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Our neighbor's health security affects our own: A case study of humanitarian assistance provided by Thailand to Myanmar

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ABSTRACT

This study examines healthcare dynamics in the twin border towns of Mae Sot and Myawaddy, along with Umphang Hospital on the Thai-Myanmar border, focusing on the impact of Myanmar's struggling healthcare system on Thailand. Myanmar's healthcare system, which falls below WHO standards, is hindered by ethnic disparities and worsened by the 2021 military junta, leading healthcare personnel to either align with the junta or join civil disobedience. Conflict in Kayin State has intensified migration into Thailand, prompting Thailand to extend humanitarian aid and strengthen healthcare resources, particularly in border towns. Thailand's response has included grassroots healthcare initiatives, volunteer training, and infrastructure upgrades, which proved crucial during COVID-19. However, ASEAN lacks tailored healthcare policies for border towns, leaving Thailand to manage the significant costs associated with migrant healthcare. A dedicated ASEAN fund for border-town healthcare could address this gap. Thailand's experience underscores the substantial impact of neighboring countries' healthcare systems on safety. It is imperative for ASEAN members to prioritize the enhancement of healthcare standards for future epidemics, disasters, and conflicts, establishing sustainable health security measures under the ASEAN Socio-Cultural Community. ASEAN members should consider prioritizing healthcare enhancement within the ASEAN Socio-Cultural Community framework.

KEYWORDS

ASCC, ASEAN, border town, health, humanitarian assistance

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INTRODUCTION

Myanmar and Thailand share an international border spanning 2,416 kilometers (1,501 miles) (Myanmar–Thailand border, n.d.). Historically, prior to colonization, there were no clearly defined political boundaries between Thailand and Myanmar borders. People residing along these borders interacted freely and regularly, often with familial ties binding them together. Twin border towns indeed exist, fostering a "Border Health Border Less" region that facilitates the movement of populations between both nations due to the ease of border crossings along this route (Mae Sot News, 2017).

However, following colonization, a turbulent history marked by political instability and conflict between the military governments and ethnic groups in Myanmar persists to this day. A brief period of democratic stability occurred from 2016 to 2021 under the leadership of Aung San Suu Kyi. Moreover, during the COVID-19 pandemic starting in 2020, the Thai

Foreign Ministry and Thailand as a whole extended crucial support to Myanmar. They contributed medical supplies valued at five million Thai Baht, collaborating with three other donors through ASEAN's Humanitarian Assistances in Myanmar (Thai Publica, 2021)

The ongoing political instability in Myanmar has prompted migrations from Myanmar to Thailand, both through legal and illegal means. Moreover, patients from the Myanmar border have crossed to be treated in the Thai side. Furthermore, some emerging infectious diseases have spread across the border, and the Thai health care personnel need to help combat these. Thailand has consistently aided and cooperated with Myanmar by providing essential medical humanitarian assistance. This assistance reflects a deep understanding that the health security of Thailand is intrinsically linked to the stability of its neighbor, Myanmar.

This analysis presented in this paper is based on the critical medical anthropology (CMA) concept. CMA emerged in the 1980s but has roots in critical theory about the social determinants of health. It interplays between social structure, social organization, agentive action, and individual health experiences, avoiding a one-dimensional viewpoint (Gamlin, et al., 2020). CMA recognizes that there is interaction between the macro-level of social structure, the meso-level of social organization and agentive action, and the micro-level of individual experience and health (Singer & Baer, 1995).

CMA focuses on understanding the origins of cultural concepts in health, particularly in relation to social class, gender, and ethnicity. It emphasizes the role of power and inequality in healthcare systems and how health ideas and practices can reinforce societal inequalities. CMA also addresses the social origins of illness, such as poverty, discrimination, environmental pollution, social violence, and fear of violence. Individual and group decision-making is influenced by socially constructed meanings and external political-economic forces, highlighting the impact of inequality in access to healthcare and other resources on health (Singer & Baer, 1995).

LITERATURE REVIEW

Several studies focused on Myanmar's health system during previous military governments, the health system in Myanmar during the current coup d'etat, challenges facing health care in Myanmar, the health care situation for migrants from Myanmar to Mae Sot, Tak Province, Thailand, and related humanitarian aid have provided the following information.

Myanmar's healthcare system during previous military governments

Between 2010 and 2020, health outcomes and government health spending in Myanmar showed improvement. Maternal mortality dropped from 243 to 179 deaths per 100,000 live births, and under-five mortality fell from 51.8 to 43.2 per 1,000 live births, though both remain above the ASEAN average. Myanmar's Human Capital Index (HCI) stands at 0.49, below the regional average, reflecting limited productivity potential for children.

Myanmar's healthcare system comprises public, private, non-profit, and ethnic health organizations (EHOs). Historically, most external aid was channeled through NGOs and EHOs, but development assistance increased significantly from 2012 to 2020, with external financing reaching 23% of health funding in 2018. Despite increased government allocations from 1.2% to 4.2% of total spending by FY2020-21, out-of-pocket expenses remain high, accounting for 72.7% of health spending.

As of 2020, Myanmar had approximately 19,000 health facilities, with 61% publicly operated. Facility assessments in 2019 revealed that five EHOs provided healthcare services to over 500,000 people through 100 clinics in conflict-affected areas, underscoring their critical role in healthcare delivery (The World Bank, 2024, pp. 1-14).

Myanmar's transition to a civilian government in March 2011 marked an important step toward democracy. However, challenges remain in the healthcare sector. Public facilities receive support from national and international NGOs, but there is limited information about private healthcare services. While the quality of medical education has improved, a shortage of doctors persists, with only 61 physicians per 100,000 people. Limited documentation of causes of death also hampers a full understanding of health outcomes. A 2015 prepaid health insurance pilot, funded by international donors, aims to address some of these issues, yet shortages in healthcare facilities and professionals continue. Ongoing collaboration between local and international partners is essential to advance Myanmar's healthcare system. (Nyi Nyi Latt et al., 2016).

