

The Impact of Health Service of the Community Hospital Located in Thailand's Border: Migrant from Burma, LAOS, and Cambodia

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ABSTRACT

The denial of difficult, dangerous and dirty work done by the Thai People has been the major cause of migrant substitution in Thailand which triggered the urgent need for proper health care. This study was aim to explain the burden and impact of providing health service to the trans-national migrant in community hospital at border area of Laos, Burma and Cambodia. Therefore survey research and data collecting was used through quantitative and qualitative methods. **Results:** Khemarat and Klong Yai hospital: the financial burden was high however Mae Sai hospital has strong income with less expenditure. The impact of three hospitals was 1) the only way of solving the financial burden is by using the hospital's money. 2) No data system about trans-nation's migrant health services has been applied so far by any hospitals here in Thailand 3) Man power of hospital is depended on the Thai people which doesn't include the migrant which is approximately 50% 4) The language and the cultural had generated several obstacles to health service 5) Problem of prevention and control of Communicable disease such as Malaria, Dengue Hemorrhagic fever, Tuberculosis, and Elephantiasis, 6) No Referral system between Thailand and neighboring countries. **Recommendations:** it should be setting the strategy of AEC's health system at nearby country, concern with the trans-national migrants, and develop the data system of health service of trans-national migrant.

Introduction

The major cause of trans-national migrant substitution in Thailand is Thai people are reluctant to work regarding the lower works like the Difficult or Degrading, Dangerous and dirty (3 Ds) work such as working at field of construction, factory, agriculture, fishery, and transport goods (Phamit, 2005). 'Push factor'-increasing income and better life, has uplifted the life of the migrants for better future. In Thailand the report of both registered and unregistered migrant had been increasing from the year 2005-2007. The amount was 1,512,587 people, 1,773,349 people, and 1,800,000 people respectively in the given year. Nevertheless, the proportion of registered is decreasing whereas the statistic has found recently that the unregistered migrant [85, 47, 38, and 30 respectively] (Samrit, Srithamrongsawat and et al., 2009: 18.) is more than what is being registered at the central government. All of these migrants have appealed Thailand to extend the immediate needs of the healthcare service. When if they (which all most all of them are from the unregistered migrant group) can't pay for the healthcare cost, the hospital is being burdened for to act upon and rendered the service for the migrant.

The burden of financial transpired because there had never been any support that was subsidized from the government. It was due to the new health insurance system (1997) that was made for every Thai but was not subsidized for the non-Thais. Which today effected the human resources of public health, and non-sufficient of medical instrument (Passorn Limanon and Narissa Pungporpa, 2010: P 51-52). So the impact of burden to the community hospital at border area has created workload and expense of healthcare and treatment to unregistered migrant and non-Thai patient.

