



THE M-FUND: A LOW-COST, NOT-FOR-PROFIT HEALTH ACCESS FUND FOR MIGRANTS, STATELESS AND MARGINALIZED BORDER POPULATIONS

Dr. Nyan LINN, Head of Programs, Dreamloppments Foundation

PRESENTATION OUTLINE

- 📌 Background
- 📌 Mission and objectives
- 📌 Project growth timeline
- 📌 Project mapping and partners
- 📌 How M-FUND operates
- 📌 M-FUND members
- 📌 Services utilization
- 📌 Challenges
- 📌 Solutions
- 📌 Impact research
- 📌 Long-term plans

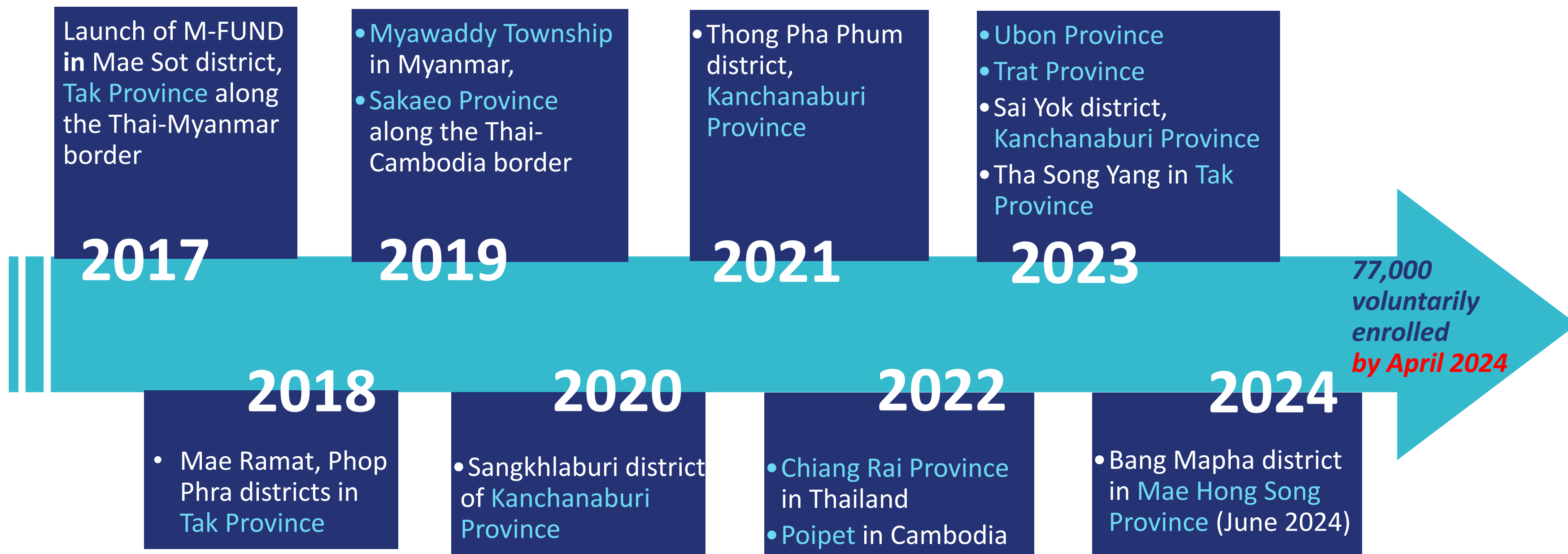
BACKGROUND

- Thailand has achieved 100% Universal Health Coverage for Thai citizens.
- Registered migrants (estimated 3 millions) can enroll into the Social Security Scheme (MOL) or the Migrant Health Insurance (MOPH), but some do not enroll or discontinue for various reasons.
- Estimated 1 million unregistered migrants have no health protection through government insurance.
- Lack of health protection represents an equity gap and also a health security risk and financial burden for the country.

