รายงานวิจัยฉบับสมบูรณ์

โครงการ Barriers to Using Government Health Insurance, and Interest in Low-Cost Non-for-Profit Private Health Insurance, in Migrants in Tak Province

โดย

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สนับสนุนโดยสำนักงานกองทุนสนับสนุนการวิจัยและมหาวิทยาลัยมหาสารคาม

สัญญาเลขที่ RDG5710044

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The researchers would like to express their sincere appreciation to the migrants, policy makers and stakeholders for their participation in this survey and project. We are also grateful to the team of Thai-Burmese junior professionals who conducted the migrant questionnaires. This work would not have been possible without their participation. We finally wish to thank the following persons for the support they have provided to the preparation and/or conduct of this project: Pr Francois Nosten, Dr Decha Tangseefa, Ms Astrid Chojnacki.

Executive Summary

In this survey, we aimed to assess opinions of migrants from Tak province on the Thai government Migrant Health Insurance (MHI) and Social Security Scheme (SSS), and a concept of independent, low-cost, non-for-profit health insurance.

- A total of 400 migrants were interviewed (Mae Sot: 200, Mae Ramat: 100, Phop Pra: 100). They were recruited from diverse, representative areas in the 3 districts, in balanced proportions over a large range of occupations. Although we aimed to recruit registered and unregistered migrants in equal proportions, a majority of those that were reached and interviewed were unregistered migrants without work permit (74%). Another 12% of those enrolled were classified as being "cross-border persons". A majority of participants (61.8%) were women, 85.5% were of Burmese ethnicity, 68.5% reported having no or only primary school education background, and 49.5% reported living in Thailand for more than 6 years. Regarding job income, 72.3% reported having no or only daily job income. Only 1.5% said they had a long-term job. As much as 93.5% of individuals reported making a monthly income of less than 6,000 THB.

Regarding the MHI/SSS, as much as 90.5% of the participants reported being under no insurance plan. Among registered migrants, 42.3% reported having insurance. Only 4.4% of unregistered migrants reported having one. Yet, a majority of all participants (88%) agreed that they need health insurance. 50% agreed that the cost of the insurance premium (MHI/SSS) is not too high. This proportion was 28.6% and 68.2% in those living respectively in households with a monthly income <3,000 THB, and >9,000 THB. 83.4% of participants disagreed that one payment per year for the premium is convenient. In any strata of household monthly income (<3,000 to >12,000), no less than 70% of participants disagreed that yearly payment is convenient. A majority (56.1%) disagreed that linkage of the insurance to only 1 designated hospital (MHI) is not a problem. 72% agreed that there is a risk of being arrested while going to the hospital.

Regarding the independent insurance concept and its intended characteristics, 96% of participants viewed as important to be able to register for the insurance and pay premiums near home or work, through a range of options including: village health volunteer (49%), clinic (33%), 7-11 outlet (6%). Most (95%) felt important to be able to receive care in different hospitals or clinics, and having health care services covered in both Thailand and

Myanmar (94% of participants). The premium that participants would be willing to pay for the concept insurance ranged from 50 to 600 THB per month, with a median at 100 THB. 80% expressed willingness to pay more to cover their dependents, for a median additional 30 THB/month/dependent. 94.5% expressed that they would prefer to pay the insurance premium on a monthly basis. Should this insurance concept exist and feature these characteristics, 91.5% answered that they would be likely or very likely to take the plan.

This survey hence shaded light on some characteristics of the MHI/SSS that likely represent barriers to high uptake by migrants in Tak province, and that could be adjusted by policy-makers to increase acceptability and enrollment. The survey also lends support to further explore the feasibility of setting up an independent low-cost insurance for migrants living along the Thai-Burmese border.

Abstract (บทคัดย่อ)

Project Code: RDG5710044

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Investigator: **Ms. Sasiprapha Chanthawong**, Former Lecturer, Faculty of Humanities and Social Sciences, Mahasarakham Univeristy.

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Project Period: 15 พฤษภาคม 2557 ถึงวันที่ 15พฤศจิกายน 2557

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This survey hence shaded light on some characteristics of the MHI/SSS that likely represent barriers to high uptake by migrants in Tak province, and that could be adjusted by policy-makers to increase acceptability and enrollment. The survey also lends support to further explore the feasibility of setting up an independent low-cost insurance for migrants living along the Thai-Burmese border.

ในการศึกษาครั้งนี้ มีเป้าหมายในการศึกษาความคิดเห็นจากแรงงานต่างด้าวในจังหวัดตากของประเทศไทยเกี่ยวกับการประกันสุขภาพแรงงานต่างด้าว (Migrant Health Insurance : MHI) และการประกันสังคม (Social Security Scheme : SSS) ซึ่งมีหลักการของความเป็นอิสระ, ต้นทุนต่ำ และเป็นการประกันสุขภาพแบบไม่แสวงหาผลกำไร

จากการสัมภาษณ์แรงงานต่างด้าวกว่า 400คน (แม่สอด 200, แม่ระมาด 100, พบพระ100) ถูกเลือกมาอย่างหลายหลาย จาก3พื้นที่ศึกษาใน 3อำเภอ ในสัดส่วนที่เหมาะสมตามอาชีพต่างๆ แม้ว่าจะมีเป้าหมายที่จะเข้าถึงและสัมภาษณ์ทั้งในส่วนของแรงงานที่จดทะเบียนและไม่จดทะเบียนแรงงานต่างด้าวในอัตราส่วนที่เท่ากัน แต่ส่วนใหญ่ที่สามารถเข้าไปทำการสัมภาษณ์กลับพบกับแรงงานต่างด้าวที่ไม่จดทะเบียนและไม่มีใบอนุญาตทำงาน (74%) และอีก 12% ซึ่งถูกจำแนกให้เป็น "คนที่ข้ามพรมแดนระหว่างสองประเทศ" ผู้เข้ารับการสัมภาษณ์ส่วนใหญ่ (61.8%) เป็นผู้หญิง 85.5% มีเชื้อชาติเมียนม่า จากรายงาน 68.5% ไม่มีการศึกษาหรือมีการศึกษาเพียงระดับประถม และ 49.5% พำนักอยู่ในประเทศไทยมาแล้วมากกว่า 6ปี หากจำแนกรามระดับรายได้ 72.3% พบว่าไม่มีรายได้ หรือมีรายได้เป็นรายวัน มีเพียง 1.5% เท่านั้นที่พบว่ามีอาชีพประจำหรือได้รับการจ้างงานในระยะยาว และยิ่งไปกว่านั้น 9.35% ชองทั้งหมด พบว่าสามารถสร้างรายได้ในแต่ละเดือนน้อยกว่า 6,000บาท

หากพิจารณาในส่วนของ MHI/SSS พบว่าผู้รับการสัมภาษณ์จำนวนกว่า 90.5% ปัจจุบันไม่มีการประกัน ในจำนวนนี้กลับพบว่าแรงงานต่างด้าวที่ได้รับการจดทะเบียนมีการประกันว่า 42.3% แต่แรงงงานต่างด้าวที่ไม่ได้จดทะเบียนมีเพียง 4.4% เท่านั้นที่มีการประกันอย่างใดอย่างหนึ่ง ถึงอย่างนั้น ผู้รับเข้าการสัมภาษณ์ส่วนใหญ่ (88%) มีความเห็นว่าพวกเขาต้องการการประกันสุขภาพ 50% เห็นว่าค่าใช้จ่ายในการประกัน (MHI/SSS)มีราคาสูงเกินไป ซึ่งในส่วนนี้ 28.6% และ 68.2% มีรายได้ครัวเรือนต่อเดือนน้อยกว่า 3,000บาท และมากกว่า 9,000บาทตามลำดับ 83.4% ของผู้เข้ารับการสัมภาษณ์เห็นว่าไม่เหมาะสมที่จะจ่ายเบี้ยประกันเป็นรายปี ในทุกช่วงระดับชั้นของรายได้ (<3,000 to >12,000) ไม่น้อยกว่า 70% ของแต่ละระดับ ผู้เข้ารับการสัมภาษณ์เห็นว่าไม่เหมาะสมที่จะจ่ายเบี้ยประกันเป็นรายปี ส่วนใหญ่ (56.1%)ไม่เห็นด้วยที่การดข้ารับการรักษาได้เพียงโรงพยาบาล (MHI) เดียวที่ขึ้นทะเบียนไว้ ไม่เป็นปัญหา 72% ของผู้รับการสัมภาษณ์เห็นด้วยว่าขณะที่ไปเข้ารับการรักษาในโรงพยาบาลมีความเสี่ยงในการถูกจับกุม

ในส่วนของหลักการทำประกันโดยเสรี และมีลักษณะให้ทำโดยสมัครใจ 96% ของผู้รับการสัมภาษณ์ให้ความสำคัญที่จะสามารถลงทะเบียนเพื่อรับการประกันและสามารถจ่ายเบี้ยประกันได้ใกล้ๆกับที่บ้านหรือที่ทำงาน และหากคำนึงถึงปัจจัยเรื่องระยะทาง ให้จ่ายได้กับอาสาสมัครสาธารณสุขประจำหมู่บ้าน (อสม.) (49%), สถานพยาบาล (33%), ร้านสะดวกซื้อ 7-11 ช่องทางอื่นๆ (6%) ส่วนมาก (95%) รู้สึกว่าการที่สามารถเข้ารับการรักษาในหลายหลายโรงพยาบาล/สถานพยาบาลมีความสำคัญ และควรเข้ารับการรักษาได้ทั้งในประเทศไทยและเมียนม่า (94% ชองผู้เข้ารับการสัมภาษณ์) เบี้ยประกันที่ผู้เข้ารับการสัมภาษณ์มีความประสงค์ที่จะจ่ายเพื่อรับการประกันตามหลักการอยู่ในช่วง 50-600บาทต่อเดือน โดยมีค่าเฉลี่ยอยู่ที่ 100บาท กว่า80% แสดงความประสงค์ที่จะจ่ายส่วนเพิ่มเพื่อให้การประกันครอบคลุมผู้ติดตามของพวกเขา ซึ่งมีค่าเฉลี่ยอยู่ที่ 30บาทต่อคนต่อเดือน 94.5% แสดงความประสงค์ที่จะจ่ายเบี้ยประกันเป็นรายเดือน และหากการประกันรูปแบบดังกล่าวได้เกิดขึ้นจริง 91.5% ตอบว่ามีความต้องการ หรือมีความต้องการอย่างมากที่จะจ่ายเพื่อรับการประกัน

วัตถุประสงค์ของการสำรวจในครั้งนี้มีความประสงค์ที่จะชี้ให้เห็นถึงคุณลักษณะของหลักการประกันสุขภาพ MHI/SSS ที่เป็นอุปสรรคต่อการเข้าถึงของแรงงานต่างด้าวในจังหวัดตาก และเป็นแนวทางให้ผู้วางนโยบายสามารถนำไปปรับปรุงเพื่อเพิ่มการยอมรับและเพิ่มอัตราส่งของผู้ขึ้นทะเบียน และหวังว่าการสำรวจครั้งนี้จะเป็นประโยชน์ในการศึกษาความเป็นไปได้เพิ่มเติมในการริเริ่มโครงการประกันราคาถูกโดยอิสระสำหรับแรงงานต่างด้าวที่อาศัยอยู่ตลอดแนวชายแดนไทย-เมียนม่า

Keywords: Migrant health insurers, barriers, low-cost for nonprofit private health insurance

Map


จ.แม่ฮ่องสอน
Mae Hong Son
จ.เชียงใหม่
Chieng Mai
อ.ทุ่งช้าง
Thung Chang
จ.ลำพูน
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Sam Ngaw
อ.แม่ระมาด
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อ.บ้านตาก
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อ.เมืองตาก
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Chapter 1
Introduction

1. Introduction

This document reports findings from a survey conducted by Ms Sasiprapha Chanthawong and Dr Nicolas Durier, on health insurance in migrants in Tak province. This project was supported with funding from the Thailand Research Fund (TRF). Ms Sasiprapha Chanthawong is a lecturer at the Faculty of Humanities and Social Science at Mahasarakham Univeristy. Trained in anthropology, Ms Sasiprapha has a strong interest in migrants, rights and ethnic classifications, and has previously conducted research in Myanmar Muslim migrant youth in Mae Sot district. Dr Nicolas Durier is a trained physician, who has worked in public health programs and clinical research in developing countries for 15 years. He has worked in projects implemented for Burmese refugees and migrants along the Thai-Myanmar border. In the present project, he worked as an independent researcher.

