When discussing the impact of the 3 million low-skilled migrant workers on Thailand’s healthcare system, a contentious point is the fact that migrant workers outnumber locals. As most don’t have any kind of health security, they account for most of the resources, running hospitals into debts and personnel shortage. The solution to this problem to ensure fairness to both Thais and migrant workers is yet to be found.
In addition to migrant workers who are without health security, there are also hundreds of thousands of “aliens” (not having Thai nationality) who cannot access healthcare services. The question is how the Thai healthcare service system is dealing with the groups of people who are seen as “problems”, what are the government policies and what are the real causes of the problems?

Categories of Migrant Workers

Although Thailand has since 1996 started implementing measures to cope with undocumented migrants from Myanmar, Laos and Cambodia, it was only in 2004 that the Cabinet for the first time made a resolution to allow not only migrant workers but also their dependents to temporarily reside and apply for permission to work in Thailand. Today, we can divide low-skilled migrant workers into four groups, namely1:

1. “Registered workers” are those who have been given the residential rights (Thor.Ror.38/1) and a national identity number beginning with 00, after having undergone a physical examination. They also get a work permit and must buy a health insurance card at 1,300 baht.

2. “Nationality-verified workers”–since 2004, registered migrant workers who have gone through the process of nationality verification become legal migrants and enter the Social Security System. Those working in enterprises exempted from Social Security System will have to buy the yearly health insurance cards.

3. “Imported workers” are migrant workers who have been officially imported in accordance with the 2002 Thai–Myanmar and 2003 Thai–Cambodian and Thai–Lao agreements2 which allow the same entry into the Social Security System, access to healthcare and other benefits as Thai workers.

4. “Unregistered workers” are those working without a work permit regardless of residential rights (Thor.Ror.38/1), estimated to number more than two millions.

Unprotected “aliens” in Thailand’s Health Security System

Unregistered workers are only one group of unprotected “aliens” in Thailand. Because Thai laws define as “aliens” those who lack Thai nationality, even those who are born in Thailand and have never left the country, or those who have lived in the country for a long time. These included ethnic minorities, hill tribe populations, stateless people, rootless people and those without civic registration status. They can together be called people with “personal legal status problems”. Today these “aliens” are divided into three groups.

1. Those without Thai nationality, but have lived in Thailand for a long time and have been surveyed according to the government policies. This group includes ethnic minorities according to the Ministry of Interior announcements who have a national identity number beginning with 6 and their descendants who have national identity number beginning with 7. Most of them have recently been included in health security scheme following the 2010 Cabinet resolution which “returned” healthcare benefits to 457,409 people with “personal legal status problems” located in the service areas of 172 healthcare facilities in 15 provinces across the country from April 15th 2010 onwards. A fund was set up for this purpose under the charge of the Office of the Permanent Secretary for Public Health. However this fund doesn’t cover stateless and nationality–less persons who were not included in the Cabinet resolution, regardless of having been counted in the population registration.3
### Migrant workers and aliens without Thai nationality and their health protection

<table>
<thead>
<tr>
<th>Category</th>
<th>National ID number beginning with</th>
<th>Number</th>
<th>Health protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic minorities as announced by Ministry of Interior.</td>
<td>6 and 7</td>
<td>260,930</td>
<td>Most are entitled to health security through the Returning Entitlements Fund</td>
</tr>
<tr>
<td>Those with no registration status, those missed by surveys, former ethnic minorities and their children.</td>
<td>0</td>
<td>170,714</td>
<td>None</td>
</tr>
<tr>
<td>Those with no registration status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Students</td>
<td></td>
<td></td>
<td>Entitled to health security through the Returning Entitlements Fund</td>
</tr>
<tr>
<td>– Rootless people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Those who made contributions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migrant workers from three neighboring countries having work permit but not yet passed the nationality verification scheme</td>
<td>00</td>
<td>167,881</td>
<td>Entitled to purchase health insurance card (1,300 baht)</td>
</tr>
<tr>
<td>Dependants of migrant workers</td>
<td>00</td>
<td>no data</td>
<td>None</td>
</tr>
<tr>
<td>Dependants of migrant workers according to April 26 Cabinet Resolution</td>
<td></td>
<td></td>
<td>Purchase of health insurance card (1,300 baht)</td>
</tr>
<tr>
<td>Nationality–verified (73,603) and imported migrant workers (93,265)</td>
<td></td>
<td>826,868</td>
<td>Social Security System</td>
</tr>
<tr>
<td>Dependants of nationality–verified and imported migrant workers, and their children born in Thailand</td>
<td>7</td>
<td>no data</td>
<td>None</td>
</tr>
<tr>
<td>Those without registration status</td>
<td></td>
<td>no data</td>
<td>None</td>
</tr>
</tbody>
</table>

