Thailand’s universal health coverage policy to protect health of migrants: A model for other countries

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Presentation to the CISTM 16th
Washington Hilton Hotel, Washington DC, USA
6th June 2019

Country profile: Thailand

- Population: 69.18 million (2018)
- GDP per cap: $6,125.70 (2018)
- Gini coeff: 0.454 (2017)
- Fiscal space: 16.6% NHA (2017)
- Total Health Expenditure: 16.6% NHA
- US $256 per capita, 3.9% GDP
- Public 68%, SHI 8%, Private 24%, OOP 12% of THE
- HHI density: doctor/nurse/midwife 24.7/10,000 pop.
- Health status:
  - Life expectancy at birth (M/F): 72/79
  - Total fertility rate: 1.5 (2017)
  - U5MR: 12.2 (2016)
  - MMR (per 100,000 live birth): 20 (2015)

Long march to achieve UHC in 2002:
From fragmented public health insurance schemes and uninsured to universal health coverage

UHC in the Sustainable Development Goals

- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines

Push and pull factors for migrants in Thailand

Push factors:
- Civil war and violence against ethnic minority groups in neighboring countries;
- Lower economic development and minimum daily wage;
- Lower social welfare and public services, lack of access to quality health services.

Pull factors:
- Changes in demographic patterns of Thai population;
- Continuing economic growth with very low unemployment rate;
- Gaps in minimum daily wage between Thailand and neighboring countries:
  - Laos: $1.39 USD
  - Myanmar: $2.08 USD
  - Cambodia: $4.06 USD
  - Vietnam: $3.28-4.73 USD
Contributions of migrants to the Thai economy

Migration and Development

Each year migrant workers in Thailand send USD 1.8 billion in remittances through formal channels to Cambodia, the Lao People’s Democratic Republic, Myanmar and Vietnam.

Over 10% of Total Labour Force

Migrants constitute over 10% of Thailand’s labor force and contribute between 4.3% to 6.6% of gross domestic product.

Health insurance arrangements for Thais and non-Thais after achieving UHC in 2002

Thai population 68 million

Universal Coverage Scheme (UCS) for the informal sector, 75% of Thai population managed by National Health Security Office (NHSO)

Civil Servant Medical Benefit Scheme (CSMBS) for the government employee and their dependants, 9% of Thai population

Registered documented migrants, 1.5 million

Social Security Scheme (SSS) for the formal sector employee, 16% of Thai population

Employee and dependants of registered documented migrants, 1.5 million

Migrant health insurance scheme (MHIS) managed by MOPH

Temporary documented migrants, 1 million

Civil Servant Medical Benefit Scheme (CSMBS) for the government employee and their dependents, 9% of Thai population

Uninsured

Illegal, undocumented migrants, 1 million

Health insurance schemes for Migrants in Thailand

- Two health insurance schemes for migrants

1) Social Health Insurance Scheme (SHI)
   - same as Thai workers in the formal sector,
   - responsible by Social Security Office, Ministry of Labor
   - Eligible only for Imported Migrants under MOU and those who has completed nationality verification process and working in formal sector,

2) Compulsory Migrant Health Insurance (CMHI)
   - responsible by Ministry of Public Health (MOPH)

Registration of documented migrants under Social Health Insurance (SHI)

- Registered migrants in 2017 - total 772,270
  - Myanmar 447,134 (58.4%)
  - Laos PDR 96,922 (12.7%)
  - Cambodia 226,826 (28.9%)

- Registered migrants in 2018 - total 1,187,803
  - Myanmar 777,217 (65.4%)
  - Laos PDR 59,746 (5.0%)
  - Cambodia 350,840 (29.6%)

Source: Social Security Office of Thailand, 31 December 2018

Compulsory Migrant Health Insurance (CMHI)

- First launch 1994 as MOPH project:
  - Implemented by MOPH targeting workers not covered by social health insurance
  - 2001, cabinet resolution formalized CMHI:
    - Registered migrant pays 300 Baht for annual health screening and 1,200 Baht for curative services,
    - 2014, annual premium increased
      - Health check-up and screening 500 THB, services 1,600 THB
    - 2013, included CMHI for children <7 yrs old:
      - Launch targeting children, premium 365 Baht per annum
      - One Baht a day premium campaign with low uptake.

