

POLICY BRIEF

HUMANITARIAN ASSISTANCE IN PUBLIC HEALTH AND HEALTH SECURITY IN THE THAI-MYANMAR BORDER AREA: A STUDY OF PUBLIC HEALTH NEEDS AND STAKEHOLDER OPINIONS FOR THE DEVELOPMENT OF THAILAND'S BORDER HEALTH POLICY.

JUNE 2026

Objective: This Policy Brief is a policy recommendation for border health, aiming to provide effective healthcare services to all population groups within limited resources, ensuring efficient and equitable allocation of healthcare services. It incorporates recommendations from various sectors involved in border healthcare between Thailand and Myanmar, integrating principles of health security and humanitarian assistance to identify opportunities and approaches for developing a sustainable border healthcare system that can address current challenges.

Conceptual framework

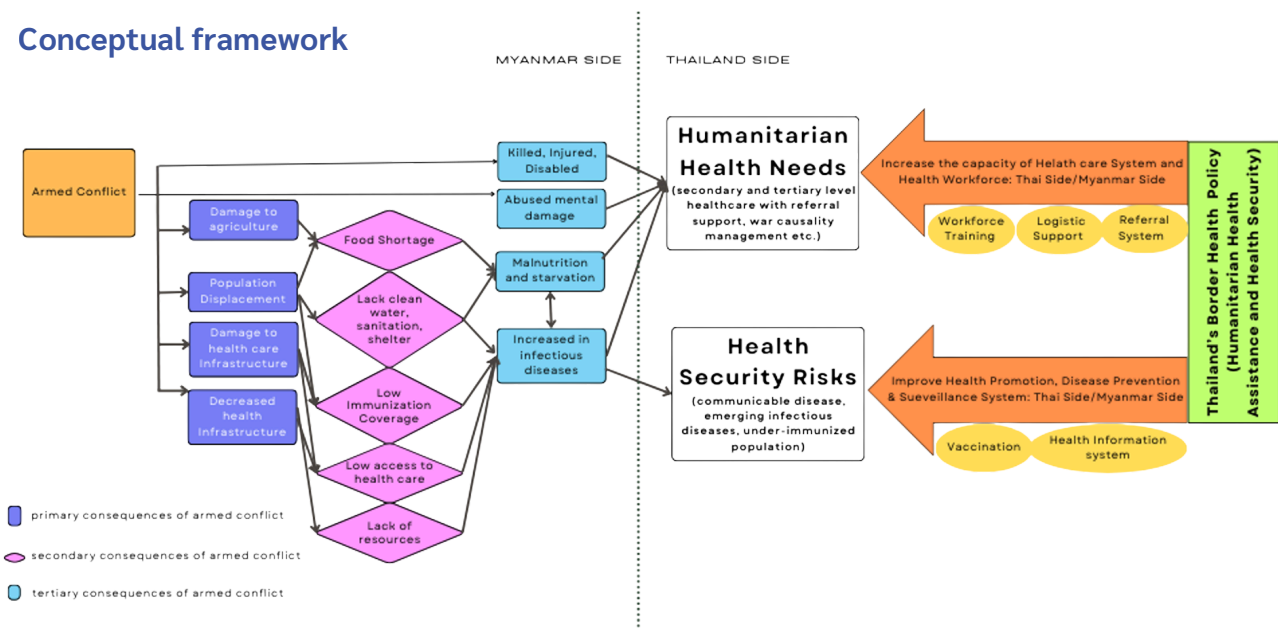


Figure : Conceptual Framework for Health Humanitarian Assistance and Health Security along the Thai-Myanmar Border

Adapted from "Demographic and Health Consequences of Civil Conflict," by D. Guha-Sapir and O. D'Aoust, 2010, World Development Report 2011 Background Paper.

Conducted by



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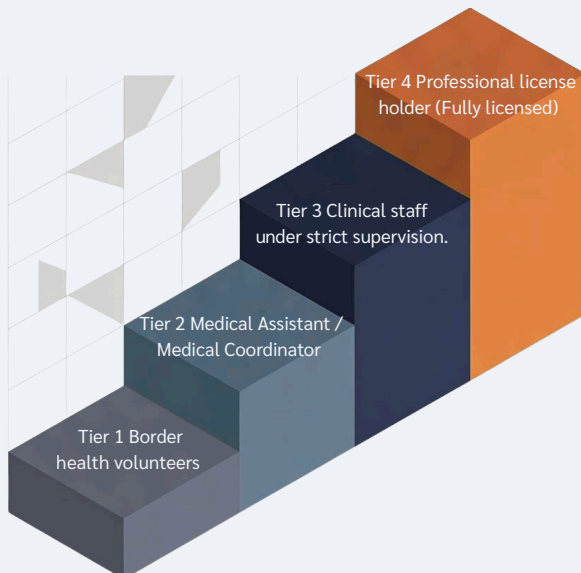
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Border Health Workforce Management



Main Challenge: Frontline hospitals bear a heavy burden from cross-border patients, while a number of migrant medical personnel are present in the area but cannot practice legally due to limitations in passing the Thai-language licensing exam.