**Source:**
- As of November 2011, Bureau of Registration Administration
- As of November 2011, Bureau of Registration Administration
- As of December 2012, Office of Foreign Workers Administration
- between June 15 and July 14, 2011
- Framework on public health operations for migrant workers according to the April 26 Cabinet resolution
Those without registration status who were surveyed under the “2005 strategy to solve personal status and rights problems” with national identity number beginning with 0. This group can be sub-divided into four categories, namely: a) those missed by the previous surveys and civic registration of ethnic minorities; b) alien students; c) rootless persons; and d) those who “have made contributions to the country”. Only the last three groups are covered by the Cabinet resolution to “return” healthcare benefits to those with “personal legal status problems”.

3. Children and dependents not more than 15 years of age of registered or nationality-verified migrant workers. Children who came with their migrant worker parents into Thailand or those born in Thailand are allowed temporary residence in the country together with their parents. However, they are not entitled to health security except dependents registered in accordance with the April 26th Cabinet resolution who are allowed to purchase health insurance.

Migrant workers and those with personal legal status problems in Thailand’s health security system

It is clear that there are still many groups of “aliens” who are not protected by any health security system (see table). Dr. Rapeepong Suphanchaimart of International Health Policy Programme (IHPP), estimated that there are around two million people with problems of legal status and health rights\(^4\) (including ethnic minorities, hill tribe populations, stateless people, refugees living in camps along the Thai–Myanmar border, unregistered migrant workers and those without registration status)—out of whom more than 100,000 are children. A recent study estimated that in Bangkok alone there were as many as 30,000 children and descendants under 15 years of age of migrant workers in 2012.\(^5\)

Several studies are in agreement that most of these migrant workers and those with personal legal status problems usually buy over-the-counter drugs to treat themselves. They only visit public health facilities only when seriously ill or involved in an accident and pay out of their pockets. In the case that they cannot afford it or can only pay in parts, the hospital can use the fund money to bridge the balance. In reality, healthcare workers are often found unwilling to provide services to such people as they are felt to be a burden on the system, not to mention the language barrier between medical personnel and non-Thais.\(^6\)

A 2012 study found the situations of the problems faced by hospitals to be unchanged. However, more problems are expected as Thailand joins the ASEAN Economic Community in 2015 (see box).

Thailand’s healthcare resource management plans in the past, especially for medical personnel, only took into account the needs of the Thai population. Migrant workers and those with problems of personal legal status and health rights undeniably add the burden on Thailand’s healthcare workers however.\(^7\)

MoPH Policy

After the government relaxed labour policies to allow employment of undocumented migrant workers in 1996, the Ministry of Public Health (MoPH) can be said to have created no clear specific policies regarding services to this population group. MoPH only follows the responsibilities as set by the Cabinet resolution on migrant worker registration from year to year. Its main duty is to provide physical examination as a requisite for the issuance of work permits. In 1998, migrant
10 Outstanding situations in the Year 2013

Migrant healthcare workers and volunteers: neglected resources

Throughout the last two decades, MoPH has gradually developed a system to suit this population. One innovation is the development of migrant healthcare workers and volunteers who help improve medical services both quantitatively and qualitatively. They play an important role as assistants to disseminate knowledge and conduct surveillance on contagious disease in the migrant worker communities.

Today, some healthcare facilities in areas with prominent migrant populations hire these migrant healthcare workers and train migrant workers began to be required to buy a health insurance card, originally at 500 baht and gradually increased to 1,300 baht at present. However, MoPH has implemented two programmes in provinces with prominent migrant worker populations. These are the contagious disease surveillance programme and the family planning health promotion and disease prevention programme. These services include migrant workers and family members, regardless of work permits.

Problems faced by hospitals at present:
1. Insufficient personnel to serve Thais and migrants
2. Language barrier with migrants
3. High bed occupation rate by migrants. Hospitals cannot charge migrant patients who lack health security
4. Most migrant workers enter the Social Security System without knowledge on how to choose hospitals and exercise their entitlements
5. Contagious and chronic diseases such as drug-resistant tuberculosis, elephantiasis, malaria, diabetes, hypertension, HIV/AIDS, etc.