Resource allocation of migrant Health Insurance Ministry of Public Health, Thailand

- Premium collected at the hospital

  - ARV 300 Baht
  - Central Management 10 Baht
  - High cost care 50 Baht
  - P&P cost 20 Baht
  - Provincial Management 120 Baht
  - Hospital 90 Baht

- For one year, 500 Baht for 3 months, and 900 Baht for 6 months
Provisions of medical check-up for migrants

- Chest x-ray
- Blood examination for filariasis and syphilis infection
- Urine examination on amphetamine
- Urine exam for pregnancy test,
- Screening for leprosy infection,
- Additional physical check up approved by medical doctor,
- All migrants will receive oral Albendazole (400mg) to treat intestinal parasitic infection,
- Myanmar migrants are compulsory to take single tablet of Di-ethyl Carbarmazine (300mg) to treat filariasis.

Colombo Statement
HLM of the Global Consultation on Migrant Health, 23rd Feb 2017

3. We agree
1. To consider this Colombo Statement and take note of the other outcomes of the 2nd Global Consultation on Migrant Health, including the consolidated elements of a Progress Monitoring Framework, Research Agenda and Actionable Policy Objectives, in order to improve the health and well-being of migrants and their families throughout the migration cycle, as appropriate;
2. To continue the implementation of WHA 61.17 and other relevant WHA resolutions and initiatives;
3. To lead in mainstreaming the migration health agenda within key national, regional and international fora, in domains such as migration and development, disease control, global health, health security, occupational safety, disaster risk reduction, climate and environmental change, and foreign policy as guided by the 2030 Agenda for Sustainable Development;
4. To promote the principles and agreements reached at the 2nd Global Consultation on Migrant Health as inputs to future global initiatives, intergovernmental consultations, and Governing Bodies processes contributing to the formulation of a Global Compact on Migration and the Global Compact on Refugees in 2018, as appropriate.

A Global Operation Framework on Health of Migrants

1) Promote conducive policy and legal frameworks

The policy to promote health of migrants has been included into the 20-year National Development Plan and Strategies, and one of the regional priority in the ASEAN Post-2015 Health Development Agenda.

2) Continue monitoring migrant’s health

Annual Check-up including Migrant Health Insurance (MHI) and introduction of migrant-friendly health services to keep good accessibility to health care

strong disease surveillance system
3) Development of migrant-sensitive and migrant-friendly health care system

4) Develop Partnerships, networks, multi-country framework

Key achievements of migrants' health programs and policies

1. Can successfully raise migrant issue as the national health priorities, and become one of the regional priority in the ASEAN Post-2015 Health Development Agenda,
2. Significant expansion of health insurance coverage for both documented and undocumented migrants, and other non-Thai citizens,
3. Development of good practice in migrant friendly-health services in many provinces and big cities,
4. Gradual changes in policy makers' and public perspectives on migrants,
5. Strengthening primary care services, especially disease screening and prevention through migrant workers, and migrant health volunteers (MHVs),
6. Development of partnerships, networks, and multi-country framework, e.g. WHO, IOM, ASEAN, ADB, GMS, etc.

Key challenges

1. Lack of policy coherence among different Ministries, e.g. Ministry of Defense, MOI, MOL and Ministry of Public Health,
2. Still have quite a number of uninsured and undocumented migrants,
3. Fragmented and inaccurate data for monitoring the progress of the migrants' policies and assess the current situations on health seeking behaviors and health status,
4. Migrants are still seen as burden on the healthcare system and carriers of serious communicable and EIDs,
5. Administration of migrant health policies in the Thai MOPH is still fragmented and duplicated.

Thank you for your attention

Sawasdee