The survey was approved for funding in April 2014, when work began. The main survey (including data analysis) was completed in December 2015. The survey report was reviewed in its interim form in February 2015 by an independent expert panel appointed by the TRF. The current final report includes additional elements incorporated on the basis of recommendations expressed by the independent review panel.

2. Study objectives

The objectives in this study were:

1. To assess access and barriers to uptake of the existing Thai government health insurance schemes for migrants.

2. To assess among migrants interest in a low-cost non-for-profit private health insurance scheme. A sub-objective was to explore views on the concept among some policy-makers and stakeholders.

Chapter 2
Background and rationale

2. Background and rationale

2.1. Migrants in Thailand

According to published figures, in 2011 it was estimated that the migrants' population residing in Thailand without Thai nationality was over three million, for a population of 69.5 million Thai people.[1,2] According to the Immigration Law (1979), Article 4 uses the word "alien" to define foreign migrants as ordinary persons who do not have Thai citizenship. They include: i) temporary migrant workers; ii) ethnic minorities; iii) other persons without Thai nationality and stateless persons; and iv) displaced persons. Temporary migrant workers, with a total estimated number of approximately 2.5 million (2011), represent the vast majority,[2] and was the population of interest in this project. Most migrant workers in Thailand are from Myanmar (around 80%), Cambodia and Lao PDR.

Currently, migrants from these three countries are classified into three groups:

- Workers who legally entered the country through an established MOU between countries ("imported" migrants).

- Workers who entered the country without official documents, but who have then been registered with the Ministry of Interior (MOI) and given a work permit by the Ministry of Labour (MOL), through/after a process of National Verification.

- Undocumented migrants who illegally entered the country, and have not registered with the MOI and do not hold a valid work permit from the MOL.

According to the same figures, the respective estimated numbers/ratios of registered and unregistered migrants were presented as follows:

Migrants from Cambodia, Lao PDR and Myanmar		
• Regular new entrants under MOU (end 2010)[f]		78,686
• Entered or completed NV process (end 2010)[f]		932,255
• Unregistered and family members[g]		1,444,803
Subtotal		*2,455,744*

Source: International Organization for Migrations. Thailand Migration Report 2011.

Recent information indicate however that close to 500,000 migrant workers may have newly registered in 2014 after the initiation of the migration reform enforced by the National Council for Peace and Order (NCPO) in July 2014.

Along the Thai-Myanmar border, according to the Tak public health services, it is estimated that around 125,000 documented, and 50-100,000 undocumented Myanmar migrants live in Tak province. Yet, some health professionals working with migrants in Tak report that one-third of migrants in the province may in fact be registered, and two-third unregistered.

2.2. Migrants access to health care

Migrants and their families may access health care services as follows:

2.2.1. Social Security System (SSS)

Migrant workers employed in the formal sector are/have been entitled to the Thai SSS. This involves tripartite funding of compulsory contribution from the employer (5% of monthly income), the employee and the government. It provides a comprehensive package that covers outpatient (OP) and inpatient (IP) services, as well as dental care. Benefits become effective after 3 months of contribution into the scheme.

According to latest published estimates,[3] the coverage of eligible migrants with the SSS was estimated in August 2013 to be below 50%:

Estimated coverage of eligible migrants into the SSS (August 2013):

Estimated number of eligible migrants	Number enrolled in the SSS	**Coverage**
736,104	357,643	**48.6%**

2.2.2. The Migrant Health Insurance (MHI)

The Migrant Health Insurance scheme began in 1999, and has targeted migrants not covered by the SSS. Since the inception of the scheme, the cost of the MHI has increased progressively from 500 Thai baht (THB) per year in 1999, to THB 1,300 in 2004, 2,200 THB in 2013, and 2,900 in early 2014. However, later in mid-2014 as a result of the migrant reform initiated by the NCPO, a revised payment scheme with the following feature was introduced: 500 THB for 3 months, 900 THB for 6 months, and 1,600 THB for 12 months. Before obtaining their MHI Card, migrants must undertake a compulsory health check-up (mainly designed to identify specific communicable diseases) for a cost of 500 THB. The MHI has had to be renewed on a yearly basis. In addition to the annual subscription fee, beneficiaries pays 30 baht per visit when receiving care. Benefits associated with the scheme are close to these of the “Health for All” program.

The scheme was for long available only for registered migrants. Obtaining a work permit was conditional upon obtaining a MHI. However, in August 2013, a Cabinet Resolution extended eligibility to the scheme to unregistered migrants (and their dependents), and de-linked labor registration from insurance enrollment.[4] Under the current migration reform, it is unclear if unregistered migrants will remain eligible for the scheme.

According to latest published estimates,[3] the coverage of eligible registered migrants (as previously applicable) with the MHI was estimated at around 63% in August 2013. No data on coverage/uptake of the MHI among unregistered migrants, and their dependents, have been available.

Estimated coverage of eligible registered migrants into the MHI (as of August 2013):

Estimated number of eligible migrants	Number enrolled in the SSS	**Coverage**
369,444	234,284	**63.4%**

- Unfortunately, while different studies and reports have broadly examined/discussed barriers (financial and non-financial) to access of health care services for migrants in Thailand,[1,3] very scarce data/information seem to be available on the specific reasons for the low or insufficient uptake/coverage of the insurance schemes for migrants entitled to receive it.

2.2.3. Other modes of access to care for migrants

Other ways to access health care services include:[1,5]

- Out-of-pocket payment,
- Exemption from payment from the public hospitals,
- Services directly provided (or supported) by Non-Governmental Organizations (NGOs) and International Organizations/Foundations.

Migrants can a priori receive health care in Thai hospitals through out-of-pocket payment, or exemption from payment. However, out-of-pocket payment can rapidly represent an insurmountable barrier for most migrants, and exemption from payment is thought to represent a financial burden on the hospitals located in areas where large numbers of migrants live.[3]

In Tak province, migrants (particularly unregistered migrants) can also access health care services through well-known non-governmental organizations (NGOs), namely the Shoklo Malaria Research Unit (SMRU) and the Mae Tao Clinic. Migrants benefit from

quality health care services, free of charge for the most part, in a friendly and trusted environment. Demand for care is high. Unfortunately, services depend largely on donors' aid, and concerns have emerged over the risks that such aid could substantially decline in the future, and the negative impact that this would have on the sustainability of these services.

The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) is another mechanism that has permitted some access to services for unregistered migrants (notably through the Thai health care system), but these services relate only to care for HIV, TB, and malaria.




2.3. Low-cost, non-for-profit health insurances in other settings

The concept of low-cost non-for-profit health insurance emerged a little more than 15 years ago. It ambitioned to adapt the model of "conventional" health insurance enjoyed by millions (in rich settings) around the world, to the needs of the poor in certain settings, and address the problem of catastrophic health expenditures faced by the poor in contexts

relying on user-fee for health services. Numerous pilot projects and larger scale programs of low-cost non-for-profit health insurance have been developed and conducted in different countries, such as Bangladesh, India, Rwanda, Nicaragua, to name a few. Several programs have been associated with good uptake for the plan, increased access to health care among subscribers (including the poorest), and reductions in catastrophic expenditures.[6,7,8,9] Some projects have been less successful.[10] However, the experience generated and important lessons learned have permitted to observe that several characteristics/approaches are associated with success of such plans and programs[11], among which:

- Ensuring that enrollment is simple and conducted at a time and place convenient to clients.

- Alignment of payment schedules with income streams, and guarantee of simple and quick payment.

- Engagement with groups in which members have interpersonal relationships, such as NGOs or cooperatives.

- Educating consumers and promoting the product.

- Ensuring delivery of quality medical services, and allowing the choice of health care providers.

The researchers engaged in this project have considered the potential relevance of low-cost non-for-profit private health insurance in the context of access to health care for migrants in Thailand (notably, although not exclusively, unregistered migrants).

Chapter 3
Study methods

3. Study methods

3.1 Study design

This project consisted mainly in a cross-sectional survey using a qualitative and quantitative questionnaire. Prior to the survey, the researchers gathered and reviewed relevant up to date national policy and strategy documents, data, information and studies on migrant health issues in Thailand. They also conducted semi-structured discussions with a few policy-makers and stakeholders, and additional focus group discussions conducted after review of the main study findings and interim report by the independent review panel.

3.2 Study population, and study location

Both registered and unregistered migrants living in and around Tak province along the Thai-Burmese border formed the population of main interest. In this small project, ethnic minorities, stateless persons, and displaced persons (refugees) could not be part of the study population. The researchers proposed to enroll into the survey 150 registered and 150 unregistered migrants. They finally were able to enroll 400 participants. The survey targeted migrants in the districts of Mae Sot, Mae Ramat and Phop Pra, as they will be part of the new Special Economic Zone, and they concentrate most of the migrants. Sub-districts were then selected to cover diverse areas, and reach migrants involved in different types of work.

The survey extended with topic-guided discussions with few policy-makers and stakeholders involved in the issue of access to care for migrants in Thailand.




3.3 Study team, and contact with participants

The study team was led by Ms Sasiprapha, and included 6 Thai-Burmese junior professionals involved in migrant health and rights projects in Tak province. They knew communities of migrants, and conducted the migrant interviews. Participants were approached directly in their communities, in the areas of interest. Convenience, snowball and purposive sampling was used to recruit participants in each area.




3.4 Survey instrument

The migrant questionnaire (Annex 1) was a 6 pages questionnaire divided in 3 main sections, on: a) participants socio-economic characteristics, b) the Thai government migrant health insurance schemes, and c) the concept of low-cost non-for-profit private health insurance. The survey was written in English, and translated into Thai, Burmese and Karen by the study team.

The first version of the questionnaire was piloted with 20 migrants in Mea Sot, which served to adjust the instrument before use in the formal survey.

3.5 Data management and analysis

Data management was coordinated by Ms Sasiprapha. Questionnaire responses were entered into an electronic database and analyzed with SPSS. Data analysis was conducted by Ms Sasiprapha and Dr Durier.

3.6 Participants protection

Participation in this survey was totally voluntary. Information about the survey was provided in Burmese or Karen by the interviewers, and potential participants were free to decline to participate.

A compensation for the time given to participate in the study was made in the form of donation of a few household items, representing a value of around 100 Thai Bats.

The questionnaires were made anonymous by recording only a study participant number for identification.

