



# Migrant Health care in Thailand

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**1** Inclusion in Universal Health Coverage

**2** Migrant Health Volunteers (MHVs)

**3** Health Promotion, Prevention and Disease controlled

**4** Collaboration



# Health financing coverage for Thai



## Universal Health coverage schemes

cover 47.3 millions  
(70.3%)



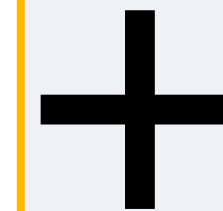
## Social Health insurance

cover 12 million  
(17.9%)



## Civil servant medical benefit schemes (CSMBS)

cover 5.1 million  
(7.6%)



## Private Health insurance



# Health Financing



Population	47.3 million (70.3%)	12 million (17.9%)	5.1million (7.6%)
	Universal Coverage Schemes (UCS)	Social Health Insurance (SHI)	Civil Servant Medical Benefit Scheme (CSMBS)
Administrative agencies	National Health Security Office (NHSO)	Social Security Office (SSO), Ministry of Labour	Comptroller General's Department (CGD), Ministry of Finance
Source of financing	General taxation	Tripartite contribution (Employer, Employee, Government) at 1.5% deducted from salary, max 225 baht/month x3	General taxation
Main payment methods	Outpatient (OP): capitation; Inpatient (IP): Diagnosis-related group [DRG] within a global budget; some fee-schedule items	OP: capitation; IP: capitation & DRG if relative weight 2+ within a global budget; some fee-schedule items	OP: fee-for-service; IP: DRG without a global budget
Copayment at the point of service	<ul style="list-style-type: none"> <li>• 30 baht per visit/ admission</li> <li>• No balanced billing</li> </ul>	Extra/balanced billing is allowed for some items with cap e.g., private wards, dental service	Balanced billing is allowed for all items exceeding maximum reimbursement rate

Current health expenditure : 5.16% off GDP, 364\$ per capita ( GDP per Capita : 6,910 \$ )

# Health care Delivery System



refer



access



**Regional/ Provincial hospital  
province level Tertiary and secondary  
care**

population of > 600,000  
>120 beds with medical specialists

Tertiary  
care

Public-dominated  
(81% of hospital  
beds, >85% of OP  
& IP)



121 provincial/ regional  
hospitals  
187 other public  
hospitals  
370 private hospitals  
In 77 provinces

**District hospital  
district level  
Secondary and primary care**

population of 30,000-80.000  
30-120 beds with 3-4 doctors,  
30 nurses, 2-3 pharmacists, 1-2 dentists,  
>20 paramedics and administrative staffs



779 district  
hospitals  
In 878 districts

**Health-center  
subdistrict level  
Primary care**

population of 2,000-5,000  
With 3-5 nurses and paramedics



9904 health centers  
In 7256 subdistricts

Prevention ,  
promotion  
By staffs and  
Village  
Health Volunteer

"Primary health  
care  
act as gatekeepers"

# Health Care Fund for Non-Thai



Scheme/Fund	Target Group	Key Features	Key Features	Coverage (General)	Administered By
Social Security Scheme (SSS) (1,200,000)	Migrant Workers (employed)	Contributory (employer & employee)	Comprehensive: Medical, sickness, maternity, disability, etc.	Registered with Social Security, legal employment	Social Security Office (SSO)
Migrant Health Insurance Scheme (MHIS) / Compulsory Migrant Health Insurance (CMHI) (600,000)	Social Security Office (SSO)	Contributory (annual premium)	Outpatient, inpatient, some specific treatments	Legal status, often work permit holders	Ministry of Public Health (MOPH)
Private Insurance	Migrant Workers (employed)	Contributory (employer & employee)	Comprehensive: Medical, sickness, maternity, disability, etc.	Legal status, often work permit holders	Self payment
M-FUND	Migrants (workers & non-workers, often underserved)	Affordable premiums, non-profit	Essential services, can be limited	Varies, often targets those in border areas, undocumented or vulnerable	Dreamlopmnts (NGO)

