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PROBLEMS AND OBSTACLES IN REFERRING PATIENTS ACROSS THE BORDER: A CASE STUDY OF THAILAND-LAO PDR.

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Abstract

The objectives of this research were 1) to study the problems and obstacles in referring patients across the border between Thailand and Lao PDR. and 2) to present the guidelines for developing the referral of patients across the border between Thailand and Lao PDR. This research used qualitative research tools. The data were collected by in-depth interviews to make a specific selection of 1) 1 person of Provincial Public Health or representative, 2) 4 persons responsible for international patient referral system; 2 persons of Thailand and 2 persons of Lao PDR, 3) 1 Chief Emergency Physician or representative of Thailand and 1 person of Lao PDR, 4) 2 persons of custom checkpoint officers or representatives, and 5) 4 persons of support team, totaling 13 people, using pseudonyms instead of interviewees. The research findings showed that 1) The problems encountered arise from the work of staffs and patients, including patients' relatives, such as incomplete documents, deportation due to illegal immigration, delivery form, problem of cost of treatment, language misunderstandings. 2) Between the agencies in Mukdahan and Savannakhet provinces, the official telephone or online systems must be developed to forward information. The agreement should be made for an ambulance from Thailand to pick up emergency patients. The border crossing points should be improved to facilitate the referral of patients. The private sector should be proposed to participate in the operation.

Keywords: Referral of Patients, Border, Thailand-Lao PDR.

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Background and Significance of Problem

From the border security management plan (2016-2021) as the government of General Prayut Chan-ocha announced to the National Legislative Assembly in 2014 to prepare for the ASEAN Community, the importance has been given to border security affairs, emphasizing cooperation in all aspects of work, both bilateral and multilateral. A mechanism and format for urgent border management has been established. This has led to the establishment of the Special Economic Zone Committee. There is a study and preparation of a border security management plan in the Special Economic Zone areas to achieve concrete management. It has led to approaches according to the border security management development plan (2016-2021) consisting of 10 aspects. The 1st aspect is the border area protection system development. The 2nd aspect is the development of a security threat warning system. The 3rd aspect is to create a link to the cross-border movement database of goods and vehicles. The 4th aspect is the development of cross-border traffic systems to be able to prevent and control illegal entry into the country and transnational crime problems. The 5th aspect is the cross-border foreign worker system. The 6th aspect is the development of an epidemic testing system and a cross-border patient referral system to provide people with access to basic health services for people along the border and the movement of patients across the border. The 7th aspect is to organize security problems or control the use of areas with overlapping border problems. The 8th aspect is the development of the news system. The 9th aspect is the support and development of psychological operations in border areas. The 10th aspect is to organize surveillance of coastal areas (National Security Act, 2016).

Thailand International Cooperation Agency (TICA) has a border health project to engage the cooperation for international development of Thailand in the field of public health and neighboring countries. The Thailand's border public health strategy 2017-2021 is considered to create a work plan for dealing with infectious and emerging diseases that will occur along the border of Thailand and neighboring countries. It is a proactive project to offer government support. At that time, special economic zones have been announced in provinces along the border and regional cooperation is promoted.

The Ministry of Public Health has realized and seen the importance of preparing to deal with health care needs and preparing to deal with infectious and emerging diseases that will occur along the borders of Thailand and neighboring countries. The objective is to raise awareness and prepare for dealing with infectious diseases and new emerging diseases along the border. The cooperation between Thailand and neighboring countries covers target groups of both Thais and migrant workers. This includes the cooperation of Ministry of Public Health and border Provincial Public Health Offices (Thailand International Cooperation Agency, 2022). From the above information, when the plan is implemented across the border, problems will be caused. The researcher wanted to study the problems that arise in the cross-border patient referral system and would like to know about ways that can promote or support solving government policy problems. Therefore, the research study focuses on the real problems in the area of Mukdahan Province which is important as a special economic zone that has not been studied by any agency.

Literature Review

Border Public Health

The Thai government has taken proactive steps to prevent and solve public health problems with neighboring countries. We have cooperated with neighboring countries in developing and upgrading the public health capacity of neighboring countries. Under the cooperation in which TICA is the main agency for integrating operations, TICA considers Thailand's border public health strategy 2017-2021 and policies/strategies of neighboring countries in the public health sector to create a public health cooperation plan for the period of 3 years with Cambodia,

Myanmar and Lao PDR. TICA started in Cambodia as the first country. “The project to raise awareness and prepare for infectious and emerging diseases along the Thai-Cambodia-Myanmar-Lao PDR border” is a proactive project to offer government support. At that time, special economic zones have been announced in border provinces (Salee & Southong, 2022). Regional cooperation has been promoted. There is development and creation of transportation routes connecting countries. This causes the movement of workers across borders from neighboring countries to work in Thailand due to employment opportunities and higher incomes. TICA and the Ministry of Public Health target both Thais and migrant workers. “Cooperation with neighboring countries to prevent disease at the source” therefore results in integration in collaboration between Thai border provincial public health offices and public health offices of neighboring countries (Thailand International Cooperation Agency, 2022).