Myanmar's transition from a military regime to a quasi-civilian government had affected international aid agencies' engagement with the country. Despite challenges such as disharmony, economic sanctions, and bureaucratic obstacles, there was optimism regarding Myanmar's participation in the global Health System Strengthening (HSS) agenda. A study conducted in the country aimed to understand healthcare workers' roles in antenatal and delivery care in areas with high maternal mortality rates. The research used vignettes depicting cases of hypertensive disorder in pregnancy (HDP) and postpartum hemorrhage (PPH) to assess care quality as perceived by various healthcare professionals. The findings showed that midwives were considered primary providers for routine antenatal and delivery care, but less than 80% perceived good quality care for HDP and PPH cases, especially those with pre-existing conditions. The study emphasizes the need to improve the quality of antenatal care, particularly for women with specific complications, despite the crucial role played by midwives in local communities (Risso-Gill et al., 2013).

Heath system in Myanmar during the current crisis

The health system situation during the current military regime is reflected in the previous study, as follows:

In March 2011, Myanmar transitioned to a civilian government, marking a significant step towards democracy. Despite advancements in democratic processes at that time, the healthcare sector faced challenges, with limited information on private healthcare. The quality of medical education improved, but a shortage of doctors persisted, with a ratio of

61 per 100,000 population. Inadequate documentation of causes of death hinders a comprehensive understanding of health outcomes. A 2015 prepaid health insurance trial, supported by international donors, aimed to address issues, but shortages in facilities and professionals remain. Collaboration between local and global entities is crucial for Myanmar's healthcare advancement. The transition affected international aid agencies' engagement, but there was optimism about Myanmar's participation in the global Health System Strengthening agenda. A study in the country focused on healthcare workers' roles in antenatal and delivery care, revealing that midwives are primary providers, but with room for improvement in the quality of care for specific complications. The study underscored the importance of enhancing antenatal care, especially for women with complications, despite the crucial role played by midwives in local communities (Nyi Nyi Latt et al., 2016; Risso-Gill et al., 2013).

The Expanded Program on Immunization (EPI) by WHO, launched in 1974, aims to vaccinate young children in developing countries against diseases like measles, polio, and tuberculosis. In Myanmar, vaccine coverage for key EPI vaccines fell significantly between 2020 and 2021, with over 1.6 million children now unimmunized or under-immunized. WHO reports highlight a growing burden of communicable diseases, including a rise in drug-resistant malaria and reduced TB detection due to healthcare disruptions in conflict areas. Approximately 150,000 TB cases went undetected, leading to 30,000 deaths in 2022. Additionally, nearly 15% of TB cases involve HIV, and ART coverage has declined. Mental health concerns are also increasing, with about 25% of the population experiencing moderate to severe depression, particularly among youth and those in crisis zones (The World Bank, 2024, pp. 13-14).

According to the study of Safeguarding Health in Conflict: Myanmar (2022, 8-9) on the impacts of attacks on health care in Myanmar, following the 2021 coup, it shows that the situation is severe, exacerbated by a pre-existing shortage of health workers. The military regime targets health workers, leading to a further decline in their numbers as professionals flee or relocate. State hospitals face a shortage of human resources, and patients opposing the regime avoid seeking care at these facilities. The State Administration Council (SAC) mandates the submission of health workers' personal information to the Ministry of Health, aiming to increase arrests of those sympathetic to the Civil Disobedience Movement (CDM). A parallel healthcare system emerges among CDM-affiliated health workers in makeshift clinics supported by the National Unity Government (NUG). Private clinics are forced to close, contributing to reduced healthcare access, staff shortages, and public distrust, resulting in long-term adverse effects on population health, especially child health. Childhood immunization rates have plummeted since the 2021coup, with approximately 1.9 million children needing catch-up vaccinations. The current measles immunization rate is only 2%. Limited communication and resources hinder disease surveillance, increasing the risk of uncontrolled disease outbreaks. Violence against healthcare has severe mental health impacts on health workers, leading to stress-induced departures and a decline in the quality of care provided by the healthcare system over time.

The challenging health care of Myanmar

The study conducted in Myanmar shed light on healthcare challenges. It focused on maternal care in high-mortality areas, revealing midwives as primary routine care providers but indicating a need for improved quality in cases of hypertensive disorders and postpartum hemorrhage. Moreover, there was a study involving Community Health Nurses that highlighted challenges in implementing Universal Health Coverage, citing issues such as inadequate infrastructure, demotivation, and limited career advancement. Furthermore, a study conducted in Yangon identified management and leadership capacity as a key concern in the primary healthcare system, emphasizing the need for sustained financial investment to address challenges and improve accessibility (Thida & Liabsuetrakul, 2019; Sein Yaw May et al., 2021; Moon et al., 2023).

Health care situations for migrants from Myanmar to Mae Sot, Tak Province, Thailand

In Mae Sot, Tak Province, Thailand, migrant workers, asylum seekers, and displaced persons encounter health challenges such as language barrier, difficulties in accessing care, population capacity and legal status, and the transmission of diseases like AIDS and TB. The Thai-Myanmar border region also grapples with malaria, dengue fever, and HIV/AIDS. Approximately 3.6 million Myanmar migrants face ineffective health communication efforts, emphasizing the need for culturally sensitive strategies in prevention and treatment. To address these issues, it is crucial to consider population movement, resource limitations, and unclear collaboration procedures along the border (Boonchutima et al., 2020, pp. 111, 122).

There is also a study on the sexual and reproductive health (SRH) needs of very young adolescents (VYA), aged 10–14, in Mae Sot town and Mae La refugee camp in Thailand. It involved 22 focus group discussions with 176 participants. Key findings highlighted uneven access to SRH information in schools, the potential role of parents in providing support with established trust, and the importance of awareness on body changes, puberty, peer influence, and education. The study emphasizes the necessity of youth-directed programs and policies involving key adults and critical settings for vulnerable young adolescents (Lee et al., 2017, p. 43).

Another study investigated efforts to enhance health services for Burmese migrants Mae Sot by developing a mobile health system. It has been observed that despite the presence of accessible Thai public health services, most migrants favor Dr. Cinthia's Mae Tao Clinic in Mae Sot District. This preference stems from the insufficient provision of antenatal care in other facilities. Challenges identified include insufficient coordination, difficulties in health-care access, and a lack of proper education, contributing to the overall health predicament faced by the Burmese migrant population in the region (Brzezinski, 2019, p. 2).