# Health Service Assessment



Scheme/Organization	Target Group	How to Access	Notes
Social Security Scheme (SSS)	Migrant Workers (employed, registered)	Through employer, designated hospitals	Most comprehensive option for registered workers
Migrant Health Insurance Scheme (MHIS)	Migrant Workers (often employed)	Pay annual premium, designated hospitals/clinics	as same as SSS
M-FUND	Migrants (workers & non-workers, often underserved)	Contact M-FUND directly	Community-based, may be more accessible for some
Public Hospitals	All, including migrants (emergency care)	Go to the nearest public hospital	Obligated to provide emergency care regardless of status

# Migrant Health Insurance Scheme (MHIS) and Compulsory Migrant Health Insurance (CMHI)



Group / Category	Coverage Period	Health Check-up Fee	Health Insurance Card Fee
Compulsory migrant health insurance (waiting for SSS )	3 Months	500 Baht	500 Baht
Migrant Health Insurance (MHIS: Cambodia, Vietnam, Laos and Myanmar) and dependents of workers aged over 7 years	2 Years	1,000 Baht (500 x 2 times)	3,200 Baht
	1 Year 6 Months	1,000 Baht (500 x 2 times)	2,400 Baht
	1 Year	500 Baht	1,600 Baht
Fishery Workers	2 Years	1,100 Baht (550 x 2 times)	3,200 Baht
	1 Year 6 Months	1,100 Baht (550 x 2 times)	2,400 Baht
	1 Year	550 Baht	1,600 Baht
Migrant Health Insurance (MHIS) dependents aged 7 years and below	2 Years	-	730 Baht
	1 Year	-	365 Baht
Foreigner ( Any Nationalities )	1 Year	500 Baht	2,200 Baht
Children (Not exceeding 7 years old)	1 Year	-	365 Baht

# Covered Services for Health Promotion, Disease Prevention, and Control Include



1

Providing and using personal health record books for continuous healthcare, including child health cards and age-specific care benefits.

2

Prenatal care and postpartum care for pregnant women.

3

Health check-ups for at-risk groups.

4

Administration of antiretroviral drugs to prevent mother-to-child HIV transmission.

5

Family planning services.

6

Home visits and home health care services.

7

Health education for individuals and families through personal communication (e.g., health volunteers) and printed materials.

8

Counseling to promote health and encourage participation in health promotion.

9

Oral health promotion and disease prevention, such as oral health check-ups, dental health education, and fluoride supplementation for those at risk of dental caries.

10

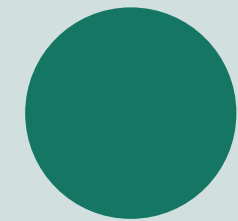
Disease prevention and control.



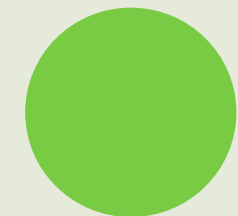
## Who are Migrant Health Volunteers (MHVs)?



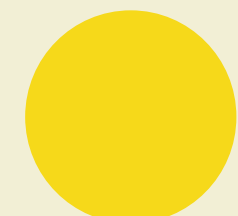
VOLUNTEERS



Migrants themselves, trained to provide basic health



Bridge between migrant communities and the formal healthcare system



Overcoming language and cultural barriers to healthcare access  
Number of Volunteer trained over 4,000

# Thailand approach as a model



01

Inclusion in  
Universal  
Health  
Coverage



02

Public Health  
Focus



03

Partnerships  
and  
Collaboration



04

Migrant  
Health  
volunteers



05

Gradual  
Progress  
and Learning



# Improve Migrant health in Thailand



Strengthening implementation of existing policies

Addressing language and cultural barriers

1

2

3

4

Expanding the role of MHVs

Collaborating with destination countries





**“No one is safe  
until everyone is safe”**