Addressing the challenges and opportunities of migration as part of sectoral strategies - Health

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Healthy Thailand Policy

• Universal Coverage of Health Security
• Primary Care strengthening: subdistrict health center->Health Promoting Hospital
• Community Participation: Voluntary Health worker
• etc.
Migrant workers in Thailand

Total Registration Dec, 2010
1,168,824

Source: Office of Foreign workers Administration, MoL
Migrant Age structure
Migrants workers: impacts on health systems

- Communicable Diseases : HIV, Elephantiasis, Syphilis, etc, HBV, HCV, HAV, Poliomyelitis
- Re-emerging diseases : Pulmonary Tbc.
- Maternal and Child Health
- Sanitation, Environment
- Human Trafficking
- Health Expenditure and Burden
- Health Risks for Thai People
Immigration Bureau, National Security Council, Military
Ministry of Interior

Law
Security

Health
Human Rights

Economy
Interest

Ministry of Public Health
NGO

Ministry of Labor
Local Government, Employer
Vision: "Healthy, High productive labor force with ensuring health security, prepared the health service system under multisectoral network and community participation.

Tactic 1: Health Service System
Tactic 2: Health Care Security
Tactic 3: Self Care and Community Participation
Tactic 4, 5: Management and Information System

1. Healthy Migrant, Minority
2. Health Service Delivery
3. Health Care Security
4. Adequate Input
5. Promotion
6. Prevention
7. Management
8. Information System
9. Integration of care, Specific Service System: HIV, Violence
10. Catchment Area
11. Benefit Package
12. Referral System
13. Safety Net, High Cost, AE
14. Self Care Skill
15. Law, Regulation
16. Coordination GIS, Activities Mapping
17. Health Service Network
18. Environment, Sanitation
19. Health Check, Screening
20. Unit Cost Activity Based
21. Migrant Health Worker
22. Risk Behavior
24. GO, NGOs Networking
25. Human Resources
26. Electronic Record
27. Knowledge Management
28. Human Resource
29. Structure
### Who are involves?

<table>
<thead>
<tr>
<th></th>
<th>Health Service System</th>
<th>Health Care Security</th>
<th>Self Care and Community Participation</th>
<th>Management and MIS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other Ministries</strong></td>
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<td>:MoL, MoI, MoD,</td>
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<td>Police, Security</td>
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<tr>
<td><strong>MoPH</strong></td>
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<tr>
<td>• Central Level</td>
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<tr>
<td>• Provincial Level</td>
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<td><strong>NGO, international</strong></td>
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<td><strong>NGO, Global</strong></td>
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<tr>
<td><strong>Organization</strong></td>
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<tr>
<td><strong>Migrants</strong></td>
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</table>
# Physical Check up for Migrant

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<tr>
<th>Item</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>1. Chest X-Ray</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>2. Syphilis, Filariasis *</td>
<td>✓</td>
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</tr>
<tr>
<td>3. Urine Amphetamine</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>4. Pregnancy Test</td>
<td>-</td>
<td>✓</td>
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<tr>
<td>5. Leprosy</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>6. Others as request by Physician</td>
<td>✓</td>
<td>✓</td>
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</tbody>
</table>

*Albendazole 400 mg.*

*DiEthyl Carbamazine) 300 mg. before blood test*
Health Care Security for Undocumented Migrant

• 1,300 Bahts For 1 Year
• Disease Prevention*, Health Promotion
• Outpatient, Inpatient (30 Bahts Per Visit at the Contracted Hospital)**
• Work Related Disability (Employers, Work Related Fund)
• Accident and Emergency (Every Hospitals)

*ARV to Prevent Mother to fetus infection
**Not Include ARV for HIV+, Hemodialysis for CRF
Health Care Security for Undocumented Migrant Nationality Approved, MOU

- Formal Sector: Social Security*
- Informal Sector
  - MoPH 1,300 Bahts for Health insurance **
  - 600 Bahts for Health Check Up

* Not Include Promotion, Prevention, Physical Check up
**ARV to Prevent Mother to fetus infection
**Not Include ARV for HIV+, Hemodialysis for CRF
Health Status of Migrants

- Normal group: eligible to request for temporary work permit.
- Treatment/Follow up group: Get treatment and followup
- Prohibit group
- Pregnant
Treatment and Follow up group

- Pulmonary Tbc: 1,959
- Microfilariasis: 21
- Leprosy: 30
- Syphilis: 760
- Malaria: 25

Source: Health Service System Development Bureau, MoPH, 2008
Health Care Security
Physical Check up and Health Insurance
Self Care and Community Participation

Migrant Health worker.
Migrant Health Service Provision: impacts on Migrant health

% Treatment/Follow up Group

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<th>Year</th>
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<tr>
<td>47</td>
<td>1.25</td>
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<tr>
<td>48</td>
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</table>
Review on vulnerable populations for Pandemic Flu (H1N1) 2009

WHO-MOPH Joint Evaluation, Thailand
23 November- 4 December 2009
Major conclusions (1)

- Epidemic preparedness and response capacity is NOT significantly different between Thai and non-Thai populations.

- While the surveillance mechanisms are less strong in populations of unregistered migrants they are sufficiently sensitive to pick-up an early outbreak of influenza.
Major conclusions (2)

• There is no evidence of discrimination between Thai people and non-Thais at health facilities.

• There is a strong sense of duty in provision of health services to all in the public health sector.
Opportunity

- National Migrant Policy: Cabinet Approve
- Improve Participation: Migrant Health Workers
- Holistic Concept: Social, Environment
- Intersectoral coordination: Among Ministries, NGO
- Promote Improving Access to Health Service System,
- Equity: Same Benefit Package as Universal coverage Program.
- Appropriate Tactics in Different contexts
Security, Economy, ..... Human Right, Health?

Immigration Bureau, National Security Council, Military
Ministry of Interior

Law
Security

Health
Human Rights

Economy
Interest

Ministry of Public Health
NGO

Ministry of Labor
Local Government, Employer
Challenges

• Long term Migrant Health Strategies
• Participation of Migrants and Employers
• Integration of Strategies among networks
• Information Sharing
• Financial Management: More studies
• Solutions for Undocumented Migrants
THE END

THANK YOU