

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

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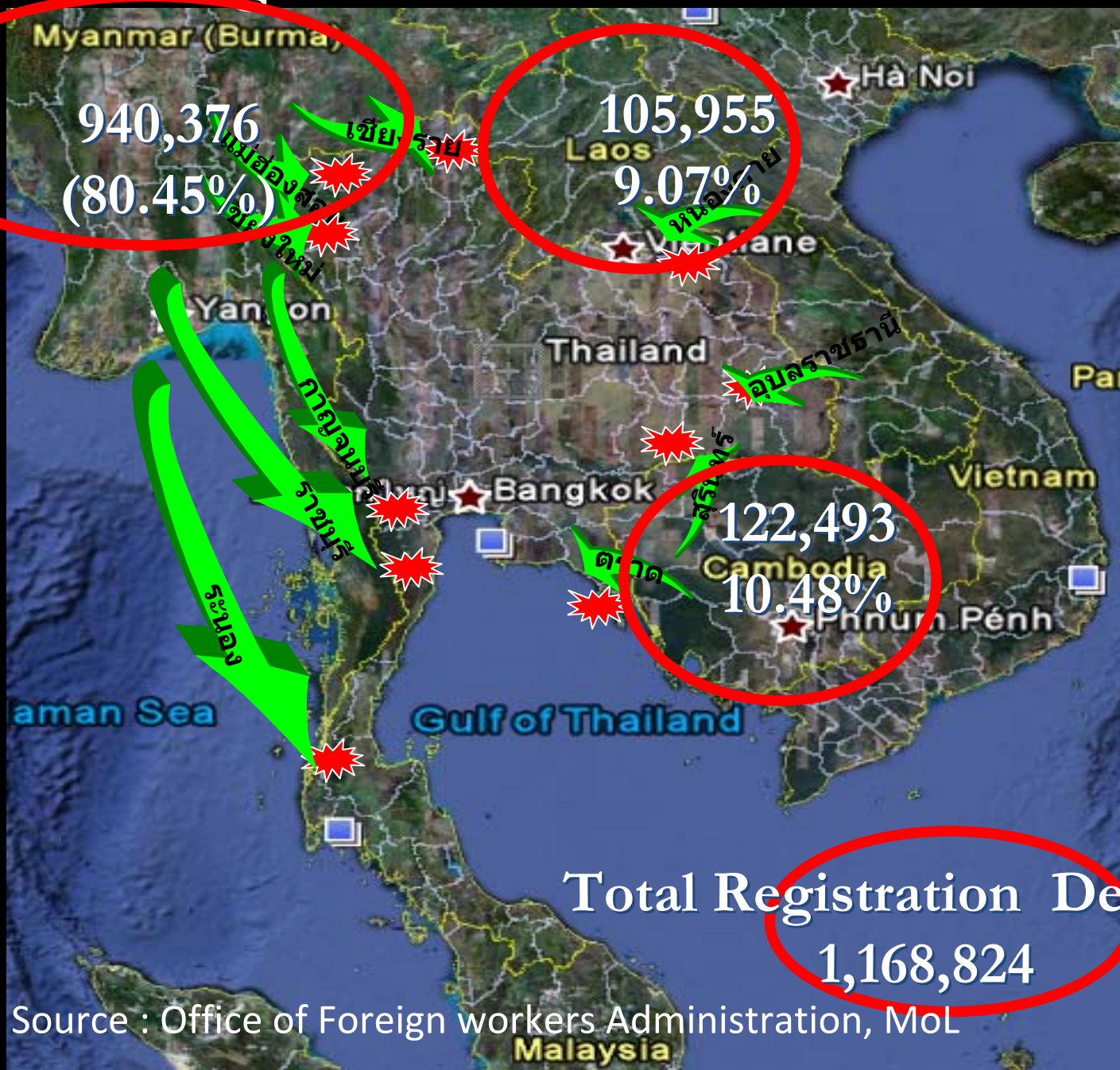
Senior Advisor Ministry of Public Health.

