



Policy Brief

Research Project: A Study on Demand, Feasibility, and Development Approaches for Expanded Program on Immunization (EPI) Vaccine Management and Financing Systems for Non-Thai Children in the Thai - Myanmar Border Region



Prepared by: Global Health Research Team, National Health Foundation (NHF)

Supported by: Health Systems Research Institute (HSRI), Grant Agreement No. 68-004

The Problem and Its Urgent Nature

218,000

Stateless Children
in 5 Border Provinces

17.49%

Fully Vaccinated
Migrant Children Aged 0–4

14,000


Newborns/Year
Requiring First Vaccine Dose


IRC & TBC

Ended Their Support
31 July 2025

Warning Signals from the Ground

 **Measles Outbreak in Mae Sai–Chiang Rai, 2025**
Most patients are unvaccinated migrant children.

 **Cholera from Shwe Gokko spreads to Mae Sot — Emergency Operations Center (EOC) activated.**

 **Thai border hospitals are overstretched by limited beds, workforce demands, and unpaid medical costs.**

Key Findings from the Study

Early Childhood (Ages 0–4) Is the Highest-Risk Group

Of 56,000 children in this age group, only 17.49% are fully vaccinated. An estimated 14,000 newborns per year have not yet accessed any government service point.

The Main Barrier Is Fear of Legal Consequences

Parents face a dilemma between meeting today's basic needs and protecting tomorrow's health – the health dimension must be separated from legal enforcement.

Two Models, One Mission: Reaching Every Child

4,128 THB/person (school-based) vs. 7,252 THB/person (mobile unit). Both models must run concurrently, as the highest-risk children are not yet in the school system.

Practitioners at All Levels Agree: A Dedicated Fund Is Needed

'If these children don't get vaccinated, Thai children are at risk – this is our issue.' – Senior Official, Department of Disease Control

 **Diseases Do Not Wait for Documentation — Prevention at the Source Protects Migrant and Thai Children Alike.**

Main Proposal: Border Vaccine Fund (BVF)

- Establish the BVF as a dedicated pooled multi-year fund with a three-year funding cycle, with THB 209 - 365 million per year incorporated into the 13th National Health Development Plan (2027 - 2031).



1. Expand Fiscal Space

Pool funding from the government, international organizations, and the private sector into a single basket.



2. Priority Setting

Use health security as the guiding criterion under a Forward Defense strategy.



3. Strategic Purchasing

NGOs procure vaccines through the GPO at government sector prices.



4. Decentralization

Border provinces establish 'Local Innovation Zones,' such as the Tak Model and the Kanchanaburi Model.

Mechanisms for Driving the Policy Proposal

💰 Fiscal Mechanism
BVF as a 3-year multi-year fund, allowing resources to be carried over and strategically disbursed across seasons.

🏠 Service Delivery
Backpack Teams (children 0–5) + School Health Bases (school-age children).

👥 Human Resources
Upgrade Migrant Health Volunteers to a living wage model with performance-based incentives.

⚖️ Legal Mechanism
Formally recognize cross-border health service models and provide legal protection for frontline personnel.

📱 Data
Humanitarian Data Trust: Dummy ID + Health Passport

Two-Tier Vaccine Service Delivery

7,252

THB/Person

Cost – Backpack Teams

10-20

Persons/Session

Reach – Mobile Teams

4,128

THB/Person

Cost – School-Based

100-150

Persons/Session

Reach – School Base

Tier 1: Targeted Outreach Teams

Backpack Teams — Children Aged 0-5

Professional nurses + interpreters + ethnic migrant health volunteers. Conduct door-to-door outreach to children in homes, migrant worker camps, and informal settlements. Appointments arranged through community leaders and religious networks. Cost: 7,252 THB/person | Reach: 10-20 persons/session

Tier 2: School Health Bases

School-Based — School-Age Children

Service points established in schools and Migrant Learning Centers (MLCs) aligned with the academic calendar. Vaccination records checked upon enrollment. Teachers serve as trusted community bridges. Cost: 4,128 THB/person | Reach: 100-150 persons/session

Expected Outcomes and Recommendations for Consideration

Fiscal Aspect


Reduce uncollectable medical costs. Prevention cost of 4,128 - 7,252 THB/person is far lower than treatment costs.

Health Dimension

Strengthen herd immunity, protect Thai children nationwide, and sustain the migrant health volunteer network over the long term.


International Dimension

Support SDG 3, the Convention on the Rights of the Child (CRC), and strengthen Thailand's regional role in border health.

 The research team urges relevant agencies to prioritize the establishment of the 'Border Vaccine Fund (BVF)' and its inclusion in the 13th National Health Development Plan (2027-2031) as a matter of urgency.

14,000 Newborns/Year

Newborns requiring their first vaccine dose — every year of delayed decision-making.

 **Investing today transforms the efforts of frontline workers and available resources into a strong and lasting shield for the health security of all people in Thailand.**