Humanitarian aid

The United Nations has issued a dire warning about the humanitarian crisis in Myanmar, stating that 18 million people, or one-third of the population, urgently require aid. The situation has deteriorated since the military coup three years ago, leading to widespread displacement, with 2.6 million people forcibly displaced by December 11, 2023. Conflict escalation in the north, especially since late October 2023, has resulted in over 660,000 new displacements. The UN anticipates further deterioration in 2024, citing increased conflicts and violence, condemning systematic military violence against civilians. To address this crisis, the UN is seeking nearly $1 billion in donations for the upcoming year, aiming to aid 5.3 million individuals identified as top priorities for assistance. The UNHCR is already operating in three temporary shelters on the Thai-Myanmar border, supporting 54,090 Myanmar refugees, primarily from the Karen ethnic minority group, in collaboration with the Royal Thai Government, international agencies, NGOs, and donors (The Guardian, 2023; The New Humanitarian, 2023).

Thailand has reiterated its commitment to providing humanitarian aid to Myanmar and working collaboratively with fellow ASEAN members to promote peace in the country. Deputy Prime Minister and Foreign Affairs Minister Parnpree Bahiddha-Nukara highlighted Thailand's active role in fostering stability and unity in Myanmar through inclusive negotiations. The country has been offering humanitarian support to Myanmar citizens, especially those along the Thai border, and engaging in discussions with Myanmar authorities for aid delivery within the country. Thailand also expressed its dedication to supporting Laos, the current ASEAN chair, in facilitating dialogue and reconciliation in Myanmar and the broader region (KPL, 2024). However, according to the above literature review, there is no study directly related to the topic of this paper.

METHODOLOGY

This qualitative research was conducted within the framework of Critical Medical Anthropology (CMA) – ASEAN at the macro level, Thailand and Myanmar at the meso level, and local agencies at the micro level.

The study focused on the sister cities: Mae Sot, in Tak Province, Thailand, and Myawaddy, in Kayin State, Myanmar, as the main sites.[1] Additionally, the study included the Muang, Wang Chao, and Umphang districts, which were identified as relevant by provincial authorities. A total of 53 stakeholders involved in healthcare policy—from administrative authorities to frontline practitioners—participated in in-depth interviews. Focus groups were also organized to gather additional insights, and documentary research was incorporated to enrich the overall analysis.

OBJECTIVES

The objectives of this paper are as follows:

1) To analyse the causes of illness of migrants from the border towns of Myanmar who have migrated across the border into Thailand.

2) To analyse the humanitarian assistance provided by Thailand and its impact.

FINDINGS

The causes of illnesses of the migrants and refugees at the border towns of Myanmar who migrated across the borders into Thailand

Internal political conflicts

Kayin State—also known as Karen State or Kawthoolei State—is a Myanmar state with Hpa-An as its capital. It borders Thailand's Mae Hong Son, Tak and Kanchanaburi provinces, along with Mon State, the Bago region, the Mandalay region, Shan State, and Kayah State of Myanmar (Kayin State, n.d.).

The Karen people, a 5-7 million strong ethnic minority in Myanmar, speak 20 dialects, primarily Sgaw and Pwo, belonging to Tibeto-Burman languages (Karen conflict, n.d.).

During the British colonial era, the Karen leadership demanded a separate state within the British Empire. They refused to sign the Panglong Agreement and boycotted pre-independence elections. The 1947 Constitution granted the Karen a state with less area and guaranteed state secession after 10 years. The Karen National Union (KNU) rebelled in 1949, marking January 31 as 'revolution day' (Kayin State, n.d.).

The Karen conflict traces its origins back to the British colonial period when American missionaries initiated the Christianization of certain Karen hill tribes in the 19th century. This effort unintentionally exacerbated existing tensions between the Burmans and Karens, driven by the spread of Christian education and resistance to British rule. English education improved the Karen people's social, economic, and educational status, inspiring other Karen groups and igniting the nationalist movement (Karen conflict, n.d.).

Between 1826 and 1886, the British extended their dominance over Burma, with the Karen people playing a pivotal role in assisting the British military. The Karen community was early in establishing political organizations, such as the Karen Baptist Convention in 1840. In the 1920s, nationalist movements gained strength, leading to the creation of the Buddhist Karen National Association (BKNA) in 1939. However, by 1948, tensions had risen due to the Karen community's increasing influence in the military and attempts to quell a communist uprising. Some British officers backed the Karen people's pursuit of independence.

In 2012, a temporary ceasefire was established in a conflict involving the Karen National Union (KNU). In 2015, the KNU signed the Nationwide Ceasefire Agreement (NCA). However, in 2018, the government violated the NCA by sending 400 soldiers to

build a road, resulting in clashes in Ler Mu Plaw and a resurgence of hostilities in the area (Karen Conflict, n.d.).

From 2021- present

The KNU resumed its fight following the 2021 military coup. The Thaw Le Hta army camp was seized by KNU rebels on April 27, 2021, and the Tatmadaw launched airstrikes in retaliation. Karen forces seized Maw Khee base in Dooplaya District, and Thay Baw Bo camp was taken by the KNLA on May 17, 2022. Since the coup, 8,038 clashes have occurred between the two groups. In late May 2022, around 11,645 refugees fled Myanmar to Tak Province, Thailand. On April 9, 2023, over 10,000 individuals crossed the border into Thailand (United Nations Office for the Coordination of Humanitarian Affairs (OCHA) cited by Sullivan, 2022, p. 6; Newsflare, 2023).

From April 19 to 29, 2023, there were almost daily attacks by the Junta military on numerous health care places, hospitals and personnel in various villages and towns of several states near Thailand borders (Reliefweb, 2023). These caused refugees to flee across the border to Mae Sot and other provinces of Thailand.