Problems expected after 2015 AEC integration:
1. Temporary shelters will be discontinued. NGO health workers in those facilities will withdraw. The population in the shelters and in neighboring countries will pour into the public health services.
2. More incidents of contagious diseases infiltrating into the country

health volunteers with the money from the migrant worker health insurance system. This is an option that is decided by healthcare facilities in each area, with no objection from MoPH. 9

However, this practice may run into a financial problems in the near future as most migrant workers will be absorbed into the Social Security System which does not have yet a clear policy or budget for hiring these migrant health personnel.

Problems faced by migrant workers in the Social Security System

As mentioned earlier, registered and nationality-verified migrant workers will soon be absorbed into the Social Security System. The total number at the end of 2012 was approximately 800,000 persons. In reality, however, less than half actually accessed this programme. The Ministry of Labour stated in November 2012 that 530,156 migrant workers have undergone nationality verification but only 217,972 or 41% actually entered the Social Security System. And even after entering the system, such workers will still face plenty of problems; for example: 10

(1) Problems from employers. For example, some employers with many migrant workers choose not to make contributions to the Social Security System after they miss the 15–day due date to avoid fines.

(2) Problems of access. For example, migrant workers have to wait for the Social Security card to be issued or otherwise they cannot get reimbursement for healthcare services at public hospitals. The delay in issuing the card means they cannot access services.

(3) Problems from migrant workers themselves, as they often lack the knowledge of their own entitlements and benefits and lack the understanding of rules and regulations. These problems exacerbate if they cannot speak Thai.

It is also found that after the entry of migrant workers into the Social Security System, the incidents of some diseases such as tuberculosis and syphilis also increased. Migrant workers under the Social Security System also appear to have four times more pregnancy rates than those under MoPH’s insurance system. This is likely because of the 13,000 baht childbirth benefit which is seen as an incentive to giving birth. 11

Fair and feasible solution on the ways

A challenge in the health management of aliens and migrant workers in Thailand is how to cultivate attitude of practitioners so that they view migrant workers as part of Thai society and community. Since 2005, government agencies and NGOs have been advocating for the “migrant worker health care service strategy”. This proposes an establishment of a separate MoPH–managed health insurance fund for all groups of migrant workers which may be extended to their dependents and unregistered migrant workers. Unfortunately, its implementation was interrupted by the 2006 coup. 12

In 2012, after conducting a study on the impact of migrant workers and persons with personal legal status problems on the healthcare system, IHPP proposed the following measures to the Healthcare Personnel Committee as solution to the ongoing and impending problems: 13

(1) Conduct a study on issuing regulations for the hiring of foreign health workers in Thai healthcare facilities. Interpreters can be hired as temporary government employees and doctors and nurses can be imported and licensed for specific areas and time periods.
(2) Develop a remuneration system to commensurate with work burden for healthcare personnel with heavy workload.

(3) Conduct a survey study to estimate the trend of migrant workers and the necessary manpower in healthcare system to plan for the future.

On January 15th 2013, the Cabinet made a resolution to approve “MoPH as the main agency to provide medical and public health services to all aliens outside the Social Security System at their own expenses.” The Minister of Public Health gave an interview on March 15th 2013 that migrant workers will be freely allowed to purchase health insurances for themselves and their dependents from May 2013 regardless of their immigration status. The fee for children is 365 baht per year, inclusive of physical examination. Adults, on the other hand, must purchase and undergo a 600–baht physical examination before purchasing the insurance at 1,300 baht.14

Most interesting is the statement of Dr Charnwit Tharathep, MoPH’s deputy permanent secretary, who said that the Ministry has a project to expand health insurance scheme to cover all marginal populations in Thailand who still lack health benefits. Meanwhile, health benefits will gradually be “returned” to ethnic minorities without Thai nationality, with Chiangmai as pilot province in 2013.15

Requiring all migrant workers to buy health insurance will help lessen the burden of hospitals. Studies in 2003 and 2004 found that the revenues from migrant workers’ health insurance purchases are higher than the costs of services, even when the purchase rate is half of the number of migrant workers given work permits in those years.16

In order to solve the problems from the impact of migrant workers to healthcare system, requiring all migrant workers and those with personal legal status problems to purchase health insurance cards will create a large enough fund to erase the deficits of hospitals and allow them to hire additional staff according to the actual number of clients.