. Thailand health financing review 2010. Nonthaburi: WHO/SEARO; 2009.