External Interference Fuels Crisis in Myanmar

Since Myanmar's 2021 military coup, speculation over China's support for the junta has persisted, though China remains noncommittal. As Myanmar's largest investor and key foreign influence, China seeks stability to protect its economic interests; however, conflict and economic challenges have stalled further investments. China tacitly supported Operation 1027, aimed at dismantling scam centers targeting Chinese citizens, though many operations have since relocated within Myanmar.

China's state-focused diplomacy leads it to engage with the junta, despite its limited control, while also discreetly contacting resistance groups. China may offer cautious support for Myanmar's upcoming elections but maintains an "agnostic" stance, prioritizing economic stability and safeguarding its citizens from scams without committing fully to any faction (Paing, 2024).

In contrast, the U.S. has facilitated Myanmar's opposition, the National Unity Government (NUG), in opening a liaison office in Washington, though without formal recognition. On August 16, 2024, the U.S. reaffirmed its commitment to Myanmar's pro-democracy efforts for an inclusive federal democracy. Established on June 27, 2024, the Congressional Burma Caucus became the first U.S. congressional body focused solely on Myanmar, aiming to support its pro-democracy movement in line with the 2022 BURMA Act. This act, signed by President Biden, strengthens U.S. support for Myanmar's resistance against the junta.

The caucus founders, Representatives Betty McCollum and Bill Huizenga, emphasize democracy and human rights in Myanmar. Advocacy groups work alongside the caucus to push for stricter sanctions, a Special Envoy for Burma, and the redirection of seized junta funds to pro-democracy groups. The caucus introduced the BRAVE Burma Act to amend the BURMA Act, seeking tougher sanctions on the junta and establishing a Special

Coordinator for Burmese Democracy. Nonetheless, funding disputes and U.S.-China geopolitical concerns challenge the caucus's efforts (Naing, 2022; Tucker et al., 2024).

In response to rising U.S. support for Myanmar's pro-democracy forces, China cautioned against "external interference" in Myanmar. During an August 16, 2024, meeting, Chinese Foreign Minister Wang Yi warned against foreign involvement, particularly from non-regional powers. Chinese state media and the Myanmar-based embassy echoed this stance, as experts highlight China's skepticism of U.S. actions in Myanmar (Aye, 2024).

Separately, on August 5, 2024, Senior General Min Aung Hlaing raised concerns over arms production in Ethnic Armed Organization (EAO) areas along the China-Myanmar border. He claimed that weapons from these facilities are supplied to terrorist groups and other EAOs, calling for an investigation into the financial and technical support behind these operations. He further alleged that certain foreign nations, aiming to prolong Myanmar's conflict, are assisting armed insurgents and dissidents with resources and media-driven psychological operations to further their own goals (The Nation, 2024).

Unqualified providers and insufficient health care services in the Myanmar border towns/villages

Kayin State—also known as Karen State or Kawthoolei State—is a Myanmar state with Hpa-An as its capital. It borders Thailand's Mae Hong Son, Tak and Kanchanaburi provinces, along with Mon State, the Bago region, the Mandalay region, Shan State, and Kayah State of Myanmar (Kayin State, n.d.).

The Ministry of Health (MOHS), Myanmar plays a pivotal role in delivering comprehensive healthcare services within Myanmar, encompassing both the public and private healthcare systems. Despite its historical significance in government ideology dating back to the 1980s, the health sector has faced challenges stemming from insufficient government investment, resulting in a decline in its capacity.

Myanmar's government health service delivery system consists of multiple levels, namely central/union, state, regional, district, township, rural health center (RHC), and sub-rural health center (Sub-RHC). The Department of Public Health (DOPH) emphasizes preventive health measures, while the Department of Medical Services (DMS) offers curative and rehabilitative treatments. Additionally, in townships, there are sub-RHCs run by volunteers, and RHCs staffed by health professionals.

In townships, there are sub-RHCs managed by dedicated volunteers, and RHCs staffed by health assistants. Additionally, each township is overseen by township medical officers responsible for monitoring and addressing health-related concerns (Myat Pan Hmone & Bertrand, 2021, pp. 2-3).

Myanmar's healthcare system, as per the WHO's 2018 report, faces significant challenges in Southeast Asia. It ranks lowest in life expectancy at birth and second-lowest in maternal mortality rates in the region. The major health issues include tuberculosis, malaria, and HIV/AIDS, which have a substantial impact on public health. However, resource allocation for essential healthcare services in Myanmar is hindered by the increasing

prevalence of noncommunicable diseases, frequent natural disasters, and a turbulent political climate (Myat Pan Hmone & Bertrand, 2021, p. 3).

Geographic and socioeconomic disparities, conflict, and limited government access contribute to widening health gaps, especially in ethnic minority communities. The Ministry of Health and Sport (MOHS) faces challenges in reaching these communities. Health care delivery differs between Government-Controlled Areas (GCA) and Non-Government-Controlled Areas (NGCA) within these ethnic minority regions. MOHS is the primary health provider, but coverage varies based on GCA or NGCA status. Many residents rely on community-based, non-governmental, and EHO organizations for basic healthcare, even though they may lack government accreditation. The inconsistency in health service coverage is exacerbated by access issues and employee turnover (Myat Pan Hmone & Bertrand, 2021, 2021, p. 5).

Due to the critical causes stated above, the health services available to people along the border of Kayin State next to Mae Sot and Umphang border have been impacted.

Tak Province, which shares its border with Myanmar, faces a unique challenge concerning its population's lack of ID cards. Despite their long-term residence in Thailand, this issue has persisted for many and is causing significant difficulties, particularly in accessing medical care. The majority of villagers in this region struggle with poverty and lack the financial means to cover medical expenses.

The interaction between the macro-level, the meso-level, and the micro-level of individual experience along the border region of Tak Province

This topic responds to the second objective of this paper, as follows:

(i) The macro-level

The ASEAN Socio-Cultural Community (ASCC) pillar places a strong focus on health policy within the broader macro-level structure of ASEAN. It emphasizes the need for ASEAN countries to establish a resilient healthcare system capable of addressing both public health emergencies and the effects of climate change. This involves improving various aspects of healthcare, including the World Health Organization's health system building blocks, Universal Health Coverage, social determinants of health, food security, and the development of climate-resilient infrastructure.

