

Liminal Health Systems

Mapping the Health System for Migrants and Internally Displaced People From Myanmar Along the Thailand-Myanmar Border

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Background

- Instability following Myanmar's military coup in 2021 exacerbated internal displacements, with more than 3.4 million people displaced, and led to an influx in cross-border migrations from Myanmar to Thailand.
- Internal and external actors support healthcare provision for migrants in Thailand and for internally displaced communities in Myanmar, with the movement of patients, supplies and financing for health around and across the border.
- Availability and access to health services for migrants (Thailand) and internally displaced communities (Myanmar) are known to be impacted by a variety of factors including distance to healthcare facilities, health system financing, legal constraints and bureaucracy.

Results

Insights from Service Providers

Interviews with service providers highlighted a long standing collaborative network built between actors on both sides of the border, including between community-based organizations, ethnic health organizations, international non-profit organizations, and Thai government organizations.

"It started with local people helping out one another... The community helped each other out with things such as sending others to hospitals or patient referrals as per their own plans. On the other hand, village chiefs helped out with things like transportation and safety as they had mutual connections. The community itself has been doing these kinds of things for many years."

Service Provider in Thailand

In response to decades of instability and conflict in southeastern Myanmar, a liminal health system has emerged with context-specific financing, health information systems, and a health workforce distinct from the national health systems operating on either side of the border.

The recent dual impact of the COVID-19 pandemic and the military coup in Myanmar have exacerbated challenges in health service provision; many service providers on both sides of the border noted differences in the number of patients, and an increase in demand for health services.

"This region hasn't become a war zone (yet)... the number of patients fluctuates during conflicts. Sometimes, the number of patients decreases due to the difficulty with transportation during conflict; other times, it increases as people come here as IDPs (internally displaced persons)."

Service Provider in Myanmar

Cross-border Mechanisms

Cross-border mechanisms and patient referrals were highlighted as essential to the functioning of the liminal healthcare system. Many service providers in Myanmar rely on established formal and informal pathways for the safe transfer of patients and medical supplies across the border.

"Although we offer secondary care, as you know, our hospital's human resources are insufficient to handle life-threatening emergency conditions. We refer those cases to the Thai hospitals."

Service Provider in Myanmar

Strengthened cross-border, government-supported (Thailand) mechanisms were noted for the prevention, treatment and care of infectious diseases (malaria, tuberculosis and HIV), with local service providers noting refined collaboration mechanisms and resource sharing amongst actors.

Conclusion

The network of health providers operating across the liminal health system on the Thailand-Myanmar border was found to be vital to maintaining the integrity of the health system in strenuous circumstances.

Amidst conflict and instability, flexible, contextualized, locally-led health services operating through formal and informal mechanisms, enabled access to essential services for vulnerable populations.

As the conflict context continues to evolve in Myanmar, maintaining a collaborative and adaptive approach to the delivery of health services on both sides and across the border, will be vital to supporting local communities.

Objective

This study aims to map the health service providers in the Mae Sot, Thailand and Myawaddy, Myanmar border region and explore factors influencing community health-seeking behaviors and the resilience mechanisms of the liminal health system facing shocks and stressors.

Methods

This study employed a qualitative cross-sectional exploratory design through an iterative participatory process that included two workshops and 32 key informant interviews with community participants (n=21) and service providers (n=11) in Thailand and Myanmar.

Insights from Community Members

Legal Status, Safety and Security

In Thailand, participants without documents permitting residency noted that their legal status impacted their access to health services and increased their out-of-pocket healthcare costs.

Undocumented participants in Thailand reported safety concerns that impacted their choice of health facility, often opting for nearby facilities even though they may offer a narrower scope of health services.

"Since we are not Thai nationals and do not have any documents we are afraid to go out because we fear the police will catch us. It's hard to find a car; the drivers are reluctant to take us because we don't have any documents."

Community Member in Thailand

On both sides of the border, self-treatment was often a preferred initial strategy, with participants opting to avoid or postpone seeking healthcare due to safety and security concerns.

In Thailand, community service providers who offered services without verifying legal migration status were identified as safe havens by many community participants.

"We would guess illnesses and treat ourselves due to difficulties in seeking treatment and fear of the police. Initially, this was our approach, but now we know to go to the Mae Tao Clinic for health issues."

Community Member in Thailand

Health Financing

The financial burden of seeking healthcare was a major challenge for many community members, though subsidized healthcare facilities and community health insurance were identified as mitigating factors.

Five community respondents reported purchasing the 'M-Fund' community health insurance after receiving a recommendation to enroll from a community member or healthcare provider and noted the insurance was important in enabling their access to healthcare and providing peace of mind.

The Migrant Fund (M-Fund) is a self-established sustainable health protection scheme for otherwise uninsured migrants in Thailand, regardless of legal status. A monthly contribution (approx. US\$3.60) allows access to a network of health services in Thailand's border provinces.

www.m-fund.online

"Now I don't have to worry about my Mom or my kids when it comes to health issues... I already have M-Fund access which, for me, is like holding a bag of gold."

Community Member in Thailand

Interviews with community members highlighted the importance of community networks for health information sharing, and many respondents reported a familiarity with available health services and providers in the region.

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