Goal: To integrate the management of migrant medical personnel into Thailand's public health system legally, reduce the workload of Thai personnel, and enhance health security in border areas.



Four-tiered employment classification

To address the skill mismatch problem: Currently, there are many doctors and nurses from Myanmar in Thailand who are unable to practice their professions. The Thai government can utilize these professional skills to assist in public health work, reducing the workload of Thai personnel, especially in areas along the Thai-Myanmar border. For example, hiring "medical coordinators" to be stationed in border camps to screen cases and reduce unnecessary referrals of patients to public hospitals (Tier 2).

Conditional Temporary Licensing

For Tier 2 – 3, Section 26 (6) of the Medical Profession Act B.E. 2525 can be used to issue temporary licenses as "government experts" before entering the medical practice assessment and certification process in Thai. In practice, transnational personnel must have advanced Thai language skills to pass the exam (Tier 4).

Advantages to the Thai public health system: Strict licensing will reduce fatigue for Thai doctors, break down language barriers which will help in taking histories and diagnosing diseases more accurately, increase the capacity to monitor cross-border epidemics, and bring undocumented populations into the system so that the government can more easily inspect them. However, there must be clear guidelines to support "Medical Liability".

Use of Practical Certificates & Protected Status

Cross-organizational quality assurance: The diversity of courses makes it difficult to certify competence across borders. Using a standardized "certificate" would be beneficial. This will help guarantee the quality of care for personnel who do not yet have a professional license (Tier 1-3).

Integrated work permits: The government should coordinate with professional councils and the Department of Employment to use this certificate as a basis for issuing work permits that match clinical skills, helping personnel avoid having to use hidden qualifications to work as manual laborers (Tier 2-3).



Strengthening social capital through long-term training programs by building collaborative networks and scaling up from short-term training, supports long-term courses such as field epidemiology. This aims to build trust and strong networks between Thai and international personnel, which is key to sustainability in the area.

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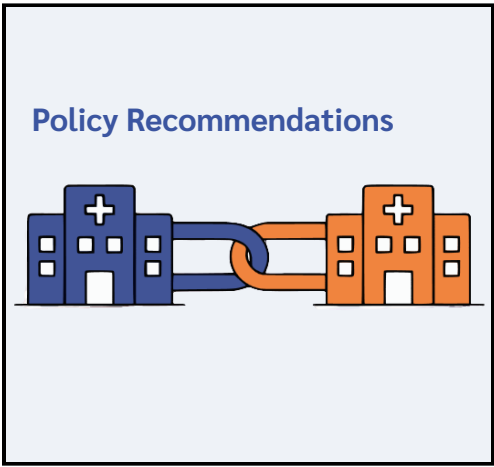
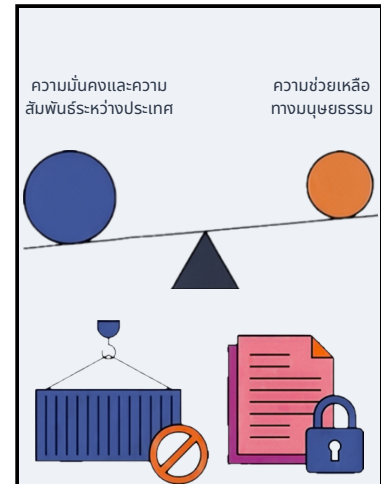
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Cross-border Logistics & Referral System



Key Challenges

- Currently, border health care is undergoing a critical transition, shifting from short-term, ad-hoc assistance to long-term restructuring, amidst dwindling international funding and the cessation of support from several NGOs for medical care.
- Cross-border patient referrals in some areas lack clear systems or coordination due to language barriers and a lack of trust. Cross-border patients often lack complete medical documentation.
- Civil society organizations are unable to purchase large quantities of medicines or vaccines for export due to Thai legal regulations, while public hospitals cannot donate medical supplies funded by the national budget. This severely impacts the distribution of vaccines and controlled drugs, as Myanmar currently ranks among the top 10 countries with the highest number of unvaccinated children in the world.
- Many migrant workers lack identification documents, leading to duplicate records and identity fraud. Furthermore, the interstate disease surveillance system suffers from limitations in effectiveness.
- The Thai government faces a dilemma in international relations and security, forcing it to rely on semi-formal mechanisms and track-2 diplomacy to maintain a political and humanitarian balance.



Policy Recommendations

Controlled drug procurement and flexible logistics management (Low-profile Logistics)

- Regarding cross-border transportation of medicines and medical supplies, the Thai government should utilize flexible and discreet local coordination through security agencies or border patrol, and should have dedicated channels for international organizations to transport essential medical supplies, vaccine systems, and controlled drugs.