Policy recommendations in this context include:

1. Increasing awareness of strong healthcare systems in the ASEAN region.
2. Integrating humanitarian aid efforts with national healthcare frameworks.
3. Strengthening primary healthcare services by implementing climate and disaster health management initiatives (Agbisit, 2023, p. 1).

However, the ASCC pillar lacks clear policies, measures, and operations regarding Border Health Security, a particularly complex issue that significantly affects certain countries, notably Thailand due to its extensive interconnected borders.

(ii) The meso-level

The government-to-government MOUs between Thailand and Myanmar Public Health Ministries (Myanmar-Thailand Health Collaborative Ministerial Meetings) have been signed for the periods 2013-2015, 2015-2016 and 2016-2018.[2]

The ministries of public health of Thailand and Myanmar have a rich history of engaging in bilateral and multilateral cooperation in the field of public health. This collaboration has been ongoing since the signing of a memorandum of discussion in 2000. Over the years, there has been a consistent exchange of knowledge and experiences among academics from both nations, fostering a strong partnership in the field of public health.[3]

Furthermore, Thailand, through its Thailand International Cooperation Agency (TICA), emphasizes the importance of strictly monitoring infectious diseases and has been actively involved in international development cooperation, particularly in public health, within its borders and in neighboring countries. Thailand has integrated public health plans for its border regions from 2017 to 2021 and has aligned with the public health policies of neighboring nations to effectively manage contagious and emerging diseases near its borders. Since 2014, Thailand has collaborated with neighboring countries, including Myanmar, as part of the "Border Public Health Initiative" (Thailand International Cooperation Agency, n.d.). Tak and Myawaddy of Myanmar are matched as the twin border towns.

The project building Awareness and Preparedness for Communicable Diseases and Emerging Diseases along the Thailand-Cambodia-Myanmar-Lao PDR Borders aims to be a model for collaboration among Thailand and neighboring countries. It involves creating a global public health information hub and website, establishing mobile surveillance and investigation teams, and fostering a collaborative network for knowledge sharing in disease prevention. Additionally, the project includes educating volunteers in public health, raising awareness of preventive strategies, enhancing leadership communication and goal-setting skills, and providing international patient referral services (Thailand International Cooperation Agency, n.d.).

Moreover, the Ministry of Labour in Thailand collaborates with private insurance companies to ensure the health security of migrant workers from Cambodia, Laos, Myanmar, Vietnam (CLMV). Employers intending to bring migrant workers to Thailand under the Memorandum of Understanding (MoU) must adhere to health insurance regulations. The possession of health insurance is a fundamental requirement for the lawful entry of migrant workers into Thailand for employment.

Employers operating within the social security system are mandated to enroll their migrant workers as insured individuals. For those whose social security rights have not yet materialized or are in the process of entering the system, it is crucial to secure health insurance in adherence to the Ministry of Public Health's announcement.

In cases where businesses are not covered by the social security system, employers are obligated to procure health insurance from private insurance companies. This insurance should be valid for a period of 4 months, as stipulated by the Ministry of Public Health's directive, in alignment with the Cabinet resolution dated September 28, 2021.

Private insurance companies offer their products through both online and onsite channels. Here are some examples of the rates they provide:

- 990 Baht per person for a coverage period of six months.
- 1,790 Baht for a one-year coverage period.

The coverage includes:

- Medical coverage for inpatients up to 150,000 Baht.
- Outpatient medical coverage with a limit of 1,000 Baht per visit, not exceeding 15 times.
- Protection against death, dismemberment, loss of sight, and disability with a coverage amount of 100,000 Baht in case of an accident.
- The above example highlights the assurance of health security for legal migrant
- workers in Thailand. Additionally, it illustrates a mutually beneficial situation for both employers and employees.

However, following the 1st of February 2021 coup d'état in Myanmar, a summit was held in Jakarta on April 24, 2021, at which ASEAN leaders met with Myanmar's junta chief, Sr. Gen. Min Aung Hlaing, and agreed on five main points: stopping the violence in Myanmar, facilitating dialogue among concerned parties, appointing a special envoy, providing humanitarian aid, and organizing a visit by the envoy to Myanmar for discussions. However, over the following year, Min Aung Hlaing ignored these commitments and instead oversaw a harsh crackdown across Myanmar, targeting millions opposing military rule (Human Rights Watch, 2022). Only a little humanitarian aid could be provided across the border from Thailand. The intense conflict between the Burmese military troops and opposing groups in states bordering Thailand led to a surge of illegal migration to escape the killings. Consequently, these refugee camps in Tak Province were set up for ethnic groups from Myanmar seeking safety.

(iii) The micro level

This level consists of the provincial and district levels. In terms of healthcare interactions between the border towns of Mae Sot in Tak Province, and Myawadd in Kayin State, there is a history of provision of both formal and informal aid prior to the current junta's seizing power in 2021. However, the landscape has drastically shifted since the junta took control. Thai healthcare personnel now encounter difficulties in reaching out through their familiar networks due to the sweeping changes instigated by the junta. While formal assistance remains a possibility, it necessitates approval from the military government based in Naypyidaw. This bureaucratic process is time-consuming and might not effectively cater to the targeted ethnic groups, particularly those beyond the Burmese community. Consequently, access to aid and healthcare services for these marginalized ethnic groups has been significantly hindered in the post-junta period.

Incidentally, under the junta regime, though, informal meetings between local authorities of Myawaddy and Karen State and the Tak authorities can be arranged, if necessary, but exclusively on the Mae Sot side. While these informal gatherings take place in Mae Sot, caution in conversations is imperative due to the potential presence of junta spies monitoring the situation. Hence, there is a high prevalence of distrust towards the junta among the people of Kayin State.

In the town of Mae Sot, two vital healthcare institutions, Mae Sot Hospital and Mae Tao Clinic, have formed a close collaborative partnership to provide healthcare services to communities residing in the twin border towns of Thailand and Myanmar.