Thailand

Healthy Thailand Policy

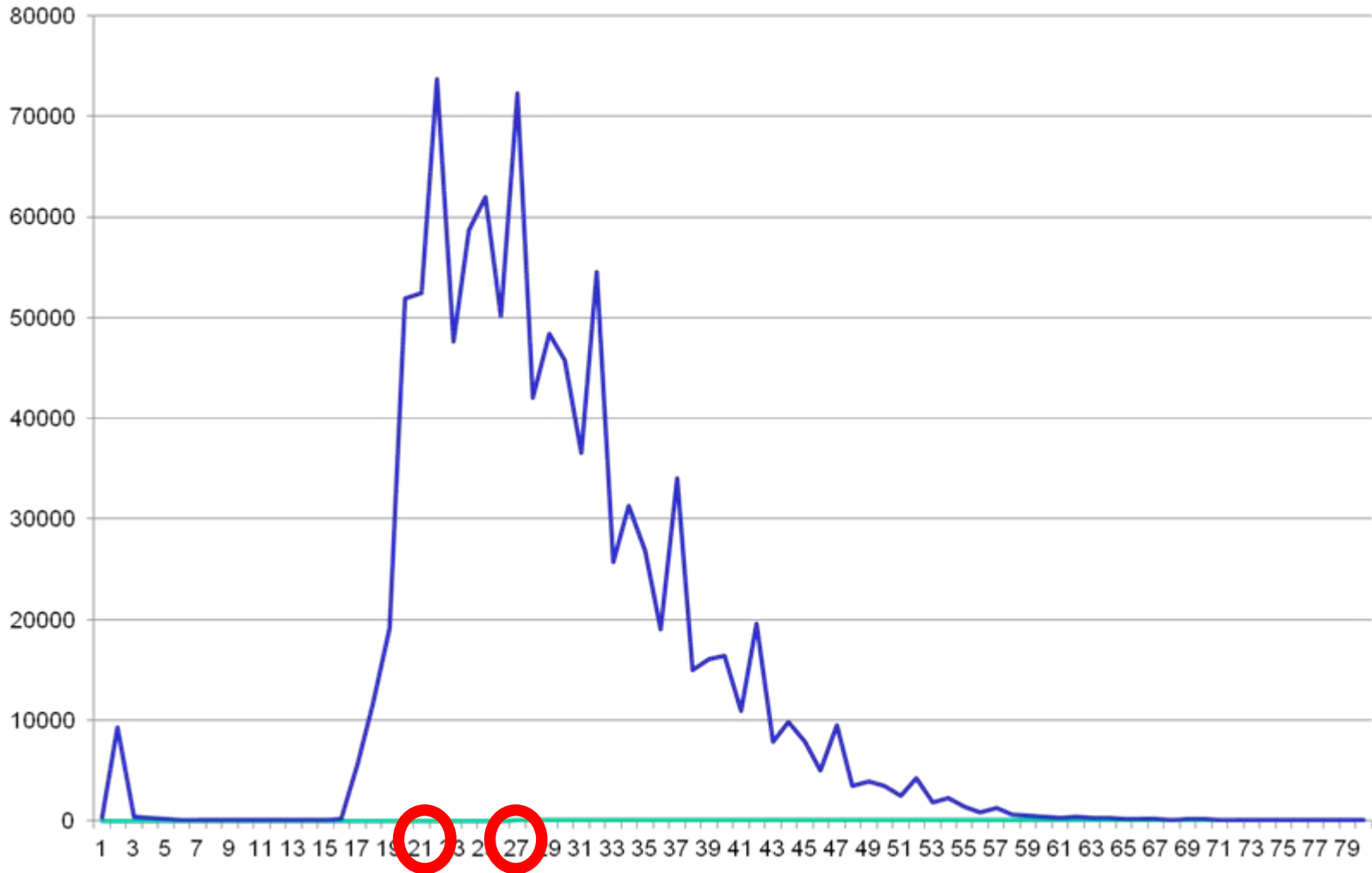
- Universal Coverage of Health Security
- Primary Care strengthening : subdistrict health center->Health Promoting Hospital
- Community Participation: Voluntary Health worker
- etc.