Dynamics of Global Health

The global health concept emerged during the period of rapid international communication. It results in health problems crossing borders quickly becoming multidimensional and complex. Therefore, the term global health is widely discussed. The concept of global health emerged in the 19th century during a time when international communication was thriving, leading to the rapid emergence of cross-border health problems. This led to more complex challenges in addressing these global health issues. As a result, health problems evolved from being primarily confined to individual countries to taking on a global and multifaceted nature. Global health thus refers to the health of populations on a global scale, addressing perspectives and issues related to any country. External non-state actors play an increasingly important role in global health. At the global level, there are at least two significant organizations with key roles in global health: the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). Established in 1946, both organizations operate under the policy influence of the United Nations and their work often intersects with other international concerns as follows: 1) Global health as international policy, 2) Global health as a security issue, 3) Global health as charity, 4) Global health as an investment, and 5) Global health as public health.

Global health has multiple dimensions and the number of organizations involved has increased significantly, both in the public and private sectors. These organizations have different concepts and objectives, making the understanding of global health more complex than the traditional focus on individual health. The shift in health concepts and the dimensions of global health has led to changes in the roles of relevant organizations. Global health organizations at the global level, such as the World Health Organization, or UNICEF, which were once significant in both policy and finance, have had much-reduced roles, especially since around 2000. This is partly due to the problems within the World Health Organization itself, particularly related to inefficient management and the influence of developing countries. This situation is because the budget system relies on contributions from developed countries, and these contributions are often tied to the priorities and interests of the donors. This has given rise to many new organizations called Global Health Initiatives, with more than a hundred such organizations. The major organizations include the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the Global Alliance for Vaccines and Immunization (GAVI), and the World Bank Multi-Country AIDS Program (MAP). These organizations receive funding from various sources. The increased funding has expanded healthcare coverage and services, such as providing more AIDS patients with antiretroviral drugs and distributing bed nets for malaria prevention. It has also led to problems within the healthcare system. This includes issues of equity in healthcare delivery, as resources have been used for specific diseases, often leaving insufficient resources for other important health issues (Malahom et al., 2019). Additionally, staff have been drawn into projects funded by these organizations, while other non-funded programs have been neglected. As a result, healthcare investment has become focused on specific diseases, rather than holistic health system development (Kanchanachitra, 2015).

1) Global health refers to health issues that transcend national borders and require collaborative efforts at the global level to address and define the health of populations.

2) Global health emphasizes issues that have direct and indirect impacts on health that can cross international borders. Addressing these issues necessitates global cooperation to develop and solve problems, with the primary goal being to create health equity between countries and/or the government. This operation requires expertise in various fields within and outside of the health sector (Saengsri & Yothasamut, 2020).

3) Global health pertains to the health of populations within the context of the world, crossing national borders, from the perspective and issues of a specific country. It involves external mechanisms from various non-state actors playing an increased role.

4) Global health is a health issue that requires collaborative efforts across multiple countries and cannot be effectively addressed by a single country alone. This includes outbreaks of infectious diseases that cross borders, such as MERS and SARS, as well as non-communicable diseases and health product issues, like tobacco and alcohol (Kanchanachitra, 2015).

Therefore, it can be concluded that global health is a focus on issues that have both direct and indirect effects on the cross-border health of a country. The cooperation from many countries around the world is relied on in developing and implementing solutions to prevent disease in the population and treat disease at the individual level in both parts. Its main objective is to create fairness in the health of various countries in the world for all people. This requires high interdisciplinarity and participation from various sectors in driving forward the dynamics of global health.

Meanwhile, health system problems can have both economic and social impacts. The world health operations are divided into 5 dimensions:

1st Dimension: As international policy, the purpose is to give importance to trade, investment, and economic growth. The diseases or illnesses that are given importance include emerging, re-emerging infectious diseases and AIDS because they are diseases that can affect the economy and the image of the country.

2nd Dimension: As a security issue, the main objective is to fight terrorism with biological weapons and various drug resistant infections, which is considered health security, etc.

3rd Dimension: As for charity and humanitarianism, the objective is to solve the problems of poverty, hunger, and malnutrition occurring in poor and underdeveloped countries.

4th Dimension: As for the investment, the objective is to provide stimulation, develop the economy derived from health development, such as maternal and child health, nutrition, and immunization or health insurance. This will result in people being healthy and more productive for society and the community.