Additionally, in the Umphang district, Umphang Hospital plays a pivotal role in healthcare promotion, prevention, and treatment for individuals from Myanmar.

a. Mae Sot Hospital

Mae Sot Hospital plays a vital role not only in catering to the healthcare needs of Mae Sot District but also functioning as a central hub for a network of hospitals spanning across four other districts: Tha Song Yang District, Mae Ramat District, Phop Phra District, and Umphang District. This extensive network is responsible for providing healthcare services along the entire border, covering an approximate length of 542 kilometers. Mae Sot Hospital is tasked with providing public health services to both legal visitors and individuals who have entered the area illegally while fleeing their home country. Additionally, it serves as a vital component of the Primary Care Cluster network. Mae Sot Hospital also assumes responsibility for overseeing the operations of 22 Subdistrict Health Promoting Hospitals within its network (The Coverage, 2022; Mae Sot Hospital, Ministry of Health, 2023), including other NGO health care center.

The longstanding relationship between healthcare personnel in Kayin State and Mae Sot Hospital in Tak Province has been marked by both formal and informal assistance. Mae Sot Hospital has consistently supported Myanmar healthcare personnel by providing vaccines for severe epidemic diseases, personnel health care trainings and accepting critical referral cases. Furthermore, it continues to act as a vital humanitarian hub for medical and vaccine supplies to the Kayin State.

Mae Sot Hospital and Mae Tao Clinic (which will be mentioned later) have partnered to offer comprehensive healthcare support, facilitating connections with international organizations.

b. Mae Tao Clinic (MTC)

Dr. Cynthia Maung's Mae Tao Clinic (MTC) offers free medical care to refugees, migrant laborers, and individuals crossing the Thai-Burma border, regardless of their race or religion. Established in 1989 following the 1988 Burmese student pro-democracy uprising, the clinic has grown significantly, offering services to around 100,000 patients annually from both the Mae Sot district in Thailand and Burma. Many Burmese migrants seek medical care in Thailand due to limited access and high costs in Myanmar. MTC provides consultations and essential primary healthcare services to these patients, ensuring affordability and

accessibility to healthcare and education. Their mission is to offer top-notch healthcare to all Burmese citizens at affordable rates (Health Services, 2018).

Out of the 98,762 consultations provided by Mae Tao Clinic, 7,314 patients were admitted for further evaluation and treatment. Among all patients, 61% were female, and 25% were children under the age of five. Furthermore, 61% of the clinic's clients were Thai (Health Services, 2018). Additionally, local NGOs such as the Red Cross and Civil Societies offer personnel training support to the Mae Tao Clinic. The data from Mae Tao Clinic is interconnected with Mae Sot Hospital.

Moreover, in collaboration with other partners, Dr. Cinthia has spearheaded the establishment of a learning center aimed at aiding migrant children born in Thailand who lack birth certificates. This center operates within the framework of the Thailand Non-Formal Education system and currently accommodates 1,210 students from diverse ethnic backgrounds, including Thai nationals. Notably, the center has achieved success in graduating multilingual students, equipping them to further their education at various Thai universities. Children deserve increased safe zones to secure their future. Consequently, these graduates should be duly acknowledged as potential contributors to addressing Thailand's labor demands amidst its aging society.

c. Umphang Hospital

Umphang Hospital was founded on November 27, 1984, in Umphang District, Tak Province. It commenced its operations as a community hospital with a capacity of 10 beds. In 1996, it underwent expansion and evolved into a community hospital, boasting a total of 30 beds (Umphang Hospital, 2020).

Umphang Hospital is experiencing a significant increase in patient numbers, with 21% of them being Burmese nationals. Out of every five patients, one is a foreigner. This pattern is consistent with other hospitals in Tak Province, but Umphang Hospital has the highest patient load, with 47% of its patients not being Thai nationals. This is due to the lack of natural barriers like the Mei River, which allows easy movement between Thailand and Myanmar, as well as the presence of established ethnic minority communities within Thai borders. However, the diversity of nationalities represented is somewhat limited. One major concern is that these hospitals often require upfront payments, causing financial challenges for patients who lack sufficient funds (Thairath Online, 2023).

Mae Sot and Umphang are crucial border districts, where government hospitals maintain strong ties with Myawaddy health personnel and health centers at the border of Umphang respectively. Both formal and informal healthcare assistance is consistently provided by Thai border hospitals on a humanitarian basis. Consequently, the hospital personnel serve as representatives at both governmental and individual levels. As the director of the hospital expressed, “Being a doctor means fulfilling my duty.” However, with regard to the borderless public health humanitarian aid provided by Umphang hospital, the director revealed:

> "As the director of Umphang Hospital for 32 years, this fiscal year (2023) has presented concerning financial figures regarding the treatment of foreigners. We have encountered a significant rise in statelessness cases, surpassing 40 million baht from the inception of the fiscal year in October 2022 through June 2023. This influx of negative numbers in our financial records demands immediate attention and strategic planning." (The Active Thai PBS, 2023)

However, the Ministry of Public Health of Thailand is not complacent. The central budget of 20 million baht has been sent to Umphang Hospital since July 2023. Both locals and foreigners admire the director of Umphang Hospital, who has always sacrificed himself to take care of the border health situation. As for the problem of lack of liquidity, it is not caused by management but because of the unrest situation in the area and the need to take care of the foreign ethnic groups according to humanitarian principles. This requires an additional budget to provide the help necessary to resolve the financial problem (The Active Thai PBS, 2023).

d. Humanitarian access

Efforts are underway within the Association of Southeast Asian Nations (ASEAN) to provide aid as part of their Five-Point Consensus to address the crisis in Myanmar. However, concerns have been raised by regional Civil Society Organizations (CSOs) regarding the involvement of the military junta in aid planning, the exclusion of opposition groups like the National Unity Government (NUG), and the potential misuse of aid due to the junta's control and restrictions on access to certain areas.

To overcome these challenges, credible third-party entities like the International Committee of the Red Cross or UNHCR should be involved. Aid delivery should prioritize impartiality, focusing on actual needs, and should ideally be facilitated by local groups independent of the military. This approach aims to ensure fair and equal distribution of aid, minimizing the risk of politicization or biased allocation.

