

15109 / Humanitarianism as Health Security: Cross-Border Policymaking under Constrained Sovereignty along the Thailand–Myanmar Border

workshop : Decolonial Feminist Pathways in Critical Policy Analysis: Rethinking Policymaking, Knowledge, and Governance in the Global South

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ABSTRACT

How do public policies emerge when humanitarian action and health security become inseparable, and when state authority is fragmented and politically constrained? This paper examines policymaking processes in humanitarian health governance along the Thailand–Myanmar border, a setting shaped by protracted conflict, cross-border displacement, and declining international humanitarian funding. The case challenges state-centric and territorially bounded models of policymaking that dominate much of the public policy literature.

Since the 2021 military coup in Myanmar, health risks along the border have intensified, including disrupted immunization, rising infectious diseases, and growing pressure on border health systems. At the same time, formal channels of state-to-state cooperation persist, but effective authority and implementation capacity no longer extend consistently to border areas. In this context, humanitarian health interventions have been reframed by Thai public institutions as matters of health security, linking the protection of displaced populations with outbreak prevention and national risk management. This reframing has enabled policy action in a politically sensitive environment, while also constraining how openly policies can be articulated and institutionalized.

The paper asks how policymaking processes operate when health security concerns justify humanitarian action, but sovereignty, authority, and legal mandates remain uncertain. Drawing on decolonial critiques of governance in the Global South, the paper conceptualizes border health governance as a form of hybrid policymaking. Policy decisions emerge through negotiation, precedent, and pragmatic adaptation, rather than through formal policy cycles or centralized authority.

Empirically, the paper draws on qualitative material from a policy-oriented research project conducted in 2024–2025, including multi-agency stakeholder consultations and focus group discussions with Thai government agencies, border hospitals, international organizations, and civil society actors. These materials are used to trace how health security threats are defined, how responsibilities are negotiated across institutions, and how policy implementation proceeds through informal and low-key coordination mechanisms.

The analysis highlights three key dynamics. First, humanitarian health and health security rationales are deeply intertwined, allowing policy actors to justify intervention while avoiding explicit political commitments. Second, policymaking relies heavily on informal practices and administrative workarounds that remain weakly codified but operationally effective. Third, local and frontline actors play a critical role in sustaining health security functions, even as their knowledge and practices remain marginal in formal policy frameworks.

By foregrounding health security as a driver of humanitarian policymaking, this paper contributes to debates on public policy in the Global South by illustrating how governance operates under constrained sovereignty. It demonstrates how decolonial perspectives help explain policymaking in borderlands, fragile political contexts, and hybrid governance arrangements. The paper speaks directly to the workshop's focus on rethinking policymaking processes in the Global South and offers a grounded case for comparative reflection across regions facing similar security–humanitarian entanglements.