# RETHINKING CROSS-BORDER HEALTH COOPERATION IN CONFLICT

*Adaptive humanitarian mechanisms sustaining access to care along the Thailand–Myanmar border*

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## INTRODUCTION

Thailand and Myanmar share a border of more than 2,400 km. Since Myanmar's 2021 military coup, conflict, attacks on health facilities and displacement have weakened access to care and increased pressure on Thai border services.

Formal government-to-government cooperation remains feasible only in selected areas, raising a critical question: how can cross-border health functions continue when formal bilateral cooperation is constrained?

## OBJECTIVES

To examine how humanitarian and semi-formal cross-border mechanisms support access to care and health security where formal bilateral cooperation is constrained.

## METHDOLOGY

### Study Design

Qualitative policy research | Nov 2025–Mar 2026

### Data Collection

110 participants | 29 sessions
16 focus group discussions • 13 semi-structured interviews
📍 Bangkok • Chiang Mai • Tak • Mae Hong Son + online

### Participants

Participants represented public authorities, health providers, humanitarian and civil society organisations, academic institutions and Ethnic Health Organisations (EHOs).

### Analysis

Documents → policy–practice gaps
Interviews/FGDs → thematic patterns
Policy synthesis → content, context, process & actors

### Validation

triangulated findings across data sources and validated interpretations with stakeholders in May 2026.

## RESULTS & DISCUSSION

### FINDINGS-BASED CONCEPTUAL MODEL

Adaptive cross-border cooperation when formal bilateral mechanisms are constrained

**CONFLICT & CONSTRAINED FORMAL COOPERATION**

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**LOCAL / SEMI-FORMAL ADAPTIVE COOPERATION**

**PATIENT PATHWAY** — Patients move to care
Myanmar communities → EHOs / NGOs → **Referral Green Lane** → Thai hospitals

**SERVICE PATHWAY** — Providers connect levels of care
Community / ethnic providers ↔ **Twin Clinics / Twin Villages** ↔ Thai health facilities

**INFORMATION PATHWAY** — Alerts move across the border
Myanmar health actors ↔ **Professional & surveillance networks** ↔ Thai counterparts

**ENABLING CONDITIONS**
**TRUST • LOCAL DISCRETION • POLITICALLY ACCEPTABLE INTERMEDIARIES**
Mechanisms were adapted to local capacity, language, security conditions and counterpart institutions.

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**CONTINUITY OF CARE + OUTBREAK PREPAREDNESS**

**Core finding: institutionalise essential functions while preserving locally adapted operational flexibility.**

## KEY INSIGHTS

When formal bilateral cooperation was constrained, essential cross-border functions continued through locally adapted, semi-formal arrangements linking ethnic health organisations, civil society actors and Thai health services.

Across these arrangements, three recurring functions emerged: patient referral, service coordination and outbreak intelligence.

## EMPERICAL EXAMPLES

1. Cross-border referral — Mae Sariang
LINE groups coordinated emergency transfers; advance notification and verification supported non-emergency referrals.

2. Service coordination — Pang Mapha & Mae Sot
Semi-formal partnerships linked ethnic/community providers with Thai health facilities for frontline assessment, specialist consultation and referral.

3. Outbreak intelligence — Cholera response
During a cholera outbreak in Myanmar, alerts reached Thai counterparts within three days, enabling surveillance and response.

## DISCUSSION

TRUST • LOCAL DISCRETION • POLITICALLY ACCEPTABLE INTERMEDIARIES

These mechanisms depended on trusted relationships, local discretion and intermediaries able to operate across politically fragmented settings. Differences in capacity, language, security and counterpart institutions made a single standardised operational model impractical.

This suggests that cross-border cooperation in conflict may be more resilient when essential functions are maintained through context-adapted arrangements rather than a uniform organisational model.

**Scope:** Findings derive from selected Thailand–Myanmar border settings; transferability depends on local political, security and health-system conditions

## CONCLUSION

Institutionalise the function — preserve the flexibility.

Conflict-affected borders require more than conventional bilateral cooperation. Essential referral, service coordination and surveillance functions should be formally enabled through clear authority and safeguards, while preserving locally adapted operational channels.

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