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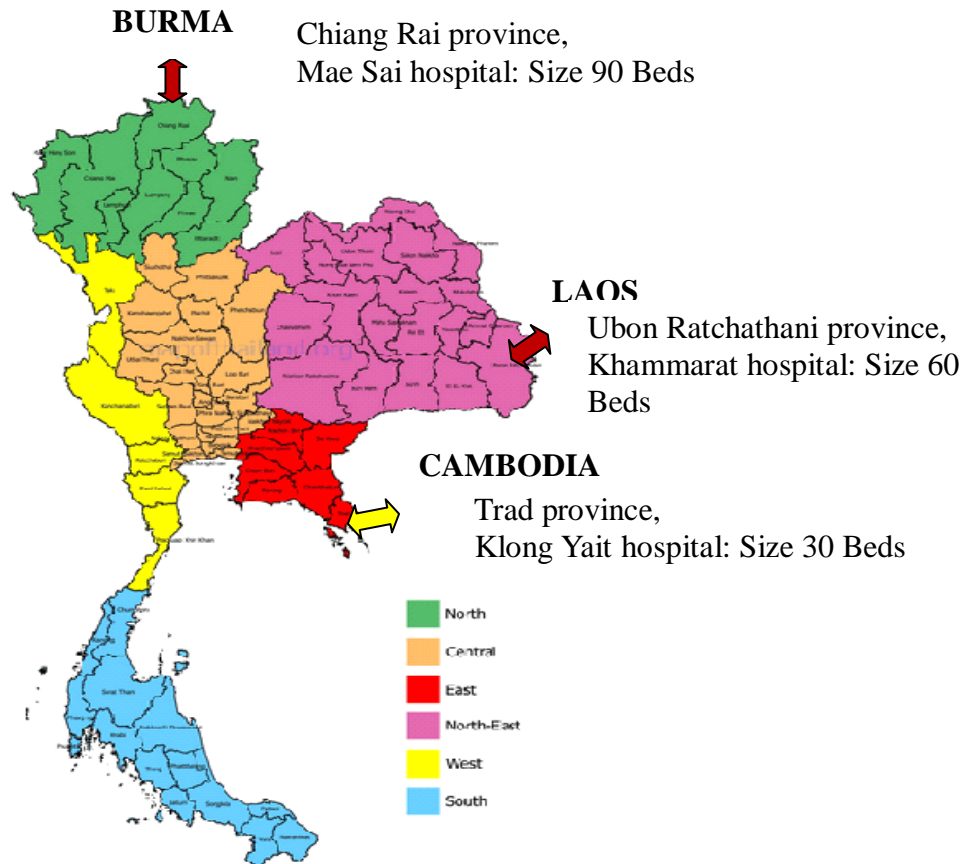
In Thailand, the issue of the "Health Care Financial of Migrant" was researched by Samrit Srithamrongsawat, and et al. (2009). The study area was done mostly with high amount of unregistered migrant regarding the financial burden and project of health volunteer. The research learnt about support provided by the NGOs and international organizations has impact more than the healthcare system. But there are still many issues regarding these groups of people which today we are yet to uncover. Therefore this research is done to study about the community hospital located at border areas of LAOs, Burma, and Cambodia where the migrant finds convenience to cross the borders and access to healthcare service. Even though they are able to get proper healthcare, they are unable to pay the healthcare cost. The aims were to explain the burden and impact of financial and healthcare service provided to trans-national migrant in the community hospital at border area of Laos, Burma and Cambodia, including the impact to the hospital once the trend of issue faces the Asian Economic Community (AEC) in the year 2015. The result of this research can propose the policy maker in order to develop the health system cooperation among AEC member's countries.

Methodology

This survey research was focus on the burden and the impact from healthcare service system of the Community Hospital (three community hospitals at border area of Thailand-Laos, Cambodia and Burma). The situation's context from various sources of data at all levels of health sector was concerned for the phenomena of three hospitals: sub-district health unit, community hospital, provincial hospital, provincial health office, and national level of the representatives of the Ministry of Public Health (MOPH), and Social security Office of Thailand.

This particular provinces were highlighted for the migrant who acquires easy excess for work and receive healthcare at the border areas and around Thailand conveniently especially in the high urbanized cities. The health sector details of each province is categorized in the following manner: 1) Trad province, health sector were Trad hospital, Trad provincial health office, and the community hospital of Klong Yai where the border is nearby Cambodia, 2) Chiang Rai province, health sector were Chiang Rai hospital, Chiang Rai provincial health office, and the community hospital of Mae Sai where the border is nearby Burma, and 3) Ubon Ratchathani province, health sector were Sappasittiprasong hospital, Ubon Ratchathani provincial health office, and the community hospital of Kammarat where the border is nearby LAOs.

The tools for data collecting are firstly done through the forms of health service and the financial reports. Secondly the structured interview guide for in-depth interview at provincial level deals with 6 directors: community hospital, provincial hospital and provincial health office, and the Director of the bureau of policy and strategy and department of health service support the Ministry of public health who can reflect the image of migrant health situation both in Thailand and in AEC. Focus group interview was applied for 3-6 people/group (44 people) of practical people in the department of the out-patient (OPD), in-patient (IPD), health promotion (HPD), and health insurance on the hospital and apply for the unregistered trans-national migrant and the non-Thai people who have had health service with Thailand's community hospital for 60 people, 10-12/Group, 2 group/ province. Data was analyzed by descriptive statistic for the burden of financial and healthcare service. The qualitative data have been using content analysis to interpret the category of data.



Finding

The burden of financial and health service providing from unregistered migrant and non-Thai's nation patient were as follows:

The Situation of the Financial and Health Service Providing Burden

Firstly **Khammarat hospital**, the expense of unregistered migrant and non-Thai was higher than hospital income mainly from the IPD case. The expenses from the year 2009-2011 were respectively from 2.8 to 7.7 and 8.2 million baht. Secondly **Klong Yai hospital**, the expense of unregistered and non-Thai's nation patient was from 0.72-1.3 million baht during the year 2009-2011, most of this was from IPD. Although the financial burden was not high but workload of health service was quite high due to the patient in IPD and OPD where the non-Thai patient was about 40-50% of all the patients, especially the obstetrics department was quite high up to 60-70%. And thirdly **Mae Sai hospital**, the expense was approximately 0.4-0.7 million baht which actually doesn't affect hospital income since the income has been higher than expenditure. But when we explored workload on healthcare service it was quiet high due to the non-Thai patient where about 50% patient has been reported from the IPD and OPD case. Especially for the health promotion department about the obstetric and antenatal care in OPD is higher than the other hospitals where the patient was up to 70-90%. The detail is in the Table 1-2.

