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POLICY BRIEF

Migration, Health Care, and Protection on the Thailand–Myanmar Border

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Executive Summary

Migration from Myanmar to Thailand's Tak border region has long been a lifeline for people escaping armed conflict, economic collapse, and restricted freedoms. Limited documentation, funding reductions, and ongoing political instability, however, intensify migrants' vulnerabilities in health, education, and protection. Reproductive health, communicable diseases, including HIV, mental health, and rehabilitation, place sustained pressure on border health systems. Localized collaboration between Thai authorities and civil society—through the Tripartite Collaboration Project, M Fund, Migrant Learning Centers, the Joint Information and Coordination Center (JICC), and the Tak Border Health Learning Center—offers practical models for more inclusive and resilient border governance.

Introduction

This brief examines migration, health care, and protection dynamics along the Thailand–Myanmar border, with a focus on Tak Province. The region currently hosts migrants from Myanmar, many of whom are fleeing protracted conflict, political repression, and economic crisis. Only about half possess legal documentation, which constrains access to health care, education, and safe employment.

While cross border migration to this area is not new, recent shocks—including Myanmar's 2021 military coup and significant United States funding cuts to temporary shelters (camps) in 2025—are reshaping mobility patterns and service needs. Civil society organizations (CSOs), community based groups, and local health institutions have become central providers of health, education, and child protection. This brief explores how these actors respond to rising needs and highlights opportunities for Thai authorities and donors to strengthen localized, coordinated responses.

Migration, Health Care, and Protection on the Border Drivers and patterns of migration

Movements from Myanmar to Tak Province are driven by intersecting political, economic, and security factors. Armed conflict, conscription, and economic collapse in Myanmar act as strong push factors, while demand for low wage labor in Thailand pulls migrants into agriculture, manufacturing, and service sectors. Many migrants remain undocumented, heightening their exposure to arrest, exploitation, and hazardous work.



Health care access and disease burden

Migrants frequently delay seeking care because of high costs, fear of arrest, discrimination, and language barriers. Health care is unaffordable for migrants who earn low wages or who struggle to find regular employment, and health insurance remains difficult to obtain. Funding reductions have pushed the capacity limits of civil society clinics as well as Mae Sot General Hospital, particularly in relation to reproductive health and communicable diseases such as HIV, tuberculosis, and malaria, alongside maternal health, chronic conditions, and emergency care.

Mae Tao Clinic (MTC) remains a key provider of antenatal care, deliveries, family planning, HIV testing and treatment, and infectious disease management for undocumented and low income migrants. Rising caseloads, continued political instability in Myanmar, and volatility in international funding threaten continuity and quality of care.



Education and Child Protection

Documentation barriers, language differences, and financial constraints limit migrant children's access to Thai public schools. Many families rely on Migrant Learning Centers (MLCs) supported by networks such as Burmese Migrant Workers' Education Committee (BMWEC), Burmese Migrant Teachers Association (BMTA), and Help Without Frontiers (HWF) facilitated by Migrant Education Coordination Center (MECC). MLCs have extensive community reach and flexibility but face chronic financial and legal insecurity.

Displacement, poverty, and family separation increase the risk of abuse, trafficking, unsafe and illegal labour for children. Community based child protection networks and the Child Safeguarding Task Force identify and refer cases, yet formal protection mechanisms and case management remain under resourced.

Localization and Collaborative Responses

Since 2023, there have been important efforts to localize and coordinate border health responses. Since 2025, the Tripartite Collaboration Project has brought together Mae Sot General Hospital, Mae Tao Clinic, and the Shoklo Malaria Research Unit to strengthen collaboration in medical and public health services. The partnership focuses on improving patient referral systems, exchanging clinical and research knowledge, and jointly enhancing surveillance, prevention, and control of priority communicable diseases in border areas and during public health emergencies, through five technical working groups on maternal and child health, primary care, emergency care, communicable diseases, and health information.