MISSION & OBJECTIVES

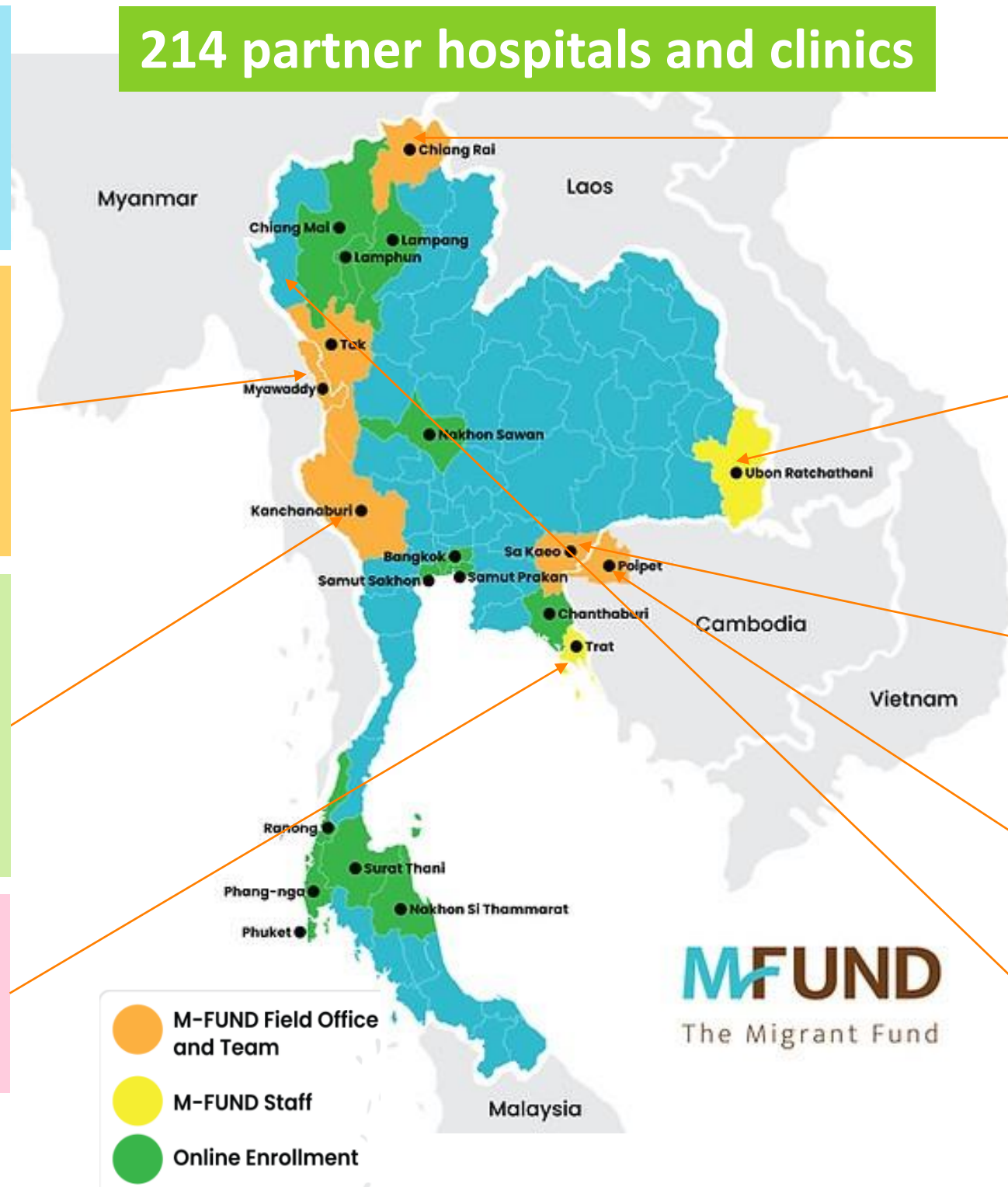
- M-FUND is a **low-cost, not-for-profit**, community health access fund for unregistered migrants and mobile border communities not covered by government insurance schemes.
- M-FUND aims to:
 - Offer **affordable and sustainable** access to broad quality health care services for this population.
 - Closing the gap of **Universal Health Coverage** in Thailand.

PROJECT GROWTH TIMELINE



PROJECT MAPPING AND PARTNERS

214 partner hospitals and clinics



Tak (2017)

- Mae Sot, Mae Ramad, Phop Phra, Tha Song Yang District Hospitals
- SMRU clinics, MTC clinic
- Ronnatrai Clinic

Myawaddy (2019)

- Myittamon hospital and pharmacies
- Sitagu Hospital
- Chan Myae Clinic,
- SMRU Shwe Kokko Clinic
- Myawaddy General Hospital

Kanchanaburi (2020)

- San Jai Dee clinic, Jai Pramote clinic
- Sangklaburi, Tong Pha Phum, Sai Yok District Hospitals,
- 10 active sub-district health promotional hospitals

Trat (2023)

- 7 government hospitals
- 5 active sub-district health promotional hospitals

Chiang Rai (2022)

- 18 government hospitals.
- 11 active sub-district health promotional hospitals

Ubon Ratchathani (2023)

