Implementing health insurance for migrants, Thailand
Viroj Tangcharoensathien,¹ Aye Aye Thwin² & Walaiporn Patcharanarumol²

Problem
Undocumented migrant workers are generally ineligible for state social security schemes, and either forego needed health services or pay out of pocket.

Approach
In 2001, the Thai Ministry of Public Health introduced a policy on migrant health. Migrant health insurance is a voluntary scheme, funded by an annual premium paid by workers. It enables access to health care at public facilities and reduces catastrophic health expenditures for undocumented migrants and their dependants. A range of migrant-friendly services, including trained community health volunteers, was introduced in the community and workplace. In 2014, the government introduced a multisectoral policy on migrants, coordinated across the interior, labour, public health and immigration ministries.

Local setting
In 2011, around 0.3 million workers, less than 9% of the estimated migrant labour force of 3.5 million, were covered by Thailand’s social security scheme.

Relevant changes
A review of the latest data showed that from April to July 2016, 1 146 979 people (33.7% of the total estimated migrant labourers of 3 400 787) applied, were screened and were enrolled in the migrant health insurance scheme. Health volunteers, recruited from migrant communities and workplaces are appreciated by local communities and are effective in promoting health and increasing uptake of health services by migrants.

Lessons learnt
The capacity of the health ministry to innovate and manage migrant health insurance was a crucial factor enabling expanded health insurance coverage for undocumented migrants. Continued policy support will be needed to increase recruitment to the insurance scheme and to scale-up migrant-friendly services.

Abstracts in العربية, 中文, Français, Русский и Español at the end of each article.

Introduction
Migrants, especially those who are unskilled and undocumented, often work under limited social protection, with poor access to health and other social services, and at risk of exploitation. The International Convention on the Protection of the Rights of All Migrant Workers and the Members of Their Families¹ was adopted by the United Nations (UN) General Assembly in 1990. However, as of 2016, it was ratified by only 48 UN Member States, most of whom are source countries of international migration. Article 25 of the Convention – which indicates that migrant workers shall enjoy treatment (health) not less favourable than that which applies to nationals – has yet to be fully implemented by States parties to the Convention.

Many countries worldwide face difficulties in meeting the health service needs of migrant workers. Despite regulations on minimum wage and employment benefits, legislation is often not enforced effectively, thus compounding migrants’ vulnerable status. France’s efforts in 1999 to regularize undocumented migrants, by providing limited residence permits and access to state medical aid through means testing, have failed because subsidies were judged to be unaffordable by the government.² The 2012 debt crisis in Europe and the subsequent austerity measures have had a negative impact on social protection for national and non-national labourers.³ In Thailand, the growing cost of subsidizing migrant workers’ health care, through exemption of user fees on a humanitarian basis, prompted the government to initiate a health insurance scheme for migrant workers.

Local setting
According to the most recent figures, the proportion of migrant workers in the total labour force in Thailand grew from 2.2% (0.8 of 34 million) in 1995 to 5.0% (1.8 of 36 million) in 2005.⁴ Mostly coming from Myanmar, migrants are employed in the agriculture and fisheries, construction, manufacturing and service industries, often earning piece-rate wages. Although there are no accurate statistics, around three quarters are estimated to be undocumented migrants (i.e. non-nationals who enter and stay in a country without appropriate legal documentation or, after legally entering, stay beyond the authorized time).⁵ Migrant labour contributed an estimated 6.2% of the Thai gross domestic product of 189.3 billion United States dollars (US$) in 2005, yet the migrant workforce, in particular undocumented workers, were not eligible for tax-supported social benefits.

Migrants who have work permits are fully covered by the Thai social security scheme. This is a mandatory scheme financed by payroll taxes, to which employers, employees and the government contribute equal parts. Thai nationals and migrants who contribute to the social security system have equal rights of access to social security benefits, including health services. In 2011, around 0.3 million workers, less than 9% of Thailand’s estimated migrant labour force of 3.5 million, were covered by the social health insurance scheme. According to the law, a self-employed worker can voluntarily join the social security scheme. However, migrants without legal documents face barriers to enrolling in social health insurance and therefore must resort to paying for health services out of pocket. Undocumented migrants were sometimes exempted

¹ International Health Policy Program, Ministry of Public Health, Tivanon Road, Nonthaburi 11000, Thailand.
² Bureau for Global Health, United States Agency for International Development, Washington, United States of America.
³ International Health Policy Program, Ministry of Public Health, Tivanon Road, Nonthaburi 11000, Thailand.

