THAILAND

CAMBODIA

VIETNAM

FINAL EVALUATION

EVALUATION OVERVIEW

THE M-FUND : A LOW COST, NOT-FOR-PROFIT HEALTH INSURANCE FOR MIGRANT WORKERS

Evaluator: Health Management Support Team (HMST)
Evaluation date: february 2022 - june 2022

Key project data

→ **Pays :** Thailand

→ **Budget :** € 661,247

→ **Porteur :** Dreamlopments (DLP)

→ **Date de début :** 01/03/2019
Date de fin : 28/02/2022

→ **Partenaires :** Shoklo Malaria Research Unit (SMRU), Ministry of Public Health Thailand, Tak PHO, Sakaeo PHO

Background

There are around 4.9 million non-Thai residents in Thailand. Most are from Cambodia, Laos, Burma and Vietnam (3.9 million documented and undocumented migrant workers). In 2021, official records documented around 2.4 million registered migrant workers in Thailand and estimated there to be 1.5 million unregistered migrant workers living in the country. These migrant workers mainly work in low-skilled jobs and face various challenges, such as severely limited access to health services. Registered migrant workers are required to sign up to the Ministry of Labor social security scheme or the Ministry of Public Health (MOPH) compulsory health insurance for migrants. However, many migrant workers are not currently covered by these government insurance schemes (low coverage among both registered migrants and unregistered migrants, who are not eligible to subscribe).

Project leads and implementation approach

M-FUND is a voluntary, not-for-profit health insurance scheme launched in 2007, which enables migrant workers who are not currently covered by government insurance schemes to access low-cost health coverage. M-FUND is managed by Dreamlopments, which is registered both as a social enterprise and as a foundation with the Thai authorities. The project has approximately 40 employees, including community workers.

Project objectives

Overall objective

Scale up implementation of M-FUND to extend universal health coverage to migrants in Thailand and border populations in Burma, while making significant progress towards the financial sustainability of M-FUND.

Specific objective 1

Strengthen implementation and enrolment/ retention in M-FUND in Tak-Myawaddy and in at least two new provinces in Thailand.

Specific objective 2

Through M-FUND, provide access to quality health care services for migrants and border populations through a network of partner health care providers.

Specific objective 3

Generate strong support and participation from policymakers in Thailand and Burma, local organizations and international institutions, for the expansion of M-FUND as a recognized effective mechanism to address the lack of universal health coverage.

Evaluation results

Promoting knowledge of health insurance and health coverage

Promoting knowledge about health insurance does not happen systematically with migrant workers, but activities of this kind can change knowledge, attitudes, perceptions about health insurance and improve health coverage. A total of 38,503 migrant workers (66% women) have registered voluntarily in all project areas, but only 18,147 are considered active. M-FUND has provided financial support with 44,497 consultations and hospitalizations. Enrolments have benefited from the peer-based approach and the trust that community workers have built up with local migrant communities. Some migrant workers still encounter many language-, security- and transport-related barriers... The results in terms of health service coverage show that the project is relevant and effective. The project facilitates access to better quality care and allows for wider coverage for beneficiaries. In addition, health service coverage has generated significant financial gains for migrant workers, health service providers and the Thai government.

Advocacy

DLP has been identified as a key partner in efforts to ensure the rights of migrant workers, particularly in relation to its role in the migrant health policy reform process discussed at the National Health Assembly. In addition, the pathway to care that M-FUND provides reduces stigma and discrimination against unregistered migrant workers and improves health services.

Governance and partnership

Although links have been established with other civil society organizations, these links are not strategically operational and have not been fully explored. A partnership with the "migrant health program" would present a key opportunity. Migrant workers could be significantly involved in all aspects of the project and in strategic decisions. Developing an approach of this kind would improve results and enhance the relevance of planned tools and activities. The ratio of M-FUND beneficiaries per community worker is monitored. At all project sites, the 37 community workers manage an average of 440 members, which poses a significant risk to the project's viability.

Expansion and sustainability

The project has been successfully expanded across Thailand, adapting to local contextual issues. **Expansion planned in Phase II of the project into Burma and Cambodia** shows that the project is relevant in both Thailand and beyond. However, this multi-country expansion could jeopardize DLP's ability to establish a sustainable presence in Thailand. Setting up in certain countries could drain considerable resources at the expense of the central project in Thailand. Herein lies tension between sustainability and coverage goals. Increased coverage is likely to increase costs for DLP (reducing the likelihood of financial self-sufficiency); while improved financial self-sufficiency is likely to reduce health service coverage.

CONCLUSIONS AND RECOMMENDATIONS

M-FUND provides a **unique product to vulnerable migrant workers to facilitate access to affordable, high-quality health services**. The evaluation highlighted the relevance, effectiveness and beneficial impact of the project for beneficiaries. M-FUND has evolved considerably by developing the way it is structured in line with external opportunities and constraints, which demonstrating it has a strong ability to adapt. Opportunities have been identified in all components of the project, such as promoting health insurance knowledge, human resource management, coverage of health services as a basic service provision, advocacy and capacity building…

The recommendations below have helped to enhance programming for Phase 2 of the project.

Short-term recommendations:

- Facilitate greater meaningful participation of beneficiaries and migrant workers in all relevant project activities;

- Develop information, education and communication materials for people with low literacy skills;

- Continue to advocate for law and policy reform at the national level while advocating locally to overcome operational barriers;

- Develop communication tools, an advocacy plan, a monitoring and evaluation strategy and a risk management plan.

Medium-term recommendations:

 - Establish a governance board, steering committee and community advisory boards - Establish strategic partnerships to support project components beyond health service coverage;

- Gather more comprehensive data on M-FUND members and migrant workers in Thailand, including around sexual orientation and gender identity;

- Consider expanding coverage to better meet women's needs, including by improving coverage during pregnancy.

L'INITIATIVE
sida, tuberculose, paludisme