Efforts by the UN and regional groups persist despite obstacles to ensure impartial and independent aid delivery by third parties, as relying solely on cross-border aid won't reach most affected individuals. However, there's potential to access a significant number of people along Myanmar's border through cross-border aid, including aid from Bangladesh, China, India, and particularly in the short term, Thailand. Although there are some limitations, cross-border aid via Thailand can be managed to the target groups (Sullivan, 2022, p. 7-12).

(iv) People level

This level relates to the Thai Public Health system, at the grassroots level. Village Health Volunteers (VHVs) play a crucial role in addressing the specific needs of their respective communities. Language and cultural barriers between Thai Village Health Volunteers and non-Thai migrants create challenges in ensuring the health and hygiene of migrant communities. These disparities also affect the quality of healthcare interactions. To address this, the Thai government has implemented a friendly healthcare service system,

improving healthcare outcomes and reducing language and cultural barriers for foreign citizens.

A key aspect of the service system is the promotion of the well-being of the foreign population, particularly during childbirth. This initiative involves increasing the number of Foreign Health Employees (FHE) and Foreign Health Volunteers (FHV). The program has been running since 2003 (Julchu et al. 2023, p. 538). Initially, the project commenced in Tak Province and Chiang Rai. Subsequently, it expanded to include Samut Sakhon and Ranong provinces. As of now, it has successfully extended its reach to encompass all provinces throughout the country.

Foreign Public Health Employees means Public Health Assistants (PHAs) can be either Thai or foreigners. They are responsible for performing various duties within service facilities and health agencies, including:

1. Acting as language interpreters.
2. Coordinating with officials to convey health-related information to foreign workers.
3. Undertaking other health-related tasks as required.

They are employed by supervising agencies and receive regular income for their work. They must have completed training provided by either a government agency or a non-governmental organization (NGO) to enhance their skills and knowledge in public health. Additionally, they are required to have a minimum level of proficiency in public health knowledge (Julchu et al. 2023, pp. 539-540).

Foreign Health Volunteers are foreign individuals, who can communicate in Thai and their own language(s) and engage in public health activities in foreign communities voluntarily. They work alongside authorities or the Department of Public Works to educate foreign workers without regular income about health matters. To be eligible, they must be trained from government or non-governmental organizations to improve their public health skills. They also serve as community leaders, forming health networks in these communities (HFocus, 2018; Julchu et al. 2023, p. 539-540).

Furthermore, prior to the junta's rise to power, the Mae Sot Public Health Care authorities had established a partnership with Myawaddy to assemble a team of Foreign Health Volunteers (FHV) proficient in both Thai and the prevalent local languages of the region. These volunteers underwent training at the Thai Sub-district Health Promoting Hospital near the Myanmar border, with a schedule spanning three days: one and a half days dedicated to theory and an equal duration for practical training. The FHV played a pivotal role in identifying diseases prevalent in their communities, allowing for timely interventions in public health care. Their presence facilitated preventive measures and ensured prompt treatment for patients requiring assistance. However, the FHV on the Myanmar side didn't remain fixed in one place; driven by motivation, they relocated to different areas. Unfortunately, since the junta's ascent, this system has ceased to function effectively.

At the Thai grassroots level, the involvement of local practitioners, such as village health volunteers (VHVs), in their interactions with foreign communities through foreign

health employees (FHE) and foreign health volunteers (FHV), is crucial for promoting, preventing, protecting, and treating health and hygiene issues, including monitoring drug activities within the community. These structural components operate actively and effectively in foreign migrant communities. The volunteers take pride in their roles, as they are able to assist their people, fulfill their duties, and earn the respect of their communities.

Furthermore, in 2018, the Provincial Public Health in Mae Sot organized a two-day training session on "Monks and Wellness Development" for 42 monks from various sub-districts. The primary objectives of the training were (1) to promote health and instigate positive health behaviors among monks and (2) to impart knowledge on healthcare in alignment with the 2017 National Monks Constitution (Health Promotion Group, Tak Provincial Public Health, 2018, p. 3). The training encompassed both theoretical teachings and practical applications.

The trained monks are now recognized as "public health Volunteer monks" (PHVM). Amid the Covid-19 pandemic, these PHVM have assumed a crucial role in caring for both monks and laymen within the temple. Additionally, due to the conflict along the border of Myanmar, some Karen monks have migrated to temples in Mae Sot illegally. Given that many PHVM are proficient in Thai and Karenic languages, they are well-equipped to address health issues within the temple.

In cases of severe illnesses affecting novices, the PHVM ensures thorough preparation by bringing comprehensive patient history forms when accompanying them to the hospital. Under normal circumstances, a collaborative effort between the PHVM, the village head, and village health volunteers is employed to reach out to bedridden patients. This involves providing crucial assistance, such as sharing essential items to foster a sense of community and support.

According to the CMA concept, the structure of organizations involved in health security across the twin border towns reflects a top-down approach at all levels. At the macro level, health policies are developed and passed down through the meso level to the community level without involving local stakeholders in the planning or implementation stages. Although practitioners at the micro and community levels may share impacts and lessons learned among themselves—and some attempt to report back up to the macro level—there is no guarantee that their feedback will be considered.

In the Myanmar crisis, the junta holds absolute power, disregarding other ethnic groups. During our data collection, Thai local healthcare authorities in the twin border towns highlighted to our research team the obstacles facing humanitarian aid and donations. They reported that aid deliveries through the Myanmar junta to ethnic groups have been unreliable and slow—a problem seen since the COVID-19 pandemic and now intensified amid the current crisis under Junta control. If international humanitarian aid attempts to reach these ethnic groups via the Mae Sot border through the Myanmar Red Cross, which is also controlled by the junta, it may not reach the intended recipients. As Assistant Professor Dr. Lalita Harnwong stated:

> The main obstacle for this humanitarian corridor is that the Thai government communicates through the Myanmar Red Cross, which has faced heavy criticism. The people of Myanmar know that the Myanmar Red Cross is aligned with the Myanmar military. What they are concerned about is whether the supplies sent will truly reach those affected (Phaicharoen, 2024).