Correspondence to Viroj Tangcharoensathien (email: viroj@ihpp.thaigov.net).

Submitted: 31 May 2016 – Revised version received: 20 October 2016 – Accepted: 31 October 2016.

doi: http://dx.doi.org/10.2471/BLT.16.179606

Bull World Health Organ 2017;95:146–151
from health-care charges, subsidized by hospital revenue, but only at the discretion of hospital staff.

**Approach**

Two strands of policy action on migrant health have been introduced in Thailand: (i) extending financial risk protection for migrants and (ii) strengthening the provision of migrant-friendly services.

**Financial risk protection**

In 2001 the Thai Ministry of Public Health set up the migrant health insurance scheme for all migrants (documented and undocumented) who are not covered by social health insurance. This was later extended to migrants’ dependants including spouses and children in 2005. Migrant health insurance is a voluntary prepayment scheme financed by an annual premium paid by the migrant worker (2200 baht in 2015, equivalent to US$ 73), with no employer or state contribution, as it is not technically feasible to enforce mandatory participation.

The scheme has two policy goals: screening for and treatment of certain communicable diseases; and enabling access to health care for migrants. Applying for migrant health insurance requires the migrant to register at a specific hospital where they receive health screening (costing 500 baht in 2005). The screening includes chest X-ray and sputum confirmation for tuberculosis, and tests for syphilis, microfilaria, malaria and leprosy, for which a full course of treatment is offered. The benefit package covers comprehensive curative services, including antiretroviral therapy, and a range of prevention and health promotion services, similar to the Thai universal health coverage scheme. The migrant health insurance excludes some services, such as aesthetic surgery and renal replacement therapy. A full schedule of immunization is provided to child dependants of all migrants.

**Migrant-friendly services**

A second strand of policy action on migrant health was the establishment by the public health ministry in 2003 of innovative, migrant-friendly services with the aim of improving access to health care for all migrants, whether covered by insurance or not. These included the use of volunteer community health workers, mobile clinics for migrant communities, bilingual (mostly Thai and Burmese) signposts and information in health facilities, and outreach services in the workplace.

A pilot programme in seven provinces with large numbers of migrants was set up in 2003 by the public health ministry and the International Organization for Migration with support from the United States Agency for International Development. Volunteer health educators were recruited from migrant communities and workplaces to provide health education and advice about how to access health services. One volunteer for every 50 households was proposed and approved by migrant communities. In manufacturing areas, there were 5–10 volunteers per factory. They received an initial two days’ training by staff at district hospitals, with refresher trainings twice a year. The training content included personal hygiene, maternal and child health and safe water and sanitation.

**Relevant changes**

Opening up the migrant health insurance scheme to all documented and undocumented migrants and their dependants led to greatly increased enrolment. In the most recent data, between April and July 2016, a total 1147889 migrants applied to enrol in the scheme and were screened (33.7% of the total migrant health insurance estimate target of 3400787). Of these, 1146979 people were enrolled; 8913 (0.8%) were treated for infectious diseases (4929 of them for pulmonary tuberculosis). A further 910 migrants (0.1%) were assessed as not fit for work (due to substance abuse, syphilis stage 3, symptomatic leprosy or lymphatic filariasis) and returned to their country of origin without treatment (Table 1). All children, not only members of the migrant health insurance scheme, were eligible for full immunization coverage through the same schedule for the expanded programme on immunization as Thai nationals. By 2015, migrant health insurance covered 1.3 million members, including 50 000 children who are targets of immunization. Despite this achievement, the health-service utilization rate among health insurance members was low.

A study in 2008 assessed the migrant health volunteer programme in two provinces having high concentrations of migrant workers. Interviews with 260 volunteers and 446 migrants showed that community attitudes towards the programme were positive, and the migrants recognized the benefits of these volunteers who spoke the same dialect and shared the same culture. Training of and support to volunteer health communicators had been effective in promoting migrants’ health awareness and improving service uptake through advice and help with navigation through services. The model was expanded to cover 27 districts in seven provinces with high concentration of migrants, but due to lack of policy support it has yet to be scaled up further.