Chapter 4
Survey results

4. Survey results

4.1 Study participants characteristics

A total of 400 migrants were recruited in the survey. Their socio-demographic characteristics are summarized in Table 1. They were recruited, as planned, from the 3 study locations - Mae Sot, Mae Ramat, Pho Pra - in balanced proportions. In each district, participants were recruited from several well-scattered sub-districts (Mae Sot (N=10), Mae Ramat (N=8), Pho Pra (N=10)), allowing a good representation in the survey of migrants living in the study area. A large majority of participa nts (85%) was of Burmese ethnicity. As much as 68.5% reported having no or only primary school education background, and 84.6% reported speaking no or only basic Thai language. Yet, 49.5% reported living in Thailand for more than 6 years. Although the researchers had planned to recruit an approximately equal proportion of males and females, a majority of women (61.8%) was eventually reached and interviewed.

Table 1 – Participants socio-demographic characteristics

Characteristics		**N (%)**
Area of interview	Mea Sot	200 (50%)
	Mae Ramat	100 (25%)
	Phop Pra	100 (25%)
Gender	Males	153 (38.3%)
	Females	247 (61.7%)
Age (years old)	≤ 15	4 (1.0%)
	16-30	165 (41.3%)
	31-50	188 (47.0%)
	≥ 51	43 (10.7%)
Marital status	Single	58 (14.5%)
	Married/living with partner	316 (79.0%)
	Divorced/separated/widowed	26 (6.5%)

Characteristics		N (%)
Ethnicity	Burmese	342 (85.5%)
	Karen	51 (12.8%)
	Other (Tai, Yakai, Raman)	7 (1.7%)
Native language	Burmese	342 (85.5%)
	Karen	50 (12.5%)
	Thai	1 (0.3%)
	Other (Yakai)	7 (1.7%)
Education level	None	78 (19.5%)
	Primary school	196 (49.0%)
	Secondary school	76 (19.0%)
	High school	38 (9.5%)
	College or University	4 (1.0%)
	Coranic school	8 (2.0%)
Place of living	Thailand	366 (91.5%)
	Myanmar	14 (3.5%)
	Both	20 (5.0%)
Living time in Thailand	< 6 months	35 (8.8%)
	6 months - 1 year	18 (4.5%)
	1-2 years	43 (10.7%)
	2-5 years	106 (26.5%)
	6-10 years	92 (23.0%)
	> 10 years	106 (26.5%)
Thai language speaking skills	None	307 (76.8%)
	Basic	31 (7.7%)
	Limited	32 (8.0%)
	Working proficiency	25 (6.3%)
	Native-equivalent	5 (1.2%)

Table 2 presents the participants' work and income characteristics. Participants were drawn from a very diverse range of occupations, allowing again a good representation in the survey of migrants living/reached in the study areas. Yet again, although the study team had

planned to recruit an equal number of registered migrants (with work permit) and unregistered migrants (with no work permit), most participants found/reached were unregistered migrants. As intended, a small proportion of people reporting to be going back and forth across the border was also enrolled into the survey. Regarding job income, 72.3% reported having no or only daily job income. Only 1.5% said they had a long-term job. As much as 93.5% of individuals reported getting a monthly income of less than 6,000 THB.

Table 2 – Work and income characteristics

Characteristics		**N (%)**
Migrant Status	Migrant with work permit	52 (13.0%)
	Migrant without work permit	296 (74.0%)
	Dependent of registered migrant	3 (0.8%)
	Cross-border person	49 (12.2%)
Occupation	Agriculture sector	137 (34.3%)
	Construction worker	44 (11.0%)
	Daily worker	27 (6.7%)
	Housekeeper	27 (6.7%)
	Private sector employee	26 (6.5%)
	Trading	22 (5.5%)
	Factory worker	21 (5.3%)
	Garbage picker	12 (3.0%)
	Migrant school teacher	6 (1.5%)
	Student	3 (0.8%)
	Others	15 (3.7%)
	Unemployed	60 (15.0%)
Type of job income	None	47 (11.8%)
	Daily	242 (60.5%)
	Monthly	84 (21.0%)
	Seasonal	21 (5.2%)
	Long-term job	6 (1.5%)
Value income of the	No income	52 (13.0%)

Characteristics		N (%)
individual per month (THB)	< 3,000	58 (14.5%)
	3,000 - 6,000	264 (66.0%)
	6,001 – 9,000	19 (4.8%)
	9,001 – 12,000	6 (1.5%)
	12,001 – 15,000	0 (0%)
	> 15,000	1 (0.2%)
Value income of the household per month (THB)	< 3,000	42 (10.5%)
	3,000 - 6,000	278 (69.5%)
	6,001 – 9,000	58 (14.5%)
	9,001 – 12,000	16 (4.0%)
	12,001 – 15,000	4 (1.0%)
	> 15,000	2 (0.5%)

4.2 Thai government health insurance schemes, and health care

Table 3 presents the participants' reported enrollment into different health insurance schemes. Although even unregistered migrants may, since August 2013, be able to enroll into the MHI, in this survey 90.5% of participants reported being under no insurance plan.

Table 3 – Status regarding the Thai government insurance schemes (MHI or SSS)

Characteristics		N (%)
Health insurance status	Have no insurance	362 (90.5%)
	Have the MHI	26 (6.5%)
	Under the SSS	11 (2.8%)
	Have private health insurance	1 (0.2%)

Table 4 shows associations between migrant characteristics and having or not having insurance. Participants from Mae Ramat were less well covered by health insurance than those in Mae Sot or Phop Pra. No difference was noted between males and females, and single or married participants. None of those divorced/separated/widowed reported having any insurance. Increasing age tended to show an association with decreasing enrollment into

a plan. None of the Karen or other non-Burmese participants reported having insurance. Increasing education level tended to go with increasing coverage by a plan. Importantly, only 42.3% of registered migrants reported having insurance. Although caution in interpretation is warranted as the total number of registered migrants recruited here was small, this appears lower than formal aggregated national figures,[3] which in August 2013 placed coverage of registered migrants at 48.6% under the SSS, and at 63.4% under the MHI. Formal government figures of coverage of unregistered migrants under the MHI are not available.[3] In this survey, we found that only 4.4% of unregistered migrants had insurance. Only 12% and 14.2% of migrants living in Thailand for 6-10 and >10 years respectively reported having insurance. Migrants in some occupations only, i.e. private sector employees, those in trading, and factory workers, reported higher coverage under an insurance plan. Increasing household income showed an association with increasing insurance coverage.

Table 4 – Characteristics associated with having/not having insurance

Characteristics		**Have Insurance***	**Do not have insurance**
Area of interview	Mea Sot (N=200)	24 (12%)	176 (88%)
	Phop Pra (N=100)	12 (12%)	88 (88%)
	Mae Ramat (N=100)	2 (2%)	98 (98%)
Gender	Males (N=153)	15 (9.8%)	138 (90.2%)
	Females (N=247)	23 (10.3%)	224 (90.7%)
Age (y.o.)	≤ 15 (N=4)	0 (0%)	4 (100%)
	16-30 (N=165)	22 (13.3%)	143 (86.7%)
	31-50 (N=188)	14 (7.4%)	174 (92.6%)
	≥ 51 (N=43)	2 (4.7%)	41 (95.3%)
Marital status	Single (N=58)	6 (10.3%)	52 (89.7%)
	Married/live w. partn (N=316)	32 (10.1%)	284 (89.9%)
	Divorced/separ./wido. (N=26)	0 (0%)	26 (100%)
Ethnicity	Burmese (N=342)	38 (11.1%)	304 (88.9%)
	Karen (N=51)	0 (0%)	51 (100%)
	Other (N=7)	0 (0%)	7 (100%)
Education level	None (N=78)	3 (3.8%)	75 (96.2%)

Characteristics		Have Insurance*	Do not have insurance
	Primary school (N=196)	15 (7.7%)	181 (92.3%)
	Secondary school (N=76)	9 (11.8%)	67 (88.2%)
	High school (N=38)	9 (23.7%)	29 (76.3%)
	College or University (N=4)	2 (50%)	2 (50%)
	Coranic school (N=8)	0 (0%)	8 (100%)
Migrant status	Have WP (N=52)	22 (42.3%)	30 (57.7%)
	Do not have WP (N=296)	13 (4.4%)	283 (95.6%)
	Dependent (N=3)	1 (33.3%)	2 (66.7%)
	Cross-border person (N=49)	2 (4.1%)	47 (95.9%)
Living time in Thailand	< 6 months (N=35)	2 (5.7%)	33 (94.3%)
	6 months - 1 year (N=18)	1 (5.6%)	17 (94.4%)
	1-2 years (N=43)	2 (4.7%)	41 (95.3%)
	2-5 years (N=106)	7 (6.6%)	99 (93.4%)
	6-10 years (N=92)	11 (12%)	81 (88%)
	> 10 years (N=106)	15 (14.2%)	91 (85.8%)
Occupation	Agriculture sector (N=137)	7 (5.1%)	130 (94.9%)
	Construction worker (N=44)	2 (4.5%)	42 (95.5%)
	Daily worker (N=27)	1 (3.7%)	26 (96.3%)
	Housekeeper (N=27)	1 (3.7%)	26 (96.3%)
	Private sector empl. (N=26)	6 (23.1%)	20 (76.9%)
	Trading (N=22)	3 (13.6%)	19 (86.4%)
	Factory worker (N=21)	9 (42.9%)	12 (57.1%)
	Garbage picker (N=12)	0 (0%)	12 (100%)
	Unemployed (N=60)	3 (5.0%)	57 (95.0%)
Household income	< 3,000 (N=42)	2 (4.8%)	40 (95.2%)
	3,000 - 6,000 (N=278)	21 (7.6%)	257 (92.4%)
	6,001 – 9,000 (N=58)	7 (12.1%)	51 (87.9%)
	9,001 – 12,000 (N=16)	7 (43.8%)	9 (56.2%)
	> 12,000 (N=6)	1 (16.7%)	5 (83.3%)

*Either MHI, SSS, or private health insurance

Table 5 presents the reasons given by participants for not having insurance. Multiple answers were allowed, and percentages are calculated out of the total number of answers. Close to 90% of answers/reasons related to not knowing about the insurance or how to buy it, and being unable to afford the cost of the premium.

Table 5 – Reasons reported for NOT having insurance (N=362 people)

Reasons	N (%)
I do not know about the health insurance	171 (30.5%)
I cannot afford the price of the premium	162 (28.9%)
I don't know how to buy the insurance	157 (28.0%)
I was told I am not eligible	23 (4.1%)
I don't need it, I'm healthy	16 (2.9%)
I don't need it, I can get free health care	11 (2.0%)
I feel uncomfortable to go to buy the insurance	9 (1.6%)
The insurance is not suitable	4 (0.7%)
Other reason	8 (1.4%)
Total of answers	561 (100%)

Table 6 shows reasons for having insurance, among the 38 participants who reported currently having one. A majority claimed having it because of finding it useful/important.

Table 6 – Reasons selected for having an insurance (N=38 people)

Reasons	N (%)
Because it is mandatory	0 (0%)
Because I find it useful/important	26 (63.4%)
Because my employer took it for me	15 (36.6%)

Table 7 presents use of insurance. Three additional people, who had insurance in the past and no longer have one, are considered. A discrete majority reported never using it, however, 95% of those with current or previous health insurance reported being satisfied. (Table 8). The questionnaire did not capture if satisfaction related to the use of the insurance, the perception of being covered by a plan, or other reasons.

Table 7 – Use of health insurance (N=41)

Answer	N (%)
Used the insurance	18 (43.9%)
Never used it	23 (56.1%)

Table 8 – Satisfaction with the health insurance (N=41)

Answer	N (%)
Satisfied	39 (95.1%)
Not satisfied	2 (4.9%)

Table 9 next presents where people sought health care in the 12 preceding months. Multiple answers were also here allowed, and percentages are calculated from the total number of answers. The answers illustrate a pretty large range of options being used. Buying medicines at the pharmacy was the most frequent option chosen. Types of illnesses/symptoms encountered by the participants were not explored.