The Tak Border Health Learning Center (TBHLC) supports workforce development in the border context through curriculum development, joint training, and continuous learning opportunities for Thai and migrant health workers, while also promoting border health research and innovation. The Joint Information and Coordination Center (JICC), supported by TBHLC and partners, serves as a coordination and information hub that brings together government agencies, CSOs, health facilities, and academic institutions to share data and align responses across health, migration management, and protection.





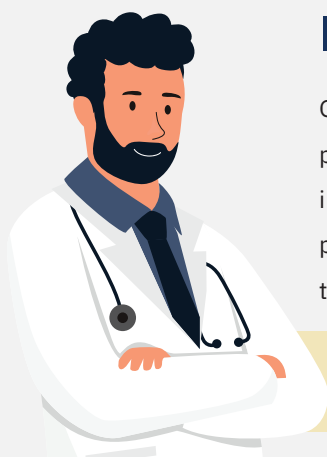
Figure 1: Capacity Building Training by Local Public Health Facilities

Insurance schemes such as M Fund expand financial protection for uninsured migrants, providing a practical complement to state systems and reducing delays in care. Flexible cross border assistance implemented through these resilient local networks has enabled collaborative initiatives to reach more migrant communities with essential services, demonstrating how task sharing and trust building between Thai authorities and CSOs can sustain services despite political and financial shocks.



Implications for Policy and Practice

Growing cross border migration, combined with constrained public budgets and shifting donor priorities, has important implications for community resilience and health system planning in border regions. Experience from Tak Province suggests the following priorities:



Inclusive and localized health systems

- ❗ Formally recognizing and supporting collaborative models such as the Tripartite Collaboration Project and JICC can improve continuity and quality of care across key border health priorities, including maternal and child health, primary health care, emergency services, communicable diseases, and health information systems.
- ❗ Insurance schemes such as M Fund can enhance financial protection for migrants and reduce delays in seeking care. Joint training and accreditation through TBHLC can strengthen workforce resilience by recognizing and upgrading the skills of existing health personnel (including midwives, nurse aides, and medical doctors) and by supporting the recognition of health facilities run by community based and non-governmental organizations.
- ❗ Granting greater flexibility in cross border assistance, with fewer restrictions and stronger recognition of existing resilient local networks, can further enhance the effectiveness and sustainability of localized border health responses.

Documentation and legal status



- ! Simplified, low cost registration and documentation pathways can reduce hesitancy, expand access to health and education services, and minimize children's vulnerability to exploitation and abuse.

- ! Stronger birth registration and identification systems for migrant children are critical for long term social and legal inclusion.

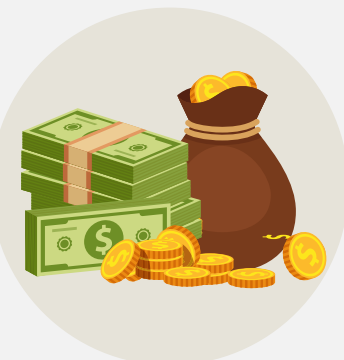
Bridging education and protection gaps



- ! Treating MLCs as complementary pathways into the Thai education system, with clear transition mechanisms and language support, can reduce school exclusion.

- ! Stronger links between community child protection networks, JICC, and formal protection systems can improve early identification and management of protection cases.

Stabilizing funding and coordination



- ! Diversifying funding sources and using pooled financing mechanisms can reduce the impact of sudden cuts on essential services such as health, education, nutrition, and the protection of women and children.

- ! Shared data from the Tripartite Collaboration Project, JICC, and TBHLC can guide resource allocation and policy design for border regions.

Further reading

- Mae Tao Clinic. (2019–2024). Biennial and annual reports. accessed 12 December 2025. Retrieved from <https://maetaoclinic.org/publications/annual-reports/>
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About this brief

Mae Tao Clinic (MTC) is a community-based health and social service provider located in Mae Sot, Tak Province, Thailand. MTC works with migrants, refugees, community-based organizations, and Thai health authorities to improve access to essential health care, education, and protection for communities along the Thailand–Myanmar border.

This brief draws on service data, field experience, and collaborative initiatives coordinated through the Tripartite Collaboration Project and the Joint Information and Coordination Center (JICC), including the Tak Border Health Learning Center.

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