Alongside these initiatives were external pressures on the government...
Lessons from the field
Health coverage for migrant workers, Thailand

Migrant health insurance for undocumented workers in Thailand contributes to health security through screening and treatment of communicable diseases, improved access to health services and reduced risk of catastrophic out-of-pocket expenditure for this vulnerable group. The capacity of the health ministry to innovate and manage migrant health insurance was a crucial factor enabling expanded health insurance coverage for migrants (Box 1).

Lessons learnt

Migrant health volunteers acting as communicators in migrant communities and workplaces are important for supporting the scheme by linking with primary health-care facilities and encouraging health-care uptake by migrants. Scaling up migrant-friendly services and recruitment of volunteers will require continued policy support.

Political pressure from outside the country pushed the government to take action in support of better health care for migrant populations. Recognition to take further multisectoral policy on migrants (Fig. 1). When Thailand was listed in the tier 2 watch list of the 2012 Trafficking in Persons Report, international pressure pushed the government to introduce new initiatives to combat human trafficking. The Cabinet Resolution on 15 January 2013 endorsed the Ministry of Public Health as the lead agency in providing comprehensive health insurance and service provision to migrant workers and their dependants not covered by the social health insurance. In 2014, a multisectoral policy was introduced and managed by the immigration bureaux of the interior, commerce, labour and public health ministries, encouraging illegal workers to register for temporary permission to stay so that all migrants are screened and covered by health insurance. A national policy committee on international migration of labour and human trafficking was appointed.

Box 1. Summary of main lessons learnt

- The capacity of the public health ministry to innovate and manage migrant health insurance was a crucial factor enabling expanded health insurance coverage for undocumented migrants.
- Continued policy support will be needed to increase recruitment to the migrant health insurance scheme and to scale-up migrant-friendly services.
- External political pressure can push governments to take action in support of better health care for migrant populations.
Lessons from the field

Health coverage for migrant workers, Thailand

Viroj Tangcharoensathien et al.

of labour shortages in some sectors, and migrants’ contribution to the Thai economy, contributed to better intersectoral action among the labour, social welfare and health ministries to address these challenges in a holistic way, focusing not only on health concerns (Fig. 1). Challenges remain, however. Migrants’ experiences of poorly responsive services and fear of litigation by the authorities result in low utilization rates for outpatient and inpatient services. Health ministry hospitals have a dual role as insurer and provider, and linking the scheme members to a single provider for the whole year is problematic when migrants change employers or move to another province. Portability of insurance coverage has not yet been developed. The voluntary nature of migrant health insurance encourages sick members to participate and healthy persons to self-exclude. Migrants’ illegal status is another key barrier to enrolment. The low enrolment of migrants to migrant health insurance, with limited population coverage, inhibits large pooling of risks, which adversely affects the financial viability of the scheme.

Competing interests: None declared.

ملخص

تطبيق التأمين الصحي للمهاجرين في تايلاند

لا يكون العاملون من المهاجرين غير الموثقين مؤهلين بشكل عام لبرامج التأمين الاجتماعي الحكومية، مما يضطرهم إما للتنازل عن الخدمات الصحية المطلوبة أو تحمل تكلفتها من مالهم الخاص. في عام 2001 قام لجنة الأمنية العامة التايلاندية بإصدار سياسة تتعلق بصحة المهاجرين. ينطبق نظام التأمين الصحي للمهاجرين بنظام طبي، يتم تحديده من قبل أقسام الأمنية الذين يدعمون العاملين من قبل المجتمعات المحلية. وقيم تأثير تحسين الصحة والتوافر في خدمات الرعاية الصحية في البرنامج، وهو ما يُظهر أهمية تحفيز التأمين الصحي للمهاجرين غير الموثقين وعائلاتهم. تم تقديم نظام ضمان انتقال خدمات الرعاية الصحية للعمال الذين يقللون من تنازلهم عن التأمين الصحي للمهاجرين.

Mise en œuvre de l’assurance maladie pour les migrants en Thaïlande

Les travailleurs migrants en situation irrégulière ne peuvent généralement pas bénéficier des régimes nationaux de sécurité sociale et doivent soit renoncer aux services de santé dont ils ont besoin, soit en assumer eux-mêmes les frais.