Develop a dedicated patient referral mechanism and convalescent home system (Referral Green Lane & Convalescent Homes)

- The Thai government (through the National Security Council and the Ministry of Interior) should establish flexible standard operating procedures (SOPs) at the local level to create dedicated channels for the cross-border transfer of emergency patients.
- Appropriate the establishment of NGO-run rehabilitation centers to accommodate patients who have recovered but are unable to return home, which would significantly alleviate the overcrowding of public hospitals.
- Develop a telemedicine system in ethnic languages for initial screening and to reduce unnecessary cross-border patient transfers.

Directly supporting the capabilities of EHOs (Emergency Hospitals) to reduce the burden on Thai hospitals

- International organizations and the Thai government should provide direct technical and infrastructure support to EHOs to strengthen secondary-level care in Myanmar and sustainably reduce referrals to Thailand.
- Develop a standardized cross-border vaccine management manual for frontline personnel.

Upgrade the "Twin Hospitals / Twin Clinics" strategy.

- The Ministry of Public Health should cooperate with the Ministry of Foreign Affairs to promote a semi-formal parallel hospital system between Thai district hospitals and healthcare facilities of ethnic minority groups.
- This would decentralize coordination to the local level, as this mechanism is highly flexible and avoids G2G agreements that could affect diplomatic relations.

Developing information systems and digital identities (Health Information Systems)

- Establish an offline health database system and implement a "Digital Health ID" system using biometric data to identify patients, prevent identity theft, and ensure continuity of treatment.
- Encourage Thai public health agencies and EHOs to agree on a common list of key infectious diseases for surveillance, in order to integrate resources and control disease outbreaks along the border.

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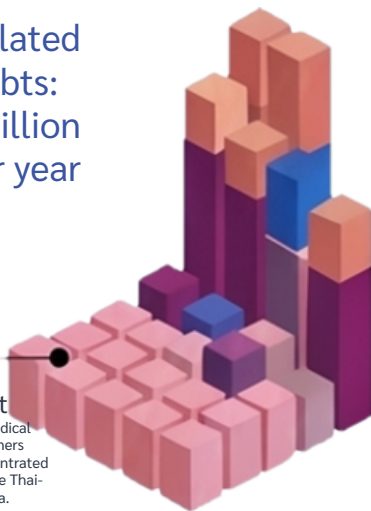
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Financial and Budget Management (Health Financing)



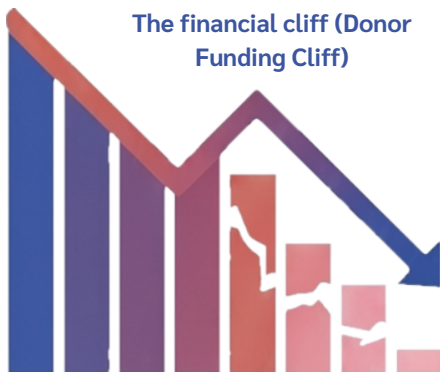
The Crisis and Pressures (The Crisis Context)

Accumulated bad debts: 2,564 million baht per year



76.3 percent of bad debt from medical treatment for foreigners with no rights concentrated in 31 provinces in the Thai-Myanmar border area.

The financial cliff (Donor Funding Cliff)



Global health funding has decreased by 21-22%, putting frontline healthcare providers and medical supplies at risk of running out by December 2025.

Limitations of the existing health insurance system (MHIS),

identity barriers, seasonal migration rates, and the lack of upfront payments for migrant workers are all contributing factors.

Three main pillars of the proposal

Pillar 1: Systematic Fundraising (Revenue Generation)

Health security quota for children in border areas.

Allocate P&P funding for basic vaccinations (EPI) for migrant children by removing nationality restrictions, in order to reduce the unsystematic use of quotas and 'vaccine waste rates'.

Short-term health insurance card

Develop a short-term (3-6 month) health insurance card system and a group health insurance system for families to better reflect actual labor mobility.

Employer Matching Fund

Encourage employers in the agricultural/industrial sectors to participate in payments and utilize corporate tax deductions (Corporate CSR Tax Shield), coupled with promoting the use of revenue from specific taxes (Sin Taxes) to support this initiative.

Career paths for transnational healthcare professionals.

Develop a professional track for cross-border doctors and upgrade the accredited medical profession with a performance-based financing system.

Pillar 2: Resource Pooling and Risk Management

Local administrative organizations, in collaboration with NGOs, are establishing joint funds and a medical supply buffer stock in schools and learning centers for migrant children.

Proactive Primary School Health Fund

Integrating M-FUND and Digital Health ID.

Utilize the Micro-Insurance (M-FUND) system with low monthly premiums (100-130 baht) and access your health history via a QR Code/Digital Health ID, even in areas without internet connectivity.

Multi-Year Trust Fund

A mechanism to maintain liquidity and adjust the budget to align with actual operational needs, such as preparing a budget to support proactive operations during the dry season.

Pillar 3: Strategic Purchasing

Joint procurement mechanism for humanitarian purposes (Buy 1 Get 2)

Types of purchase	Cost per person (THB)	Budget efficiency
Private market price (NGOs buy separately)	4,857	low
Government price (GPO joint procurement)	1,996	High (Saves more than 50%)