- 26 government hospitals
- 3 sub-district health promotional hospitals

Sakeao (2019)

- 9 districts hospitals
- 108 sub-district health promotional hospitals

Poipet, Cambodia (2022)

- Poipet Referral Hospital

Mae Hon Song (June 2024)

- Pang Mapha Hospital

- M-FUND Field Office and Team
- M-FUND Staff
- Online Enrollment

M-FUND
The Migrant Fund

HOW M-FUND OPERATES



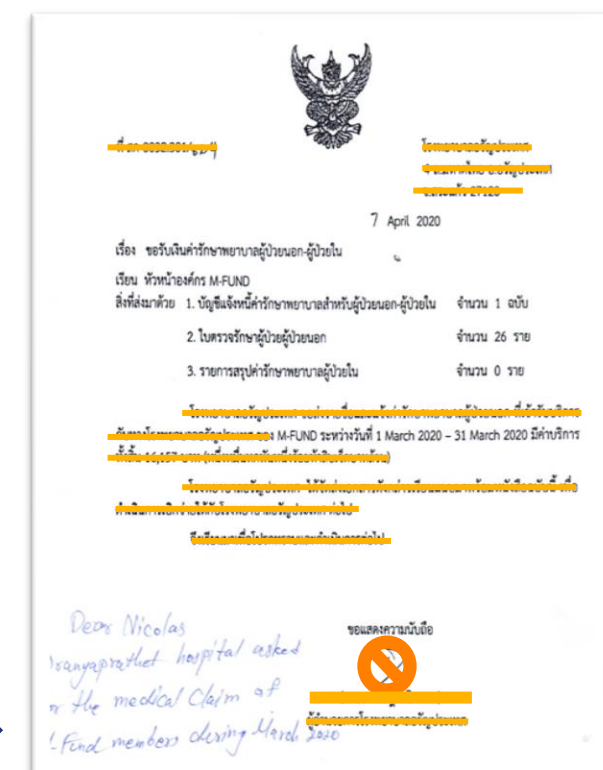
M-FUND community workers promote M-FUND and enroll new members from community.



Members receive a M-FUND card with unique ID card



M-FUND members bring the ID card to hospitals.