Résumé

En 2001, le ministère thaïlandais de la Santé publique a mis en place une politique axée sur la santé des migrants. L’assurance maladie des migrants relève d’un régime facultatif, financé par une contribution annuelle payée par les travailleurs. Elle permet d’accéder à des soins de

of labour shortages in some sectors, and migrants’ contribution to the Thai economy, contributed to better intersectoral action among the labour, social welfare and health ministries to address these challenges in a holistic way, focusing not only on health concerns (Fig. 1). Challenges remain, however. Migrants’ experiences of poorly responsive services and fear of litigation by the authorities result in low utilization rates for outpatient and inpatient services. Health ministry hospitals have a dual role as insurer and provider, and linking the scheme members to a single provider for the whole year is problematic when migrants change employers or move to another province. Portability of insurance coverage has not yet been developed. The voluntary nature of migrant health insurance encourages sick members to participate and healthy persons to self-exclude. Migrants’ illegal status is another key barrier to enrolment. The low enrolment of migrants to migrant health insurance, with limited population coverage, inhibits large pooling of risks, which adversely affects the financial viability of the scheme.

Competing interests: None declared.

ملخص

تطبيق التأمين الصحي للمهاجرين في تايلاند

لا يكون العاملون من المهاجرين غير الموثقين مؤهلين بشكل عام لبرامج التأمين الاجتماعي الحكومية، مما يضطرهم إما للتنازل عن الخدمات الصحية المطلوبة أو تحمل تكلفتها من مالهم الخاص. في عام 2001 قام لجنة الأمنية العامة التايلاندية بإصدار سياسة تتعلق بصحة المهاجرين. ينطبق نظام التأمين الصحي للمهاجرين بنظام طبي، يتم تحديده من قبل أقسام الأمنية الذين يدعمون العاملين من قبل المجتمعات المحلية. وقيم تأثير تحسين الصحة والتوافر في خدمات الرعاية الصحية في البرنامج، وهو ما يُظهر أهمية تحفيز التأمين الصحي للمهاجرين غير الموثقين وعائلاتهم. تم تقديم نظام ضمان انتقال خدمات الرعاية الصحية للعمال الذين يقللون من تنازلهم عن التأمين الصحي للمهاجرين.

Mise en œuvre de l’assurance maladie pour les migrants en Thaïlande

Les travailleurs migrants en situation irrégulière ne peuvent généralement pas bénéficier des régimes nationaux de sécurité sociale et doivent soit renoncer aux services de santé dont ils ont besoin, soit en assumer eux-mêmes les frais.
санитарных учреждений и создание условий для предоставления медицинской помощи трудиться-мигрантам и их семьям. Стратегическими нацелениями политики являются привлечение большего числа трудящихся-мигрантов в систему социального обеспечения, обеспечение доступности медицинской помощи для всех мигрантов без учета их состояния национальной гражданской документации, а также улучшение условий для трудящихся-мигрантов, работающих в опасных и тяжелых условиях.

Личные условия

Введение медицинского страхования для мигрантов, Таиланд

Проблема: Незарегистрированные рабочие-мигранты, как правило, не отвечают требованиям для участия в государственных системах социального обеспечения и либо отказываются от получения медицинских услуг, либо оплачивают их за свой счет.

Подход: В 2001 году Министерство здравоохранения Таиланда внедрило стратегическую программу в отношении здравоохранения мигрантов. Медицинское страхование мигрантов является добровольным и финансируется за счет ежегодных страховых взносов, выплачиваемых трудящимися. Такая система позволяет незарегистрированным мигрантам и их индивидуам получать медико-санитарную помощь в общественных учреждениях и сократить катастрофические расходы на медицинское обслуживание. В общинах и на местах работы был внедрен спектр услуг, ориентированных на мигрантов, в том числе оказываемых подготовленными общины медицинскими работниками-добровольцами. В 2014 году правительство внедрило многосекторальную политику по мигрантам, включая создание систем здравоохранения, ориентированных на мигрантов, и управление ею стало решающим фактором, позволившим распространить охват медицинского страхования незарегистрированных мигрантов. Медицинские работники-волонтеры, набранные из общин мигрантов и на местах их работы, высоко ценятся в местных сообществах и эффективно содействуют укреплению здоровья и распространению использования медицинских услуг мигрантами.