Table1 The expense that non Thai nation cannot payment to health service during 2009-2011

Community Hospital	Annual (million baht)		
	2009	2010	2011
Khammarat (Size 60 beds)	1.5	2.1	2.2
Klong Yai (Size 30 beds)	1.11	1.3	0.73
Mae Sai (Size 90 beds)	0.47	0.76	0.47

Table2 The difference between income and expense of the hospital during 2009-2011

Community Hospital	Annual (million baht)		
	2009	2010	2010
Khammarat (Size 60 beds)	-2.8	-7.7	-8.2
Klong Yai (Size 30 beds)	5.2	0.74	-2.2
Mae Sai (Size 90 beds)	47.6	40.8	51.6

Table3 The total of Out-patient and In-patient during 2009-2011

Community Hospital	Annual (people)		
	2009	2010	2010
Khammarat (Size 60 beds)	140,975	156,483	153,500
Klong Yai (Size 30 beds)	62,955	42,125	55,749
Mae Sai (Size 90 beds)	195,343	218,126	231,751

This expense and workload of health service of three hospitals as mentioned above was led to various impacts to the three community hospitals.

The Problem of Health service

The problems that had resulted from healthcare service of unregistered migrant and non-Thai patient had maximize burden coming from the high number of patient in the ante natal care department of health promotion, take time of service, communication, and referral system both inside and outside Thailand. As in detail; the community hospital at the border area was so convenient to cross by road and easy to access to healthcare service like the Klong Yai hospital located near Koh Kong province of Cambodia, and Mae Sai hospital located near Tar Khilek of Burma. Thus, the pattern of the burden from healthcare service didn't have much difference. For instance, maternal and child group in health promotion department were 70-80% in Mae Sai hospital. So the higher amount of the patient burden was from healthcare service. This problem was led to supplement service from one day to two day per week, whereas the care givers of the personnel in the department were not changed. The same as Klong Yai hospital the patient was about 40-50% of all patient (see Table 3). The workload of health service was the major cause of resignation and evacuation of public health personnel both in KlongYai and Mae Sai hospital. In addition when Klong Yai hospital refer Cambodian patient to Trad hospital they had conflict between practical personnel because they deny accepting patient. The reason is that the health insurance of Klong Yai cannot cover the payment to Trad Hospital. Khammarat hospital located at the border even though they don't have land connection to cross Thailand the migrant still uses the long-tailed boat for crossing Khong River. The difference of area location of Khammarat hospital from Mae Sai and Klong Yai hospital had led to cause of the difference on healthcare service. For instance, Khammarat hospital, the problems of healthcare service and workload was due to the rare disease and severe case of Dengue Hemorrhagic Fever (DHF) and Malaria disease. This situation was led to high cost of treatment. The workload of healthcare service was from the cause of preparing the readiness in term of the personnel skills of emergency care, medical instrument for care and treatment of severe patient, and take time for communication. The factor is that the need for healthcare service is more convenient to excess in Thailand than the community hospital in LAOs; it takes more time - 1.30 hrs whereas it take only 10-15 min to come to Thailand, and the quality of health care service in Thailand's community hospital as well as the private clinic is more better than in Laos.

The Problem of Financial

The problem proportions of financial burden in three community hospitals was in difference depending on the factors of economic status, convenience to cross the border to Thailand and easy access to healthcare service. These were Klong Yai and Mae Sai hospital where a large number of non-Thai's patient both IPD and OPD service and financial burden and health service providing was high as well. While, the hospital located in low economic and inconveniences to cross the border, the financial burden and healthcare service provided was lower than afore mentioned hospital. The data base of expense on service providing to non-Thai's patient was the crucial problem, because three hospitals had not collected any data of expense, workload and illness cause of non-Thai's patient. In contrast the community hospital have had collected this data but when sending to the provincial health office there was no support to the community hospital and the provincial health office didn't indicate concern about this data. This was the reason why the data base system of unregistered migrant and non-Thai patient was not found. Mae Sai hospital is located on the good economic area, most of the patient who were non-Thai people could afford the expense, and then income of the hospital had been very high.