5th Dimension: As for public health, the objective is to provide every human being in the world with good health and quality of life, especially people in developing countries and poor countries. (Ministry of Public Health, 2016).

Research Methodology

This research is qualitative. The data were collected from documents, handbooks for cross-border patient transfers, related research, and real-time data gathered during the research period from 1st March 2022 to 30th January 2023. The study uses purposive sampling, which involves selecting specific individuals or groups for the research. The sampled individuals or groups include 1) 1 person of Provincial Public Health or representative, 2) 4 persons responsible for international patient referral system; 2 persons of Thailand and 2 persons of Lao PDR, 3) 1 Chief Emergency Physician or representative of Thailand and 1 person of Lao PDR, 4) 2 persons of custom checkpoint officers or representatives, 5) 4 persons of support team, totaling 13 people, using pseudonyms instead of interviewees.

Research Findings

The study uncovered several problems and obstacles in cross-border patient transfers between Mukdahan Province, Thailand, and Savannakhet Province, Lao PDR. The identified issues include incomplete documentation in compliance with mutual agreements, deviations from legal protocols in repatriating individuals due to inadequate information. However, such cases are not widely found.

“Coming to work for 4 years, I have encountered this type of incident 2 times. Traveling by private car, patients come to receive treatment at a private clinic and buy medicine back. However, as their illness became serious along the way, they came for emergency treatment at the hospital. Then on the return trip, they had to use the cross-border referral system to return for treatment” (Head of Emergency Medicine). As the Lao PDR. has a policy for cross-border referral for treatment through a provincial hospital, the submission form contains quite a lot of details and the understanding of the language and information from the source to the destination sometimes causes problems. *“The systems for treatment and filling out history are quite different. Historical records only indicate the disease to which the patient was referred. But upon arrival, complications were found when taking a new history”* (Head of Emergency Medicine). Regarding the problem of treatment costs, *“The Lao government has no policy of sending patients abroad for treatment. Patients must pay themselves”* (Support Team No.1 from Lao PDR.). The referral of patients from provincial hospitals to hospitals in Thailand also face misunderstanding of language such as *“communication between doctors or officials and patients who are ethnic groups”* (Support Team No.2 from Lao PDR.). For the policy proposals between Mukdahan Province area agencies and Savannakhet Province, the official telephone or online system must be developed to forward information. An agreement should be made for an ambulance from Thailand to be able to pick up emergency patients. *“Border crossing points should be improved to facilitate the transfer of patients. The private sector should be proposed to participate in the operation”* (Representative of customs officers).

Conclusion and Discussion

The challenges and obstacles in transferring patients across the border between Mukdahan, Thailand, and Savannakhet, Lao PDR. are primarily of a technical nature. The research conducted by Malahom et al. (2019) studying the development of cross-border patient referral system between Thailand and Laos PDR with a case study in Ubon Ratchathani and Jampasak. It suggests the establishment of twin cities that integrate quality assurance and guidelines for efficient communication and patient referral. This is achieved through Line application or other mobile applications to facilitate emergency patient referral. The management of cross-border patient transfers between twin cities and neighboring countries is integrated with routine operations. It involves the collaboration of the public sector, private sector, and civil society, along with the opportunity for areas to develop themselves and expand their networks. Work is carried out through team networking and using the public health system’s diplomatic tools to reduce conflicts in operations with neighboring countries. The problems that arise are similar while the working conditions in each region can vary due to their specific characteristics. The readiness of each area differs, and the patients coming from neighboring countries to receive medical treatment in hospitals require the involvement of related hospitals and sectors in their healthcare. Increased expenses beyond the allocated budget pose a problem that cannot be resolved by the national budget alone, making private sector involvement crucial for the sustainability of the public health system.

The suggestions obtained from this research are 1) Increase private sector, NGOs, and international organizations’ involvement and support by allocating more resources to enhance cross-border patient transfer operations. 2) Develop the operation, official telephone or online system for data transfer and document creation to facilitate communication and coordination.

The agreements should be established for cross-border ambulance services between Thailand and neighboring countries. The border crossing points should be improved to make patient transfers more convenient. 3) Provide comprehensive training to all relevant agencies involved in cross-border patient referral to ensure a thorough understanding of the cross-border patient referral system.

Suggestions for future research are 1) It is essential to conduct a comparative study of cross-border patient referral issues in different border areas, such as the Thailand-Myanmar, Thailand-Cambodia, and Thailand-Malaysia borders in order to analyze and compare these experiences to help develop future strategies for improvement. 2) The problems should be investigated originating from the source of cross-border patient referral.

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Data Availability Statement: The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

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