Table 9 – Health seeking behavior in the last 12 months

Reasons selected	N (%)
Bought medicines at the pharmacy	281 (39.5%)
Public hospital in Thailand	187 (26.3%)
Self-treatment, or did nothing (waited to get better)	72 (10.1%)
Private clinic/hospital in Thailand	54 (7.6%)
Mae Tao clinic	53 (7.4%)
Did not need medical care at all, had no problem	21 (2.9%)
SMRU clinic	17 (2.4%)

Private clinic/hospital in Myanmar	15 (2.1%)
Public hospital in Myanmar	4 (0.6%)
Other NGO: AMI clinic	4 (0.6%)
Traditional healer/illegal clinic	4 (0.6%)
Total of answers	712 (100%)

Table 10 now presents the views given by participants on some characteristics of the Thai government health insurance schemes (MHI or SSS), and related access to care:

A large majority (~85%) agreed that they need health insurance, and want their dependents to have one.

Regarding cost, about 50% of the participants agreed that the cost of the insurance premium is not too high, and 46% disagreed with this statement. A higher proportion (89%) agreed that the cost of the premium for children is not too high. Most (82%) agreed that the additional payment of 30 THB in Thai hospitals to receive care is not an issue, and yet 78% also acknowledged/agreed that there are also hidden/other costs involved. Of importance, 83% of participants disagreed that one payment per year for the premium (MHI) is convenient.

Regarding processes, a majority (46%, noting also that 23% of respondents were uncertain) agreed that eligibility to the insurance schemes is restricted. 80% agreed that the health check-up to get the insurance is not a problem. Interestingly, a majority (55%) agreed that the process to apply for the insurance is not complicated, but 40% agreed feeling uncomfortable/afraid to go to buy the insurance.

Regarding services, a majority (64%) agreed that coverage of the services (in Thai hospitals) is good, that medical care is good enough (71%), attitude of staff is good enough (64%) and that communication is not an issue (51%). Yet, importantly again, a majority (56%) disagreed that linkage of insurance coverage to only 1 designated hospital (MHI) is not a problem. 72% agreed that there is a risk of being arrested while going to the hospital.

Table 10 – Opinions on characteristics of the MHI or SSS, and related care services

	Agree or Strongly Agree	Uncertain	Disagree or Strongly Disagree
I need health insurance	351 (87.8%)	15 (3.7%)	34 (8.5%)

I want my dependents to have insurance	338 (84.5%)	16 (4%)	46 (11.5%)
The insurance premium for adults is not too high	199 (49.8%)	18 (4.5%)	183 (45.7%)
The insurance premium for children is not too high	355 (88.8%)	20 (5%)	25 (6.2%)
The 30 Bahts co-payment at the hospital to get care is not a problem	330 (82.5%)	33 (8.3%)	37 (9.2%)
At the hospital, there are hidden/other costs	313 (78.3%)	33 (8.2%)	54 (13.5%)
One payment for the year is convenient	48 (12.3%)	17 (4.3%)	327 (83.4%)
Eligibility is restricted	186 (46.5%)	91 (22.8%)	123 (30.7%)
The mandatory health check-up to get insurance is not a problem	319 (79.8%)	16 (4%)	65 (16.2%)
The process to apply for the insurance is not complicated	219 (54.8%)	92 (23%)	89 (22.2%)
Coverage of the care services is good	256 (64%)	96 (24%)	48 (12%)
Linkage to one hospital only (MHI) is not a problem	135 (34.5%)	37 (9.4%)	220 (56.1%)
Medical care in the linked hospital is good enough	283 (70.8%)	80 (20%)	37 (9.2%)
Attitude of staff in the hospital is good enough	257 (64.3%)	85 (21.2%)	58 (14.5%)
Communication is not a problem	203 (50.8%)	53 (13.2%)	144 (36%)
I feel uncomfortable/afraid to go to buy the insurance	161 (40.3%)	50 (12.5%)	189 (47.2%)
If I go to the hospital, there is a risk of being arrested	289 (72.3%)	7 (1.7%)	104 (26%)

Figure 1 and 2 below present further details on cost/payment of the insurance premium, in relation to household monthly income. Percentage who disagreed that the cost of the premium is not too high, and that yearly payment for the premium is convenient, were disaggregated for different strata of household monthly income. Overall, monthly income seemed to have a lesser association with the issue of yearly payment (Fig 2) than

the cost of the premium (Fig 1). No less than 70% of participants disagreed that yearly payment for the premium is convenient. Cost of the premium as an issue was most pronounced in the lowest strata of income.

Figure 1 – Percentage who disagree that the premium cost is not too high, by household monthly income

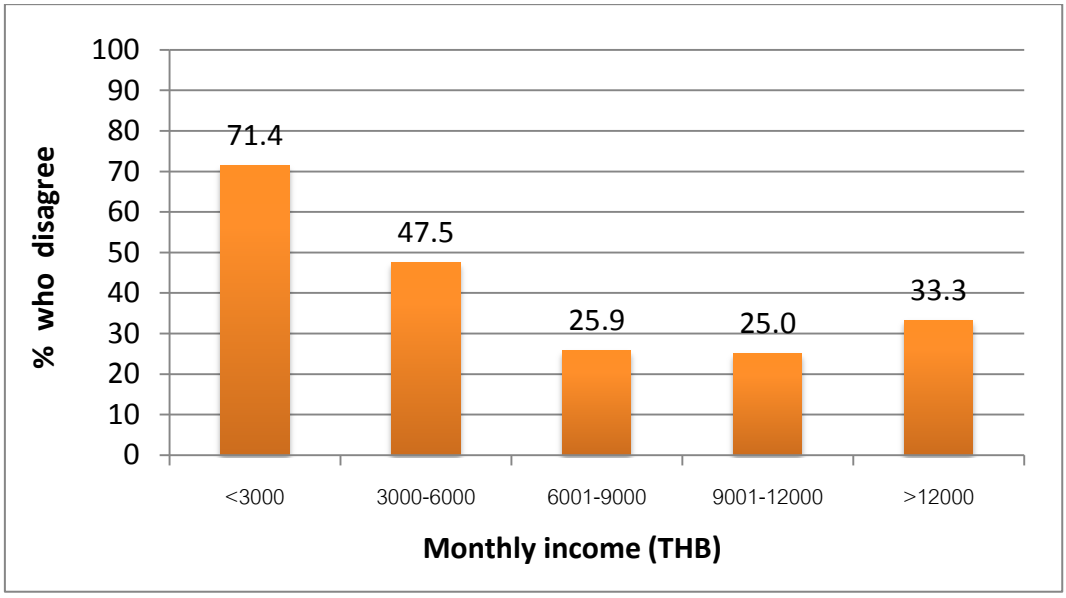
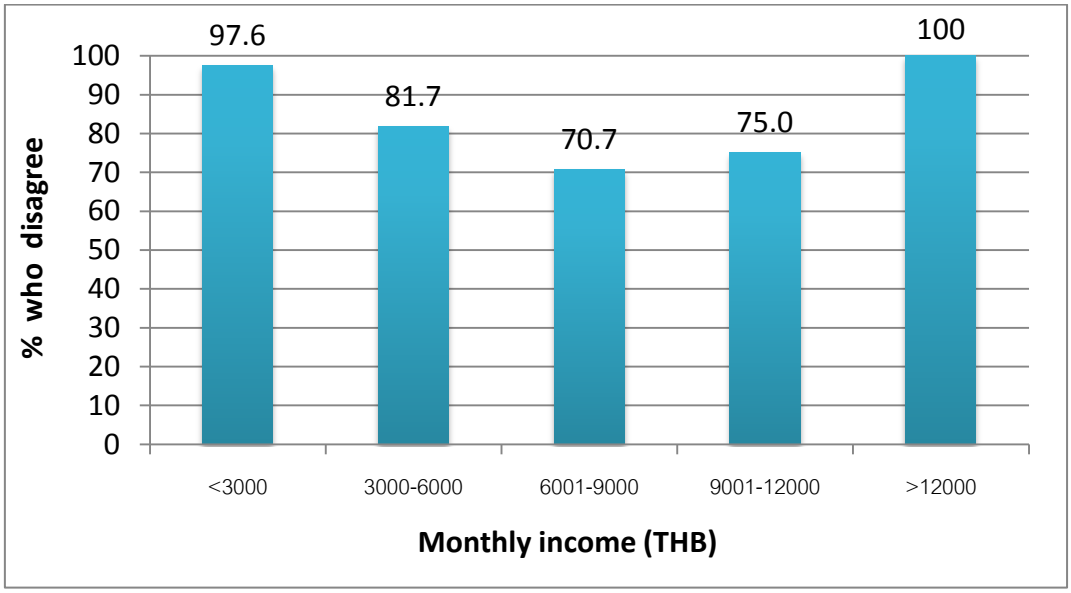


Figure 2 – Percentage who disagree that yearly payment for the premium is convenient, by household monthly income



4.3 Low-Cost, Non-for-Profit Private Health Insurance

Entering the third section of the questionnaire, participants were first given a brief description of the concept, as follows:

"We will now ask your opinion about characteristics of an alternative health insurance that could be set up. The insurance would be set up by a non-for-profit private and independent company/organization. Among other characteristics, it would aim to involve a low premium cost, be easy to use, offer good coverage of services with a range of hospitals and clinics in contract with the insurance company, both in Thailand and Myanmar areas across the border".

In a comparable approach to what was done regarding characteristics of the MHI and SSS, participants were asked how important they would view some intended characteristics of the concept insurance (Table 11):

The vast majority (96%) viewed as important to be able to register for the insurance and pay its premium near home or work. Most (95%) also felt important to be able to receive care in different hospitals or clinics, and having health care services being covered in both Thailand and Myanmar (94% of participants). Interestingly, only 47% thought important to have all care services being covered under the plan. The questionnaire did not explore this in further details. Almost all (96%) viewed as important to be able to insure their dependents.

Table 11 – Opinions on intended characteristics of the low-cost private health insurance

	Important or very important	Uncertain	Does not matter much, or at all
Being able to register and pay for the insurance near home or work	385 (96.3%)	10 (2.5%)	5 (1.2%)
Being able to receive health care in different hospitals or clinics	381 (95.3%)	13 (3.2%)	6 (1.5%)
Having an insurance that covers health care in Thailand and also in Myanmar (near the	375 (93.8%)	12 (3%)	13 (3.2%)

border)			
Having most care services covered (exception = e.g. esthetic care)	188 (47%)	81 (20.3%)	131 (32.7%)
Insurance covering dependents	384 (96%)	9 (2.3%)	7 (1.7%)
Having no mandatory, or free of charge, health check up before enrolling into the plan	274 (68.5%)	72 (18%)	54 (13.5%)
No co-payment (30 THB) involved when receiving care	338 (84.5%)	19 (4.8%)	43 (10.7%)
No hidden/other costs at the hospital	387 (96.8%)	11 (2.7%)	2 (0.5%)

Participants were asked in an open-format question what monthly premium they would be willing to pay for the concept insurance. (Table 12) Answers ranged from 50 to 600 THB per month, with a median of 100 THB.

Table 12 – Suitable cost of premium

Cost of premium, per month	Thai Bahts
Minimum given	50
Maximum given	600
Median given	100
Mean given (average)	126

80% responded being very willing/willing to pay more to cover their dependents (Table 13), with a median suitable additional monthly payment per dependent of 30 THB.