The financial situation of Mae Sai hospital differs from KlongYai and Khammarat hospital, due the location base in no good economic at the border areas. Besides, between KlongYai and Khammarat hospital the difference were about transportation, for instance Klong Yai hospital is convenience to cross the border between Thailand and Cambodia border so as to provide healthcare service in sub district health unit and Klong Yai hospital. Especially for Klong Makam sub district hospital of public health (SHPH), the network of health service of Klong Yai hospital is located about 0.5 km. from the immigration check point. Almost all the patients were non-Thai people, not only Cambodia people but also Vietnamese people. The only reason that made them to come to Thailand is the quality of healthcare service.

The impact of Klong Makam SHPH was highly burden financially for the healthcare service to non-Thai patient. This impact was effect to Klong Yai hospital in the position of managing of healthcare service network and responsible for any problem of network member as well. It was approximately 70% of this financial burden that Klong Yai Hospital must be responsible.

The way to solve with this problem was setting up own health insurance for non-Thai patient and unregistered trans-national migrant who are living in Klong Yai district. This therefore affected the health insurance system and has cause conflict about the payment system and the steps to refer Cambodian patient to provincial hospital. Khammarat hospital don't have land connection with LAOs directly. So the only way to cross the border is crossing Khong River by boat. Even though the amount of migrant and non-Thai patient were less than in Mae Sai and Klong Yai hospital, most of unregistered migrant are working in agriculture field which is the reason why most of them couldn't do the payment of healthcare service cost.

As afore mentioned that most of patient were IPD case with rare disease in Thailand and severe case of Malaria and DHF the burden of financial was 25% of the hospital expense that there was no support from the government or any organizations. The main cause of this problem was that the data base system was never maintained properly resulting burdens both in the financial and healthcare service which cause illness such as disease and unable to pay the expense for treatment. Both provincial level and the community hospital were not concern to collect this data base. In contrast when they recorded Thai patient data they were receiving 5 baht per record. This was the reason why the data base systems of unregistered migrants and non-Thai patient was not recorded. As the data base of this research from three hospitals had differences because they did not design how to record the data they only record some data so as to report to the hospital director.

The Impact from the Burden of Financial and Health Service

The impacts from financial burden and workload to three hospitals was the breakdown of the situation of hospital finance, quality of health service, man power such as personnel impact on morale and health and attitude to non-Thai patient, health promotion and prevention of communicable disease, and readiness of medicine and essential instruments. The financial burden of three community hospitals was hardly maintaining by using hospital's money in order to give healthcare. For instance; Klong Yai hospital either hospital money or their own health insurance system was using for helping the finance problem but the impact from this method had cause more conflict between the practical person of Trad province and Klong Yai hospital. Khammarat hospital on the other hand uses only health insurance to deal with such problem. Whereas, Mai Sai hospital didn't have either of above mention problems especially in financial matter, because most of the income was from health service to non-Thai patient, however the obviously problem was workload on health service system.

What we can see now is today these three community hospitals are dealing with their own problems in giving healthcare service to the non-Thai. The Ministry of Public Health (MOPH) has seen the needs and percept this situation but in order to deal with the current issue the data of every non-registered migrant and non-Thai patient must be stated in the healthcare data base system. Very similar to that case was the lack of proposing to the Bureau of the Budget to solve the problem, but MOPH, couldn't raise any budget support to the community hospital on behalf of the governmental. More workload had arose when giving healthcare because of the imbalance between the number of the public health personnel and high number of the patient who non-Thai especially for department of health promotion in maternal and child. The problem of preventing the communicable disease such as Multi Drug resistance Tuberculosis (MDR-TB) in unregistered migrant was incomplete treatment and no drug adherence. Some of the patient with communicable disease who needs drug adherence when they go back to their countries they don't get follow up treatment, because they don't have enough opportunity and faced with obstacle to access to healthcare service in their respective places. Therefore they get worst and become severe patient even loss of life in

some case. The subsequent impact is that the community hospital of Thailand must be ready to care and treatment in case of emergency of the severe illness patient who are unregistered migrant or non-Thai. In such cases almost every hospital takes more time, in times of emergency situation, communication problem, IPD case, which most of the time ends up with negative attitude towards these patients.