Consequently, several Thai scholars, including NGO officers, believe that to effectively save lives, Thailand needs to engage directly with all relevant parties in Myanmar, such as ethnic armed groups and civil society organizations, rather than relying solely on the Myanmar Red Cross. Although there are concerns that such engagement might strain Thailand's relations with the Myanmar government, Thailand is currently seeking to address the situation through ASEAN channels. Thailand could collaborate with Myanmar's civil society to plan targeted aid efforts and consider negotiating a ceasefire to establish safe zones. This proactive, creative approach by Thailand's Ministry of Foreign Affairs not only builds connections and diplomatic leverage but could also help prevent future refugee influxes and reduce drug-related issues (Phaicharoen, 2024).

DISCUSSION AND CONCLUSION

Based on critical medical anthropology (CMA), Myanmar's healthcare system typically falls short of meeting the standards outlined by the World Health Organization (WHO) and adequately addressing the needs of the population, which relates to the work of Nyi Nyi Latt et al. (2016). Persistent challenges with diseases such as AIDS/HIV, TB, malaria, dengue, diarrhea, among others, persist and often spread to Thailand's border towns due to the movement of people. Furthermore, the prolonged internal political bias favoring the Burmese population over ethnic states has resulted in unequal government support for the health security of citizens in these ethnic states. The dominance of government authorities has perpetuated inequality within these ethnic states.

The actions of the 2021 junta have precipitated the collapse of the healthcare system. Many healthcare personnel have been replaced by individuals supporting the junta, leading to a disruption in services. In response, numerous healthcare workers have abandoned their duties to partake in democratic resistance, engaging in acts of civil disobedience.

Additionally, severe conflicts between the junta's military forces and opposition groups in Kayin State and in other ethnic groups' states have caused significant devastation to healthcare centers and civilians. This turmoil has led to a notable increase in illegal migration across the borders into Thailand's Tak Province, driven by social unrest and the pervasive fear of violence in their home region.

Thailand has recognized the critical impact of Myanmar's health insecurity on its own welfare as a neighboring country. Consequently, Thailand has taken proactive measures, both at governmental and grassroots levels, to provide support. Through formal and informal channels, Thailand has actively assisted neighboring border towns in enhancing their local health security measures. This aid has been consistent, extending from normal circumstances

to the current civil unrest crisis, with the aim of enabling these communities to effectively manage their health security challenges. Furthermore, 'humanity' stands as the central factor of which the Thai healthcare personnel and authorities are cognizant which relate to the studies of AFO (2023) and The New Humanitarian (2023).

Thailand could, however, collaborate with Myanmar's civil society to plan targeted aid efforts and consider negotiating a ceasefire to establish safe zones for humanitarian aid delivery. This proactive diplomacy, which builds connections with stakeholders at all levels—from ASEAN (macro level) to NGOs (people level)—will enhance diplomatic leverage and could also help prevent future refugee influxes and reduce drug-related issues.

As a member of the ASEAN Community, Thailand has fulfilled its responsibilities by accommodating and providing necessary assistance to refugees and the sick fleeing from Myanmar, allocating additional budgetary resources to support Umphang Hospital near the Kayin State border. Furthermore, Thailand has played a pivotal role in facilitating humanitarian aid from external sources to assist the individuals affected in Myanmar who are residing in border towns. This action aligns with one of the key principles outlined in the Five-Point Consensus of ASEAN, specifically focused on the provision of humanitarian aid.

As the uncertainty surrounding ASEAN's potential involvement remains, the focus should shift to more immediate actions that can be taken at the local level. Local governments and collaborative efforts can enhance the role of monks and volunteers, empowering them to expand their service areas and improve healthcare capacity. The "Borderless Clinic" initiative integrates multicultural medicine by partnering with medical schools in Thailand to join forces with these volunteers. Additionally, incorporating Thai traditional medicine, Burmese folk medicine, and alternative healing practices can further strengthen the healthcare system for marginalized communities. These strategies can be implemented as both short-term and long-term solutions.

Nevertheless, in Thai border towns, the healthcare infrastructure has been meticulously developed from its grassroots by training village health volunteers, foreign health employees, foreign health volunteers, and public health volunteer monks. These individuals have been equipped to oversee the health and wellness of their local communities, fostering collaboration among themselves and with government healthcare agencies. This system has proven effective during the Covid-19 pandemic. Consequently, it ought to be fortified to ensure equitable well-being for all.

The grassroots health care personnel can serve as a model for the public health system of any country interested in learning from Thailand's initiatives, especially given the complexity of the healthcare system in border towns of Thailand and its neighboring countries. Although ASEAN has established healthcare policies under the ASCC Pillar, these policies do not adequately address the situation in ASEAN border towns. Thailand, with its extensive borders with neighboring countries, bears the burden of excessive healthcare expenses for illegal migrants, particularly from Myanmar. Therefore, ASEAN should consider establishing a dedicated fund specifically for healthcare in ASEAN border towns to address emergency situations such as the influx of refugees into Thailand fleeing the fighting in Myanmar.

Thailand's experience vividly illustrates the detrimental impact on our safety when neighboring countries have ineffective healthcare systems. Consequently, it is imperative for ASEAN member countries, under the ASCC, to make elevating healthcare standards a top priority. Adopting this proactive stance is vital to fortify our ability to protect our populations in the face of potential future epidemics, calamities and conflicts. Moreover, it is crucial for our ASEAN region to establish and maintain sustainable health security measures.

NOTES

1. Sister cities were designated and approved by the cabinet in 2015.
2. Efforts to control and prevent the spread of communicable diseases across borders by bolstering the healthcare infrastructure and enhancing disease surveillance along the shared border of these two nations, with a specific focus on combating tuberculosis, malaria, and HIV, have yielded positive results.
3. The meeting was organized with the following objectives:
    a) To enhance public health cooperation between the two countries, with a particular focus on combatting malaria, HIV/AIDS, and tuberculosis.
    b) To prepare a joint action plan for border health initiatives.
    c) To establish a national cooperation mechanism, particularly at the local level, in border areas such as Chiang Rai - Tachileik Provinces, Tak Province - Myawaddy Province, Ranong-Koh Song, and Kanchanaburi Province - Three Pagodas Pass.

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