Table 13 – Willingness to pay more to cover dependents

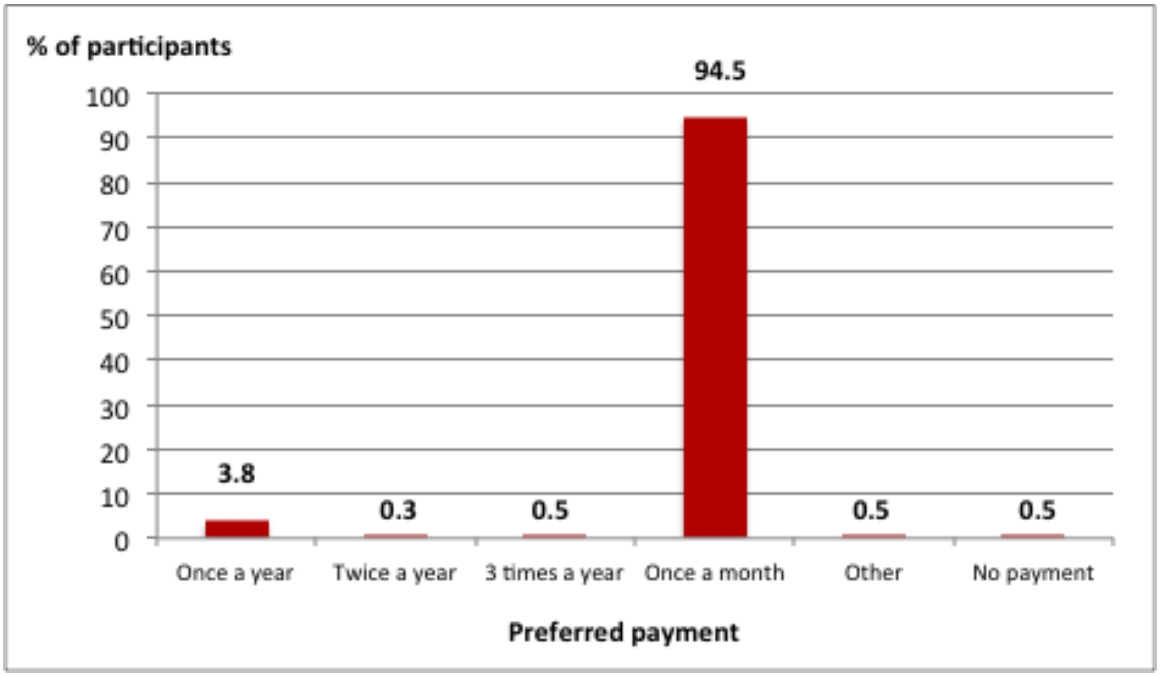
Answer	N (%)
Very willing	93 (23.3%)
Willing	228 (57%)
Uncertain	24 (6%)
Not willing	40 (10%)
Not willing at all	15 (3.7%)

Table 14 – Suitable cost of premium for coverage of dependents

Cost of premium, per dependent, per month	Thai Bahts
Minimum given	10
Maximum given	500
Median given	30
Mean given (average)	40

Participants were next asked about calendar of payment for the premium. The vast majority (94.5%) selected that they would prefer a monthly payment.

Figure 3 – Preferred mode of payment



Choices for preferred locations to pay the premium illustrated that availability of a few options would appear suitable, with paying through a village health volunteer being the preferred one.

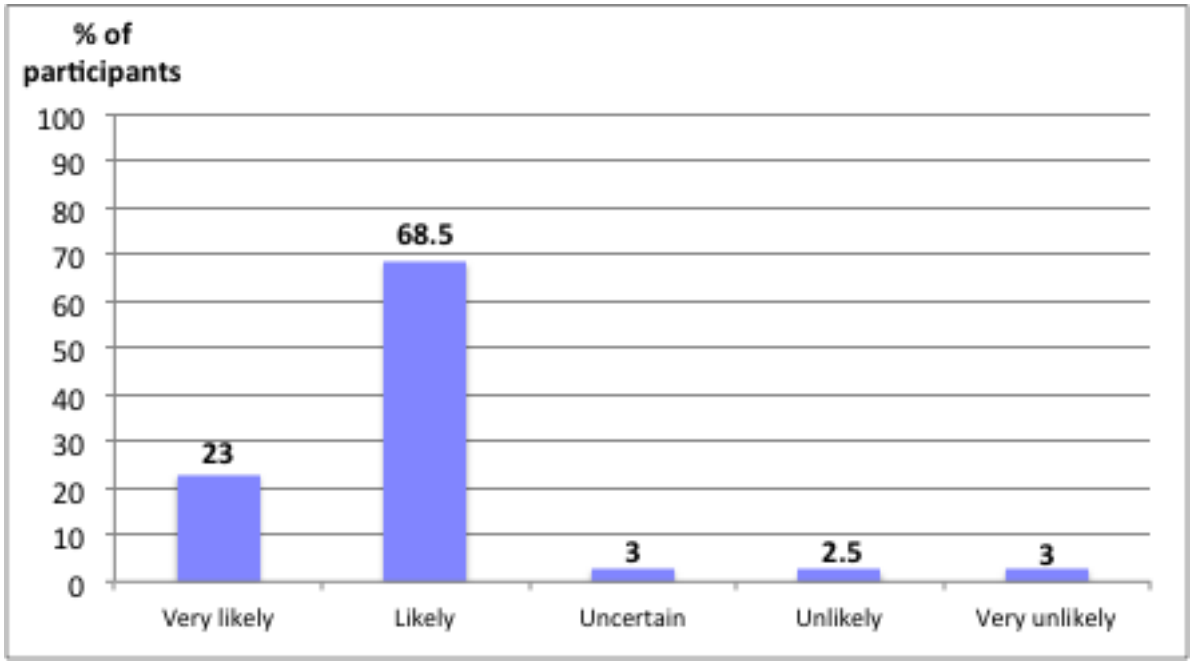
Table 15 – Preference for where to pay the premium

Location	N (%)
7-11 outlets	25 (6.3%)

ATM or Bank	2 (0.5%)
Village Health Volunteer	196 (49%)
Clinic	132 (33%)
Other	41 (10.2%)
Don't want to pay	4 (1%)

Finally, participants were asked how likely they would be to take the insurance, should the characteristics of importance explored be available. (Figure 4) A total of 91.5% answered that they would be likely or very likely to take the plan. With 3% being uncertain, only 5.5% responded that they would be unlikely or very unlikely to take the plan.

Figure 4 – Likelihood of taking the concept insurance plan



5. Stakeholders Interviews

The policy-makers and stakeholders consulted in relation to this survey/project were:

- Dr. Chanvit Tharathep, Deputy Permanent Secretary, Thai MOPH,
- Dr. Samrit Srithamrongsawat, Director of the Health Insurance System Research Office,

- Dr. Cynthia Maung, Founder, Mae Tao clinic, Mae Sot,

- Mrs. Siraporn Kaewsombat, Managing Director, Health without Frontieres, Mae Sot.

- Ms. Pathamapond Yiam, Consultant, Child Protection, Save the Children, Mae Sot,

- Ms. Nonglack Kaeophokha, Project Assistant, International Organization for Migrations, Mae Sot.

They were asked opinions on a) what may constitute barriers to uptake of the MHI/SSS by the migrants, notably in Tak, and b) the concept of private independent low-cost insurance. As a correlate, local stakeholders were asked about the possible ratio of registered and unregistered migrants in Tak. A general impression was that unregistered migrants outnumber registered migrants by a ratio of 3 or 4, to 1.

Briefly, barriers to MHI/SSS identified by stakeholders included: the premium cost, its payment schedule, poor knowledge of the scheme by migrants, travel distance to health services, fear of arrest, mobility, absence of need for health care for some, availability of free care in some instances, existence of exclusions criteria for the insurance plans, as well as constraints linked to enrollment (e.g. confirmation of location of living).

Regarding the low-cost insurance, most stakeholders were generally in support of the concept. It was not felt that this would compete with the current government schemes, and instead that it could perhaps serve as a useful complement. It might decrease the financial burden of caring for migrants in some hospitals. One local stakeholder felt that migrants would very much welcome such a plan. However, most also underscored the challenges that would be associated with setting up this plan, and the uncertainties of its possible success. Even with a low premium cost, one stakeholder wondered what uptake this would see. The plan would require solid support in community networks, and flexible approaches. Support would also be needed in hospitals, and this could not be automatically anticipated.

6. Focus-Group Discussions

In February 2015, the independent expert panel appointed by the TRF to review the survey findings and interim report recommended to conduct additional focus-group discussions (FGD) with migrants and migrant employers in the study area in Tak province. These FGD were conducted in March 2015 in both Maesot and Phop Pra.

Maesot

A FGD was conducted in a textile factory employing 70 Burmese migrants, who were reported by the Thai factory owners as being mainly registered migrants with a work permit and the MHI. Most workers earn between 3,000 – 4,000 THB/month (and have free accommodation). The factory owners reported paying the work permit and MHI for all their employees in 2014, at the One Stop Service (OSS) set up by the current Thai government. In order to do this, the employers deduce 400 THB/month from the employee' salary until all costs are reimbursed. However, the factory owner reported that 20 migrant workers left the factory to go to Bangkok soon after registration. They commented/expressed that:

- The OSS should be opened all year long to allow continuing registration of new migrants being employed on an ongoing basis.

- They believe that direct payment of several months-registration is probably too much of a challenge for the migrants themselves, and that as employers they are willing to cover the cost of MHI registration, but under some guarantee/mechanisms that allow them to recover/be reimbursed for the costs.

- They believe that compulsory insurance should probably be pursued, but improvement in processes should be sought.

- When migrants get sick, they can purchase medicines on their own, or also receive free care at the SMRU or Mae Tao clinics.

Phop Pra

A FGD was conducted at a rose farm employing migrants, and involved 3 female migrants, as well as discussion with the Thai farm employer. Information gathered, complementary to the above, was as follows:

- For the employer, the process of registering migrants for the MHI is cumbersome and includes time-consuming preliminary paperwork preparation.

- When registering for the MHI, no information on the benefits associated with it is provided.

- Migrants can receive free vaccination, family planning and health education at the local health centers.

- The migrants themselves appeared interested with the concept of alternative low-cost private health insurance presented by the study team, and commented that a monthly

premium of 100 THB sounded acceptable, and that coverage of health services under this insurance scheme on both sides of the border would further increase attractiveness of such plan.

7. Conclusions, Policy Implications, Recommendations

In conclusion, this survey gave important insights into possible barriers to higher uptake of the MHI and SSS among migrants living in Tak province, and an exploratory concept of independent low-cost health insurance:

Most migrants found in the study areas were unregistered migrants, and most had no health insurance. About 85% agreed however that they do need health insurance, and want their dependents to have one. 72.3% reported having no or only daily job income, and 93.5% reported getting a monthly income of less than 6,000 THB. This may resonate with the finding that 83% of participants disagreed that yearly payment for the premium is convenient. As such, more than the cost of the premium itself yearly payment appeared as a possibly major barrier to higher uptake of the MHI/SSS by migrants living in the area. Linkage of the insurance plan to only 1 designated hospital (MHI) appeared as another possibly important structural limitation of the existing government plan. With others, these findings may have direct policy implications, and could be considered by policy-makers for adjustments of the plans' features. The adjustments brought in July 2014 to the MHI payment schedule by the current government, with registration possible for either a 3 months period (500 THB), 6 months period (900 THB), or one-year period (1,600 THB) were a step in the right direction. However, in light of the findings from the survey as well as the FGD conducted at the end of the project, we believe that this adjustment provides still insufficient flexibility for the migrant population. Other characteristics of the MHI discussed in this report and that likely represent additional barriers to higher uptake by the migrant population remain unaddressed.