Discussion

There are different aspects that led to this problem and they are leveled depending on four factors; 1) The economic situation of the area located both in Thailand and nearby country, 2) the convenience to cross the border and immigration check point as well as the another ways for crossing the border with, 3) the quality of health service providing and the ability of service provider of Thailand public health personnel, and 4) the relationship between Thai people and neighbor's country people for long time of relation and interaction in any aspects.

The burden from health service providing to unregistered migrant and non-Thai patient were quiet similar to each other which are explain in the following statement in five aspects.

1. The hospital financial issue was done by facilitating the hospital's money, because there was no support from organizations or governmental. Knowing that they don't have any budgets to extend to the non-Thai the hospital is helpless but continues to help that non-Thai patient with whatever means they can. As in the study of Samrit Srithamrongsawat and et al. (2009) was purpose to national policy maker about the Compulsory Migrant Health Insurance (CMHI) for any migrants and non-Thai base on the principle of human right to access to healthcare. The policy makers must accept the continuing existence of the illegal migrant and non-Thai people who are living in Thailand. Also for some non-Thai people in Thailand who are working in 3 Ds work and are consuming Thai goods and serving with payments back to the government in term of tax as well deserve their rights.
2. The problem is there is no data base system of unregistered migrant and non-Thai (minority group, ethics group, and stateless or displaces person) who didn't have any health insurance and can't pay to health service. This research was shown indifferent data of financial and health service record among three hospitals. It means that in the national level of MOPH no data system and no situation of this problem to purpose to bureau of the budget and to work as strategy plane for solving problem at national level and regional level of AEC in the year 2015 are found.
3. The problem of man power of public health; the structure of man power belong to MOPH's policy of Thailand is depend on the amount of Thai people in the area who are responsible for the hospital need more man power to deal with such issues. Because the amount of people who come to provided health care service not only Thai people but also registered migrant, unregistered migrant and non Thai's nation which was about 50% of Thai people. The purpose from this issue is man power of public health personnel in the community hospital located at the border area should be concern with the amount of non-Thai people both legal and illegal status as well. In case of Khammarat hospital, even though unregistered and non Thai's nation patient was not high amount the same as Klong Yai and Mae Sai hospital but the workload of health service was causing from the severe case of patient and rare disease that needs the readiness both essential skills and the essential medical instrument in case of emergency patient. This situation was needs more about man power of public health as well.
4. The Communication problem was the obstacle of access to health service of migrant and non-Thai patient that was found in three hospitals. Although the LAOs patient doesn't differ from Thai language but the problem was more on cultural issue and some words was lead to miss understanding to communicate between provider and patient in the community hospital. This finding related to the study of Sureeporn Panpung and et, al. (2006) and Hargreaves S., and et al.(2006) had discovered that the language barrier was the obstacle to access to health service of trans-national migrant.
5. The problem of prevention and control of communicable disease in border area and referral system; The communicable disease that was found in the study area were Malaria, DHF, TB and MDR-TB, AIDS and Sexually Transmitted Infection (STI), Lymphatic Filariasis or elephantiasis. The problem was coverage of control and prevention method of the disease so as to stop the epidemic problem, as well as the continuously treatment and drug adherence. The problems of referral system for non-Thai patient were found: refer from the community hospital to provincial hospital

and refer from Thailand hospital to neighbor's country hospital. This study was found with no commitment among the stakeholders of the referral system obviously, especially for the referral system of severe communicable disease that was needed to care, treatment, and prevention and control of epidemic disease continuously. The impact from this situation is when the patient comes back to Thailand they come with severe symptoms and some of them with hopeless cases and dies. But there are some cases when the patient comes with diseases for the treatment but they are unable to pay for the drug resistance and mutation of pathogen. Thus, the crucial issues of health system at the border line area that should be concern is the referral system between nearby country as well as among the AEC country.

Recommendations

- 1) It should set up strategy of the health system among the AEC members and collective strategy in aspect of the health system between two nearby country. The policy issues were health insurance system, public health system, and referral system among AEC members' countries.
- 2) The structure of man power of public health personnel in the hospital at the border area should be concern not only Thai people who living in that area responsible of the hospital but also the trans-national migrants, minority group and stateless/displace person. The crucial point is the policy maker must accept that these groups of people are existence in Thailand as well because they will be providing healthcare service in the hospital when they were sick or illness.
- 3) It should develop the data base system of health service to trans-national migrant, minority group and stateless/displace person at the level of community hospital, the provincial, and the national policy, in order to use data for development and support health service system at border area as well as AEC members' countries.

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