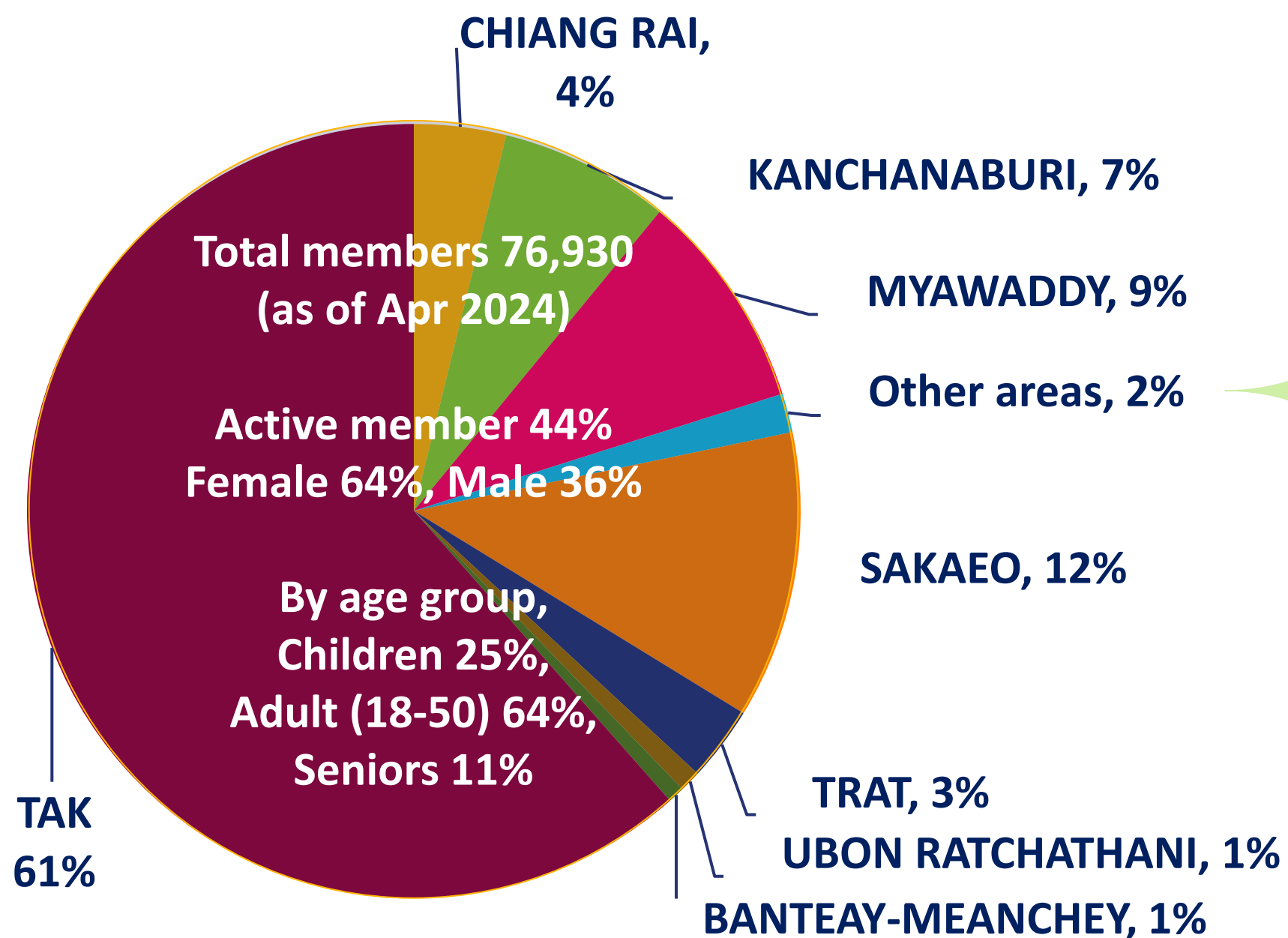


Partner hospitals send the medical bills directly to M-FUND every month.



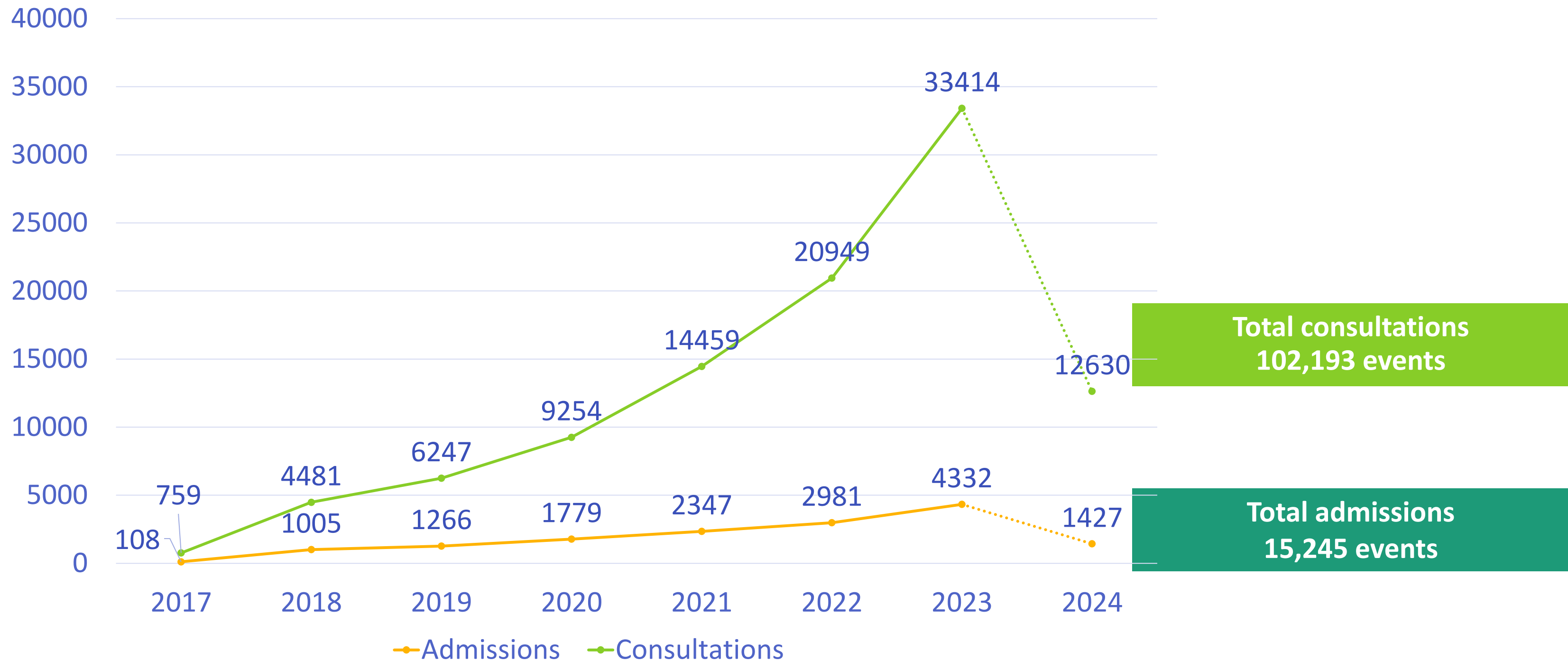
Partner hospitals scan the card and provide healthcare to members.