As a result, and as an approach suggested by the independent expert review panel, the study team wishes to express the following core recommendations as possible measures to further adjust the MHI, with an objective to increase its attractiveness or suitability for the migrant population:

1. Allow fully flexible payment of the MHI premium, including monthly payment.

2. Maintain yearlong opening of the OSS points for purchase of the work permit and MHI.

3. Allow migrants to benefit from coverage of health services under the MHI in different Thai hospitals.

4. At the time of registration and through additional information campaigns, provide to the migrants and their employers full information on the MHI, its features and its associated benefits.

5. Further measures, in the form of outreach services in migrants' community that could allow purchase of the MHI near work/living places, would likely represent additional attractive features. In consideration of the operational challenges involved, partnerships with community organizations/NGOs/other partners to implement such approaches might be needed.

Notwithstanding the above, the survey also identified a clear interest among migrants from Tak for the concept of a fully independent, private, low-cost health insurance. Opinions gathered from the survey population on the intended characteristics of the concept insurance do lend support to further explore the suitability and feasibility of setting up such a new insurance model. Stakeholders interviewed gave also cautious support for the concept. Of special importance, participants expressed strong interest for the idea of being able to receive health care, under protection from the tentative insurance scheme, in both Thailand and Myanmar. With the opening of the Asean Economic Community (AEC) and foreseen increase in people's mobility and economic exchange between member countries, the idea that mechanisms of health protection of vulnerable populations could apply in and over different contexts, is particularly relevant.

In 2016, Dr. Nicolas Durier and Ms. Sasiprapha Chanthawong will further work to assess the feasibility of setting up this insurance concept. The feasibility assessment will include defining what the key operational characteristics of such project could be:

- What the initiation geographical catchment area should be.

- What should be the size of the beneficiary population, to create a viable risk pooling effect.

- What network of health care providers should and could be engaged.

- What subscriber identification model could be used, to be suitable for the beneficiaries (e.g. anonymous biometric identification).

- What premium payment collection method could be used.

- What system of reimbursement of the health care providers could be utilized.

This assessment will be done in close consultation and collaboration with all relevant stakeholders, including public health and other authorities from Thailand, and Myanmar, and with guidance of insurance technical experts.

If this assessment concluded towards the feasibility of setting up this insurance/health protection scheme, Dreamlopments would enter in 2017 into a full development phase of this program in collaboration with stakeholder communities, authorities, and partners.

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Annex A– Migrant survey questionnaire

Clean Version FINAL –G30-5-2014

Barriers to Using Government Health Insurance, and Interest in Low-Cost Non-for-Profit Private Health Insurance, in Migrants in Tak Province

Language: English

READ TO RESPONDENT:
You have been randomly selected to be part of a survey on Health Insurance for Migrants in Tak Province, and this is why we would like to interview you.

We are a group of independent researchers. The survey is currently taking place in Tak Province. We will try to interview about 300 persons. The interview will take approximately 45 minutes. I will ask you some questions about your knowledge and use of the Thai government Health Insurance, and your opinion about another in Low-Cost Non-for-Profit Private Health Insurance. The information you provide is totally confidential. We will not record your name or elements that can identify you. We will not disclose the information you provide to anyone. It will be used only for research purposes.

Your participation is voluntary and you are free to refuse to answer any question in the questionnaire. If you have any questions about this survey you may ask me or contact Ms.Sasiprapha Chanthawong, Department of Sociology and Anthropology, Faculty of Humanities and Social Sciences, Mahasarakham University. Contact number 081-5927786

If you participate in this survey, you will receive compensation, for you time.

Are you willing to participate in this survey?

☐ Agreed □ Refused

Name of the interviewer: _____

Signature of the interviewer: _____

Pre-Interview Information
Participant identification number: ……
Name of location where interview takes place: ……
Date of interview: ……

SECTION 1: General Characteristics

1. Gender: ☐ Male ☐ Female ☐ Other (Please specific) _____
2. Age:____years
3. Where do you live? ☐ Thailand ☐ Myanmar ☐ Both (or other answer) specify:_____
   (For those currently living in Thailand): How long have you been living in Thailand?

☐ Under 6 months ☐ 6 Month- 1 year ☐ 1-2 year ☐ 2-5 year ☐ 6-10 year ☐ Above 10 years specify: ____

4. In past 6 months have you ever lived in another area besides Tak? ☐ No ☐ Yes, where:_____
5. What kind of document, currently valid, do you have?

☐ Passport ☐ Visa ☐ Tor Lor.38 ☐ No document ☐ Other, specify : _____

The interviewer also determines if the participant is a:

☐ Migrant **with work permit** in Thailand (registered migrant)

☐ Migrant with **no work permit** in Thailand (unregistered migrant)

☐ **Dependent** of migrant with work permit/registered migrant in Thailand

☐ **Cross-border person** (person living in Myanmar, coming to Thailand for short-period of time, and not to work in Thailand)

6. Marital Status?

☐ Single ☐ Married/living with partner ☐ Divorced/ Separated/Widowed ☐ Other, specify: _____
7. What is your status in this household?

☐ Head of household ☐ wife/spouse ☐ Son/Daughter ☐ Father/Mother ☐ Other relative
8. Do you consider yourself to be the main decision-maker in your household about what your household spends money on?

☐ Yes ☐ No, If no, who is the main decision maker? _____
9. How many people live in your household, including you? _____
10. What was your highest completed education level?

☐ Primary ☐ Secondary school ☐ High school ☐ College or University or Polytechnic ☐ Grade 1-4

☐ Grade 5-8 ☐ Grade 9-10 ☐ Others Please, specify_____
11. Occupation?

☐ Unemployed ☐ Factory worker ☐ Garbage picker ☐ Daily worker ☐ Trading ☐ Agricultures sector

☐ Employed in private sector ☐ House Keeper ☐ Student ☐ Others Please, specify: _____

12. Type of in-come ☐ Daily ☐ Monthly ☐ Seasonal ☐ Long-term Job
13. Your income per month?

☐ Less than 3,000 THB ☐ 3,000- 6,000 THB ☐ 6,000-9,000 THB

☐ 9,000 -12,000 THB ☐ 12,000 -15,000 THB ☐ Above 15,000

14. Household income per month?

☐ Less than 3,000 THB ☐ 3,000- 6,000 THB ☐ 6,000-9,000 THB

☐ 9,000 -12,000 THB ☐ 12,000 -15,000 THB ☐ Above 15,000

15. What is your ethnicity? ☐ Burmese ☐ Banglaish ☐ Karen ☐ Others Please, specify: _____
16. What is your native language? _____
17. Please specific your language ability

Language	Speaking	Listening	Writing	Reading
Thai				
Myanmar				
English				
Other……				
Other ……				

*5.Native or bilingual proficiency 4. Professional working proficiency 3. Limited working knowledge
2. Elementary/basic 1. None

SECTION 2: Health Insurance availability, usage, and opinion

18. Are you aware of the Thai health insurance for migrants and/or the Thai Social Security Scheme?

☐ Yes [ ] Both
[ ] Only the Health insurance for Migrants
[ ] Only the Thai Social Security Scheme

☐ No, not aware (in this case, skip question 19)

19. Where did you get information about it? (Multiple answers are possible)

Source: ☐ TV ☐ Newspaper ☐ Village leader ☐ Hospital Staff ☐ Friends ☐ Family or Relative ☐ Employer ☐ NGO ☐ Others Please, specify: _____

20. Do you currently have Health insurance?

☐ Yes (Please, specify) (in this case, skip question 21)
[ ] Social Security Scheme
[ ] Health insurance for Migrants
[ ] Private health insurance
[ ] Others Please, specify: _____

☐ No. If no, have you had a health insurance in the past? ☐ No ☐ Yes (Please, specify which): _____ (in this case, skip question 23-25)

21. If the participant does not currently have the Thai Social Security Scheme (SSS), the interviewer should determine if the participant is in theory:

☐ Eligible ☐ Ineligible ☐ Uncertain/TBD

22. If you currently do not have a health insurance, why is that? (multiple answers are possible)

☐ I don't know how to buy it
☐ I feel uncomfortable to go to buy it
☐ I can't afford the price
☐ I don't need it, I can get free care
☐ I don't need it, I'm healthy
☐ I am not/I was told I am not eligible
☐ The insurance is not suitable
☐ Other, please specify _____

23. If you currently have a health insurance, why do you have it?

☐ Because it is mandatory ☐ Because I find it useful/important for me

24. If you currently have (or had health insurance before), have you used it? ☐ Yes ☐ No

25. Have you been satisfied with the health insurance service? ☐ Yes ☐ No, why? _____

_____

_____

26. Where did you seek medical care in the last 12 months? (May check more than one response)

Tick	Medical Care
	Did not need medical care at all, I have had no problem at all
	Self-treatment or did nothing (just waited to get better)
	Bought medicines at the pharmacy
	Public hospital, in Thailand
	Public hospital, in Myanmar
	Mae Teo clinic,
	SMRU clinic
	other NGO clinic; specify: _____
	Private clinic/hospital in Thailand
	Private clinic/hospital in Myanmar
	Traditional Healer
	Other: _____

27. Do members of your household currently have/are covered by Health insurance?

No	Relationship with the respondent	Sex	Age	Occupation*	Health insurance**	Valid until	Using health insurance since having it (Yes/No)
1							
2							
3							
4							
5							
6							
7							

* Occupation

1. Unemployed 2.Factory worker 3.Garbage picker 4.Daily worker 5.Trading 6.Agricultures sector
7. Employed in private sector 8.House Keeper 9.Student 10.Others Please, specify: _____

** Health insurance 1.Social Security Scheme
2. Health insurance for Migrants
3.Private health insurance
4.Others Please, specify _____

28. Opinion about the Thai health insurance for migrants or SSS.

We will now ask your opinion about characteristics of the Thai government health insurance schemes (health insurance for migrants or SSS).

NB: For the interviewer:

- For the below questions, capture answers for the scheme that the participant is enrolled in, or normally eligible for (MHI or SSS).
- Skip the below questions if the participant answered earlier that he/she doesn't know about the insurance schemes.
- If the participant is not eligible (e.g. cross-border person), but knowledgeable about the scheme, questions may still be asked. In this case, capture answers related to the MHI (unless you determine that answers related to SSS is preferable)

28.1 What documents do you need to apply for MHI?

☐ MOU (imported) ☐ Nationality Verified ☐ Work Permit ☐ Employer Documents ☐ Birth Registration

☐ Tor Lor.38 ☐ Residential Verified from head of the village ☐ passport ☐ visa ☐ picture ☐ **Don't know**

☐ Others Please, specify: _____

Category	**Specific statement**	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
		MHI	SSS	MHI	SSS	MHI	SSS	MHI	SSS	MHI	SSS
Need	I need health insurance										
	I want my dependent to have health insurance										
Funds and Costs	The insurance premium fee for adult is not too high, my income to pay the premium is sufficient										
	The insurance premium fee for children is not too high, my income to pay the premium is sufficient										
	The 30 Bahts co-payment at the hospital to receive care is not a problem										
	At the hospital, there is no hidden/other costs										
	One payment for the whole year is convenient		N/A		N/A		N/A		N/A		N/A
	Monthly payment for the premium is convenient	N/A		N/A		N/A		N/A		N/A	
Characteristics of the scheme	Eligibility is restricted										
	The 3-months delay before SSS is activated is not a problem	N/A		N/A		N/A		N/A		N/A	
	The mandatory health check up to get the insurance is not a problem										
	The process to apply for the insurance is not complicate										
	Coverage of the care services is sufficient/good										
	Linkage to only one hospital only is not a problem		N/A		N/A		N/A		N/A		N/A
	Having access to different hospitals is important/useful	N/A		N/A		N/A		N/A		N/A	

Providers Attitudes, Quality of service	Medical care in the linked hospital(s) is good enough										
	Attitude of the staff in the linked hospital is good enough										
	Communication is not a problem										
	I feel uncomfortable/afraid to go to buy health insurance										
	If I go to hospital/on the way to hospital it is risky to be arrested, detained and deported										

29. Please RANK which of these are THE 3 most important barriers for you to using Thai health insurance. Give a 1 for 1st most important barrier, a 2 for 2nd most important barrier, and 3rd for the 3rd most important barrier. (1-3)

No.	Barriers
	The costs of the insurance premium
	The payment method
	Eligibility/the process to apply for the insurance
	Coverage of the care services
	Linkage to hospital
	Quality of medical care in hospitals
	Communication
	I feel uncomfortable/afraid to go to buy health insurance
	Other: _____

SECTION 3: Interest in/opinion about alternative insurance (low-cost, non-for-profit, private health insurance)

We will now ask your opinion about characteristics of an alternative health insurance that could be set up. The insurance would be set up by a non-for-profit private and independent company/organization. Among other characteristics, it would aim to involve a low premium cost, be easy to use, offer good coverage of services with a range of hospitals and clinics in contract with the insurance company, both in Thai and Myanmar areas across the border.