Выводы: Потенциал Министерства здравоохранения Таиланда в отношении совершенствования системы медицинского страхования мигрантов и управления ею стал решающим фактором, позволившим распространить охват медицинского страхования незарегистрированных мигрантов. Постоянная поддержка политики будет необходима для дальнейшего привлечения кадров в систему страхования и для расширения услуг, ориентированных на мигрантов.

Resumen

Implementación de seguros médicos para los emigrantes, Tailandia

Situación: En general, los trabajadores emigrantes indocumentados no suelen ser elegibles para planes de seguridad social nacional, por lo que renuncian a obtener servicios sanitarios nacionales o los pagan de su bolsillo.

Enfoque: En 2001, el Ministerio de Salud Pública tailandés presentó una política en cuanto a la salud de los emigrantes. Los seguros médicos para emigrantes son un plan voluntario, financiado por una prima anual abonada por los trabajadores. Permite el acceso a atención sanitaria en centros públicos y reduce unos gastos sanitarios catastróficos para emigrantes indocumentados y las personas que dependen de ellos. Se presentó una gama de servicios favorables para emigrantes (incluidos voluntarios sanitarios con formación) en la comunidad y en el lugar de trabajo. En 2014, el gobierno presentó una política multisectorial para los emigrantes, coordinada entre los ministerios del Interior, de Trabajo, de Salud Pública y de Inmigración.

Marco regional: En 2011, alrededor de 0,3 millones de trabajadores (menos del 9% de la mano de obra emigrante estimada de 3,5 millones) estaban cubiertos por el plan de seguridad social tailandes.
Lessons from the field

Health coverage for migrant workers, Thailand

Viroj Tangcharoensathien et al.

References

1. International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. Adopted by General Assembly resolution 45/158 of 18 December 1990 [Internet]. Geneva: Office of the United Nations High Commissioner for Human Rights; 2016. Available from: http://www.ohchr.org/EN/ProfessionalInterest/Pages/CMW.aspx [cited 2016 Nov 22].

2. Le Voe M, Verbruggen N, Wets J. Undocumented migrant workers. Brussels: European Parliament; 2003.

3. Access to healthcare in Europe in times of crisis and rising xenophobia. An overview of the situation of people excluded from healthcare systems. Paris: Médecins du Monde; (undated). Available from: https://www.medicosdelmundo.org/index.php/mod/documentos/mem.descargar/fichero.documentos_MdM_Report_access_healthcare_times_crisis_and_rising_xenophobia_edcf5f8a3%22%56%233pdf [cited 2012 Oct 18].

4. Martin P. The contribution of migrant workers to Thailand: towards policy development. Geneva: International Labour Organization; 2007.

5. Glossary on migration. 2nd ed. Geneva: International Organization for Migration, 2011.

6. Healthy migrants, healthy Thailand: a migrant health program model. Bangkok: International Organization for Migration and Ministry of Public Health; 2009. Available from: http://publications.iom.int/system/files/pdf/healthy_migrants_healthy_thailand.pdf [cited 2016 Oct 14].

7. Sirilak S, Okanurak K, Watanagoon Y, Chatchaiyalerk S, Ternee S, Srit S. Community participation of cross-border migrants for primary health care in Thailand. Health Policy Plan. 2013 Sep;28(6):658–64. doi: http://dx.doi.org/10.1093/heapol/czs105 PMID: 23132916

8. Quarterly report on the migrant health insurance performance. Bangkok: Health Insurance Group, Ministry of Public Health; 2016. Thai. Available from: http://fwf.cfo.in.th/reportoss [cited 2016 Nov 18].

9. Guideline for health screening for migrant health insurance. Bangkok: Health Insurance Group, Ministry of Public Health; 2016. Available from: http://drug.pharmacy.psu.ac.th/wbbfile/77254812094.htm [cited 2016 Nov 18]. Thai.

10. Trafficking in persons report, June 2012. Washington: United States Department of State; 2012. Available from: http://www.state.gov/documents/organization/192587.pdf [cited 2015 Oct 18].

11. Risk of Thailand in being put in the black list of human trafficking report after 2 years in the watch list as suspected by USA as source of illegal sex workers, migrant workers, and beggars [Internet]. Bangkok: Thailand Center for Investigative Journalism; 2012. Available from: http://tcijthai.com/tcijthainews/view.php?ids=745 [cited 2012 Oct 18]. Thai.

12. Financing healthcare for migrants: a case study from Thailand. Bangkok: International Organization for Migration; 2009.