M-FUND MEMBERS (AS OF APRIL 2024)



Province	Count of Member
BANGKOK	14
CHANTHABURI	18
CHIANG MAI	170
LAMPANG	6
LUMPHUN	23
NAKHON PATHOM	2
NAKHON SAWAN	3
NAKHON SI THAMMARAT	2
PHANG NGA	484
PHUKET	3
RANONG	6
SAMUT PRAKAN	1
SAMUT SAKHON	5
SURATTHANI	503
Total remote enrolled members	1240

SERVICES UTILIZATION (AS OF APRIL 2024)



CHALLENGES



Maintaining optimum coverage of healthcare services while progressing towards financial sustainability



Adverse selection






Drop-outs among members



Daily field visits among community workers

SOLUTIONS

-  M-FUND has made major progress since the beginning, but there still is a 15-30% gap.
-  M-FUND does **periodic actuarial analysis** with micro-insurance experts to review current plans.
-  In April 2024, M-FUND introduced **Plan 5.0**, integrating recommendations from the expert, team members and partner organizations.

IMPACT RESEARCH

- A PhD candidate from the University of Heidelberg in Germany researched access to healthcare services of M-FUND members versus non-members. The data was collected in 2021, and the manuscript was recently published in May.

- Findings show that being M-FUND members has a **positive association** with the utilization of health services, therefore, M-FUND **reduces the barriers** among migrants to essential healthcare.
- Compared to non-members, M-FUND members are **more likely** to assess outpatient/inpatient services, and additional services such as blood tests and imaging tests. They are **less likely** to buy over-the-counter drugs.



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Journal of Migration and Health

journal homepage: www.elsevier.com/locate/jmh



The impact of the health microinsurance M-FUND on the utilization of health services among migrant workers and their dependents in Thailand: A case-control study

Andrea König^a, Jarntrah Sappayabanphot^b, Li Liang^c, Steffen Fleßa^d, Volker Winkler^{a,*}

^a *Epidemiology of Transition, Heidelberg Institute of Global Health, Heidelberg University Hospital, Im Neuenheimer Feld 130.3, Heidelberg 69120, Germany*

^b *Faculty of Science, Asia Pacific International University, Saraburi, Thailand*

^c *Faculty of Public Health, Thammasat University, Pathum Thani, Thailand*

^d *Faculty of Law and Economics, University of Greifswald, Germany*

LONG-TERM PLANS



Coverage and extensions:

- Extend coverage in border provinces of Thailand and beyond to other settings.
- Identify gaps in the current model and improve retention rate among members
- M-FUND application is currently under upgrade to increase efficiency and workload.



Financial sustainability:

- Continue closing the gaps and progress toward financial sustainability with M-FUND 5.0
- Improve operational efficiency and monitor costs of care among members.
- Conduct periodic analysis of its financial models with experts.



Policy reform:

- Advocate for the provision of free healthcare to all people on Thai soil.
- Advocate for the formal recognition of M-FUND as a health protection scheme for migrants through a “social contract” with the MOPH.
- Continue to inform the design/reforms of migrant health protection/insurance to relevant stakeholders and complement universal health coverage in Thailand among migrants.

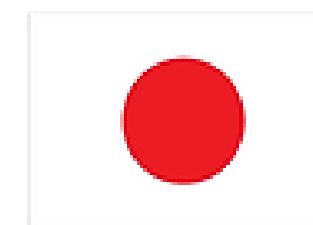
ACKNOWLEDGEMENTS

1. Current Funding partners:

- a. Global Fund through World Vision and IOM.
- b. L'Initiative through Expertise France.
- c. The People of Japan, through IOM.

2. Operational and other partners:

- a. MOPH, Tak PHO, Sakaeo PHO, Chiang Rai PHO, Ubon PHO, Trat PHO, all government hospitals.
- b. SMRU, MTC, RC, MTMH, MWH, CMC, SJDC, JPC.



From
the People of Japan



THANK YOU

For more information, please visit
<https://www.m-fund.online/>