Please rate freely your opinion about the characteristics below, or how much they would matter for you to be
possibly interested in this insurance.

30. Opinion about an alternative health insurance that could be set up.

Category	Specific statement	Very important	Important	Uncertain	Does not matter much	Does not matter at all
Costs	No co-payment (30 Bahts) involved when receiving care					
	A premium/insurance covering my dependent(s)					
	No hidden/other costs at the hospital					

Characteristics of the scheme	Being able to register and pay for the insurance near home or work					
	Having no mandatory health check, or free health check, before taking the insurance					
	Having most care services covered (exceptions = e.g. esthetic care)					
	Being able to receive health care in different hospitals or clinics					
	Having an insurance that covers health care in Thailand and also in Myanmar (near the border)					

31. How much it would suit you to pay for a premium per month for such an insurance?_____ THB
32. Would you be willing to pay more for the premium to cover your dependent(s)?

☐ Very much willing ☐ Willing ☐ Uncertain ☐ Not willing ☐ Not willing at all

33. How much you would be willing to pay extra per person in the premium to cover your dependent(s)?
_____ THB
34. How do you prefer to pay the sum of the premium?

☐ Once a year ☐ Spread twice per year ☐ Spread in 3 times per year ☐ Spread in once per month payment

35. Where do you prefer to pay the premium?

☐ 7-11 pay counter ☐ ATM or Bank ☐ Village Health Volunteer ☐ Others Please, specify: _____

36. **If most of the important characteristics that you reported were available in an alternative non-for-profit, private health insurance, how likely is it that you would want to take it?**

☐ Very likely ☐ likely ☐ Uncertain ☐ Unlikely ☐ Very Unlikely, please tell us why?

37. Do you have any comments or anything else you want to say about MHI or SSS?

_____
_____
_____
_____

38. Do you have any suggestions/requests for a non-for-profit health insurance?

_____
_____
_____
_____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

Annex B – บทความสำหรับการเผยแพร่

Barriers to Using Government Health Insurance, and Interest in Low-Cost Non-for-Profit Private Health Insurance, in Migrants in Tak Province.

In this survey, we aimed to assess opinions of migrants from Tak province on the Thai government Migrant Health Insurance (MHI) and Social Security Scheme (SSS), and a concept of independent, low-cost, non-for-profit health insurance.

The survey used a qualitative and quantitative questionnaire administered in their native language to 400 migrants living in Maesot (N=200), Mae Ramat (N=100), and Phop Pra (N=100). Articulated in 3 sub-parts, the questionnaire gathered information on the socio-demographic characteristics of participants (section 1), their perception of the characteristics of the MHI/SSS (section 2), and their opinion and interest for the concept and intended features of the alternative insurance scheme (section 3). Participants were recruited from diverse, representative areas in the 3 districts, in balanced proportions over a large range of occupations.

Participants characteristics

Although it was aimed to recruit registered and unregistered migrants in equal proportions, a majority of those that were reached and interviewed were unregistered migrants without work permit (74%). Another 12% of those enrolled were classified as being “cross-border persons”. A majority of participants (61.8%) were women, 85.5% were of Burmese ethnicity, 68.5% reported having no or only primary school education background, and 49.5% reported living in Thailand for more than 6 years. Regarding job income (Table 2), 72.3% of migrants reported having no or only daily job income. Only 1.5% said they had a long-term job.

Table 2: types of income among migrants in Phase 1 survey

Type of job income	None	47 (11.8%)
	Daily	242 (60.5%)
	Monthly	84 (21.0%)
	Seasonal	21 (5.2%)
	Long-term job	6 (1.5%)

As much as 93.5% of individuals reported making a monthly income of less than 6,000 THB (Table 3).

Table 3: migrants' monthly income in Phase 1 survey

Value income of the individual per month (THB)	No income	52 (13.0%)
	< 3,000	58 (14.5%)
	3,000 - 6,000	264 (66.0%)
	6,001 – 9,000	19 (4.8%)
	9,001 – 12,000	6 (1.5%)
	12,001 – 15,000	0 (0%)
	> 15,000	1 (0.2%)

- **The MHI/SSS**

- Overall as many as 90.5% of the participants reported being under no insurance plan.

Table 4: coverage of migrants in Phase 1 survey, under existing insurance plans

Health insurance status	Have no insurance	362 (90.5%)
	Have the MHI	26 (6.5%)
	Under the SSS	11 (2.8%)
	Have private health insurance	1 (0.2%)

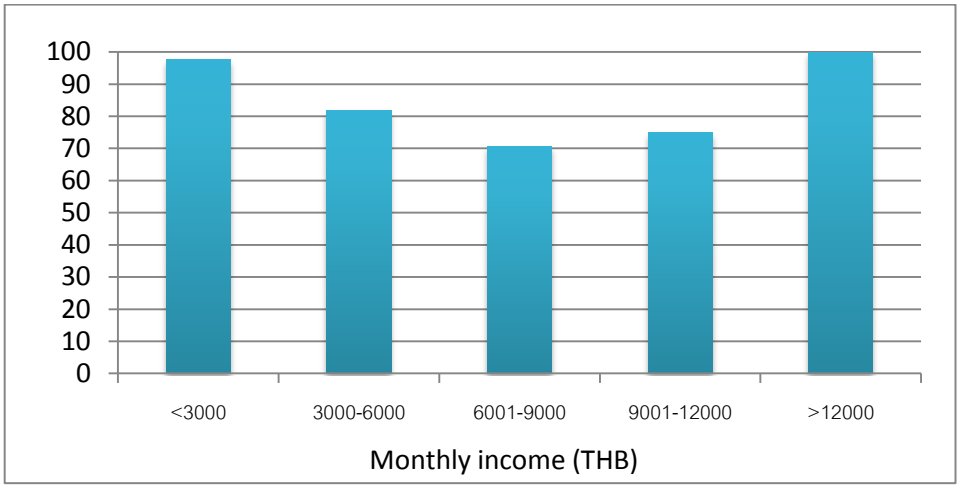
Among registered migrants, 42.3% reported having insurance. Only 4.4% of unregistered migrants reported having one. Yet, a majority of all participants (88%) agreed that they need health insurance.

- 50% agreed that the cost of the insurance premium (MHI/SSS) is not too high. This proportion was 28.6% and 68.2% in those living respectively in households with a monthly income <3,000 THB, and >9,000 THB.

- 83.4% of participants disagreed that one payment per year for the premium is convenient. In any strata of household monthly income (<3,000 to >12,000), no less than 70% of participants disagreed that yearly payment is convenient (Fig 1).

- A majority (56.1%) disagreed that linkage of the insurance to only 1 designated hospital (MHI) is not a problem.

Fig 1 - Percentage who disagree that yearly payment of premium is convenient, by household monthly income



This survey hence shaded light on some characteristics of the MHI/SSS that likely represent barriers to high uptake by migrants in Tak province, and that could be adjusted by policy-makers to increase acceptability and enrollment. The survey also lends support to further explore the feasibility of setting up an independent low-cost insurance for migrants living along the Thai-Burmese border.

- **Alternative health insurance concept**

- As many as 96% of participants viewed as important to be able to register for the insurance and pay premiums near home or work, through a range of options including: village health volunteer (49%), clinic (33%), 7-11 outlet (6%).

- Most (95%) felt important to be able to receive care in different hospitals or clinics, and having health care services covered in both Thailand and Myanmar (94% of participants).

- The premium that participants would be willing to pay for the concept insurance ranged from 50 to 600 THB per month, with a median at 100 THB. Based on other preliminary research done previously by Nicolas Durier on cost of health care services for migrants in the area, it is thought that with sufficient coverage, such premium could allow running a viable insurance plan.

- 80% expressed willingness to pay more to cover their dependents, for a median additional 30 THB/month/dependent.

- 94.5% expressed that they would prefer to pay the insurance premium on a monthly basis (Fig 2).

- Should this insurance concept exist and feature these characteristics, a total of 91.5% answered that they would be likely or very likely to take the plan (Fig 3).

Fig 2 – Preferred payment schedule

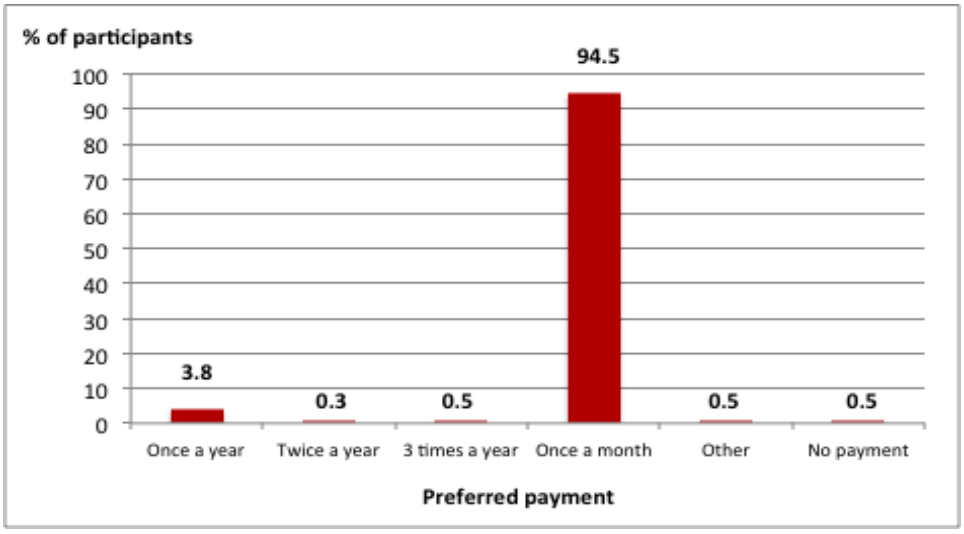
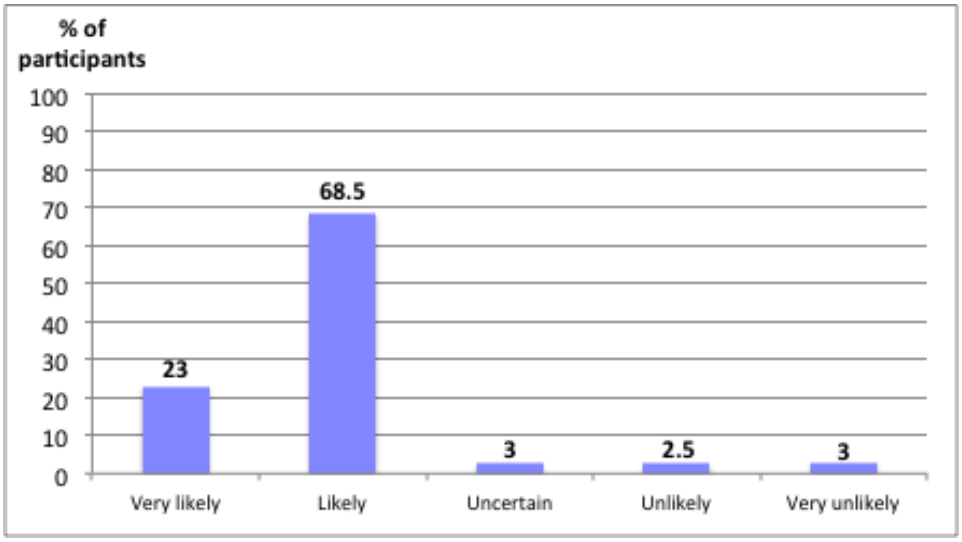


Fig 3 – Likelihood of uptake of the alternative insurance plan



Some policy-makers and stakeholders were also consulted in relation to this survey and project. They included Dr Chanvit Tharathep, the Deputy Permanent Secretary of the

Ministry of Public Health, Dr Samrit Srithamrongsawat, Director of the Health Insurance System Research Office, as well as representatives of local health authorities and non-profit organizations working with migrants.

The stakeholders were generally in support of the concept of alternative private low-cost health insurance. It was not felt that this would compete with the current government schemes, and instead that it could indeed serve as a useful complement. It was recognized that Thai public hospitals in areas that host many migrant workers face large budget deficits as a result of unpaid health care services offered to migrants who do not have health insurance. It was felt that an alternative health insurance with better uptake/coverage, implemented in partnerships with local hospitals, might allow securing more stable reimbursements of migrants' health care services. However, stakeholders also underscored the possible difficulty of setting up this plan, the uncertainties of its possible success, and the necessity to study this concept in further details.

Annex C

– การนำผลงานวิจัยไปใช้ประโยชน์

การนำผลงานวิจัยไปใช้ประโยชน์

จากงานวิจัยดังกล่าว

หน่วยงานที่นำผลงานวิจัยไปใช้ประโยชน์และใช้ประโยชน์ด้านไหน

จากงานวิจัยดังกล่าวได้มีการนำผลของการวิจัยไปขยายและพัฒนาต่อเป็นโครงการเกี่ยวกับการประกันสุขภาพราคาถูกสำหรับแรงงานต่างด้าว โดยองค์กรที่นำข้อมูลดังกล่าวไปใช้ คือ Dreamlopments Ltd., เป็นกิจการทางสังคมที่ตั้งขึ้นในปีพ.ศ.2558 ผู้ก่อตั้งคือ Dr.Nicolas Durier มีวัตถุประสงค์เพื่อทำการวิจัยเกี่ยวกับการสร้างระบบประกันสุขภาพราคาถูกที่ไม่หวังผลกำไรสำหรับแรงงานต่างด้าว

การประชาสัมพันธ์ Publication

1. การประชาสัมพันธ์ผ่านเว็บไซด์ http://www.dreamlopments.com/ ตามรายละเอียดดังนี้

Dreamlopments Ltd., a social enterprise working on aid and development, is working to develop a **low-cost not-for-profit health insurance for migrants in Thailand**.

Three million migrants are estimated to be living in Thailand, including two million who are unregistered. Most come from Myanmar and many live along the Thai-Burmese border. Although registered migrants are entitled to the Thai government Migrant Health Insurance (MHI), coverage among this group is low (50%), and unregistered migrants are not eligible.

In 2014, Dr.Nicolas Durier (founder of Dreamlopments) and Ms. Sasriprapha Chantawong conducted a study to assess barriers to uptake of the MHI among 400 migrants living along the Thai-Burmese border. 74% were unregistered migrants. 60.5% and 21% had only daily or monthly jobs, and 93.5% had a monthly income below 6,000 Thai Bahts (THB, ~US$190). **90.5% had no health insurance, yet 88% stressed that they need one**. Several features of the MHI were identified to limit uptake, including notably the mandatory yearly premium payment (83% of participants), linkage of the plan to only 1 designated hospital (56.1% of participants).

Participants were also asked about an alternative low-cost private health insurance concept with intended needs-tailored characteristics. 96% of the migrants said that they would want to register and pay premiums near their home or work, and 94% that they would want to pay the premium on a monthly basis. 95% said they would need to receive care under the

plan in different hospitals or clinics, both in Thailand and Myanmar (94% of participants). The premium that migrants would be willing to pay for an insurance with these characteristics was 100 THB (median, ~US$3) per month. Based on other data on cost of health care for migrants in the area, it is thought that with good uptake, such premium could allow running a viable insurance plan. **91.5% of the participants said that they would be likely or very likely to take the plan if it existed.**

Building on these findings, in 2016 Dreamlopments will conduct **a full feasibility assessment of setting up this insurance model**, and **pilot introduction of some of its components** in an area along the Thai-Myanmar border. An investment of 100,000 USD (~3,600,000 THB) is being sought to successfully conduct this work. Full details of the project are available in a separate proposal. Upon completion and findings from the feasibility assessment and pilot introduction of the scheme, **in 2017 Dreamlopments plans to enter into a full project development** in collaboration with stakeholder communities, authorities, and partners in Thailand and Myanmar.

About Dreamlopments

Dreamlopments Ltd. is a social enterprise, a nonprofit mission-driven company working on aid and development. We concentrate on various areas of human and social development, notably health, education, and living standards, with a particular focus on the needs of the most vulnerable populations.

Our Vision

To leverage the strengths, aspirations, and active participation of those we seek to help, working in partnership to develop high-impact sustainable development programs. We envision aid and development with reduced dependence on long-term assistance. We are inspired by, and wish to contribute to the growing social business movement, and want to participate to develop a different economy.

Please visit us at www.dreamlopments.com

Annex D

- **ตารางเปรียบเทียบการดำเนินการ**

ตารางเปรียบเทียบวัตถุประสงค์

วัตถุประสงค์	ผลการวิจัย
• To assess access and barriers to uptake of the existing Thai government health insurance schemes for migrants.	• จากผลการศึกษาพบว่ารายงานที่เป็นกลุ่มตัวอย่างร้อยละ 74 เป็นผู้ใช้แรงงานที่ไม่ผ่านการขึ้นทะเบียนและไม่มีใบอนุญาตทำงาน อย่างไรก็ดีจำนวนแรงงานพบว่าร้อยละ 90.5 ของแรงงานต่างด้าวที่ทำการศึกษาไม่มีประกันสุขภาพแรงงานต่างด้าว แม้ว่าประกันสุขภาพแรงงานต่างด้าวจะสามารถซื้อได้แม้ว่าจะไม่มีเอกสารใบอนุญาตการทำงานก็ตาม แต่แรงงานต่างด้าวร้อยละ 50 เห็นว่าเบี้ยประกันสุขภาพแม้จะไม่ได้มีราคาแพงเกินไป แต่ร้อยละ 83.4 ระบุว่าการจ่ายเงินรายปีสำหรับเบี้ยประกันสุขภาพในครั้งเดียวนั้นไม่เหมาะสมกับลักษณะของที่มีของรายได้ของแรงงานต่างด้าวที่ส่วนใหญ่ได้รับค่าจ้างเป็นรายวัน • อุปสรรคอื่นๆ ที่พบในการเข้าถึงประกันสุขภาพได้แก่ ไม่ทราบถึงประกันสุขภาพ

	แรงงานต่างด้าว ร้อยล่ะ 30.5 และแรงงานต่างด้าวร้อยล่ะ 28.0 ไม่ทราบวิธีการในการซื้อประกันสุขภาพแรงงานต่างด้าว ● อุปสรรคที่สำคัญในการเข้าถึงบริการสุขภาพของแรงงานต่างด้าวได้แก่ ความหวาดกลัวในการเดินทางเข้ามารับบริการ โดยร้อยละ72.3 ระบุว่าหวาดกลัวว่าจะถูกจับ ● ปัญหาอื่นๆ ที่พบในการให้บริการประกันสุขภาพแรงงานต่างด้าวได้แก่ ภาษา โดยแรงงานต่างด้าวร้อยล่ะ 50.8 เท่านั้นที่เห็นว่าภาษามิใช่อุปสรรคในการเข้ารับบริการ
● To assess among migrants interest in a low-cost non-for-profit private health insurance scheme. A sub-objective was to explore views on the concept among some policy-makers and stakeholders.	● โดยร้อยละ 88 ของแรงงานระบุว่าพวกเขาต้องการประกันสุขภาพ ● โดยถ้าการประกันสุขภาพตามแนวคิดดังกล่าวเกิดขึ้นและมีคุณลักษณะที่เหมาะสม ผู้เข้าร่วมการวิจัยร้อยละ 91.5 ระบุว่าพวกเขาน่าจะและมีความเป็นไปได้สูงว่าจะสนใจเข้าร่วมระบบประกันสุขภาพราคาประหยัด

ตารางกิจกรรมที่ได้วางแผนไว้

	2014											
Activity	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April
Protocol, patient information sheet/consent, and questionnaire dvpt	X											
IRB submission & review		X										
IRB Approval			X									

Data Collection				X	X	X	X					
Data Analysis & Report Writing								X	X	X	X	X

กิจกรรมที่ดำเนินการ

ผลงานดำเนินงานในรอบ 11 เดือนที่ผ่านมาได้ทำงานแล้วเสร็จตามที่ระบุไว้ในแผนการดำเนินงาน โดยได้มีการทำกิจกรรมดังต่อไป

- ทำการพัฒนาออกแบบ ทดสอบแบบสอบถาม และดำเนินการเก็บข้อมูลจนแล้วเสร็จ โดยสามารถเก็บข้อมูลได้เกินกว่าที่กำหนดจาก 300 ชุด โดยสามารถเก็บข้อมูลได้ 400 ชุด เนื่องจากสามารถพัฒนาทีมและสามารถเข้าถึงพื้นที่ได้ ทำให้ทีมวิจัยตัดสินใจที่จะเก็บข้อมูลมากกว่าที่กำหนดภายใต้งบประมาณเดิม โดยคณะผู้วิจัยได้เพิ่มการเก็บข้อมูลในเขตอำเภอแม่สอด จากแผนกำหนดการเดิมที่ระบุไว้ 100 ชุด เป็น 200 ชุด อำเภอแม่สอดเป็นพื้นที่ที่มีแรงงานต่างด้าวเข้ามาทำงานเป็นจำนวนมากกว่าพื้นที่อื่นๆ อีกทั้งยังมีความหลากหลายของอาชีพจึงเลือกเก็บข้อมูลเพิ่มเติมในพื้นที่ดังกล่าว
- ได้มีการจัดทำและวิเคราะห์ข้อมูล ในเดือนพฤศจิกายน และมีการนำเสนอรายงานความก้าวหน้าในเดือนมกราคม และผู้วิจัยได้ทำการเก็บข้อมูลเพิ่มเติมตามข้อเสนอแนะของผู้ทรงคุณวุฒิโดนได้เพิ่มในส่วนของการทำ Focus Group เพื่อให้งานวิจัยสามารถตอบวัตถุประสงค์