Migrant workers in Thailand



Source : Office of Foreign workers Administration, MoL

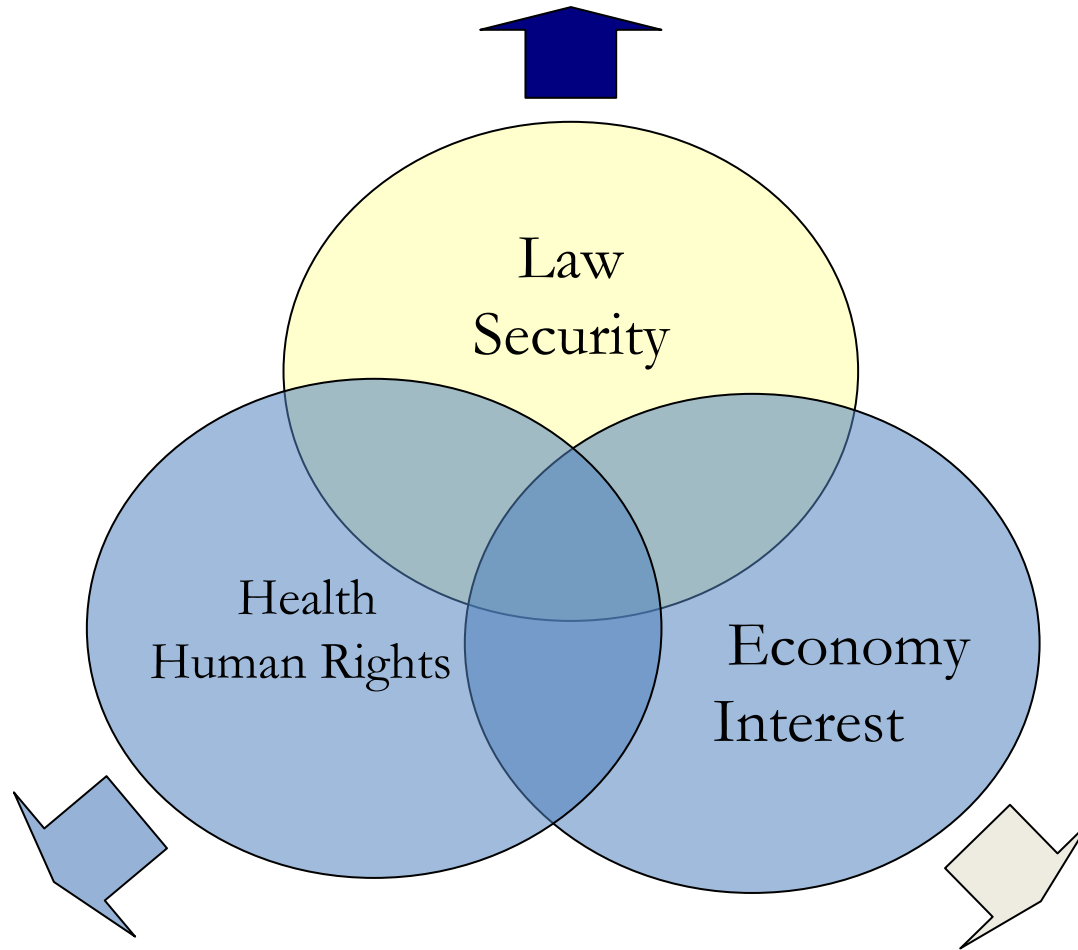
Migrant Age structure



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



Ministry of Public Health
NGO

Ministry of Labor
Local Government, Employer

Strategy Map Health Service for Minority, Migrants

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

Innovation

Customer

Finance

Learning and
Growth

1. Healthy Migrant, Minority

2. Health Service Delivery

3. Health Care Security

4. Adequate Input

5 Promotion

6. Prevention

8. Information
System

7. Management

8. Holistic
Care

9. Intergration 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. Co-
ordination
GIS,
Activities
Mapping

17.
Health
Service
Network

18. Environmen
t, Sanitation

19. Health
Check,
Screening

20. Unit Cost
Activity Based

21. Migrant
Health
Worker

22. Risk
Behavior

23. Tools:
Manual
guidelines

26. Electronic
Record

25. Human Resources

24. GO, NGOs
Networking

27. Knowledge Management

28. Human Resource

29. Structure

Who are involves?

	Health Service System	Health Care Security	Self Care and Community Participation	Management and MIS
Other Ministries :MoL, MoI, MoD, Police, Security		√	√	√
MoPH				
• Central Level	√	√	√	√
• Provincial Level	√	√	√	√
NGO, international NGO, Global Organization	√		√	√
Migrants	√		√	

Physical Check up for Migrant

Item	Male	Female
1. Chest X-Ray	✓	✓
2. Syphilis, Filariasis *	✓	✓
3. Urine Amphetamine	✓	✓
4. Pregnancy Test	-	✓
5. Leprosy	✓	✓
6. Others as request by Physician	✓	✓

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

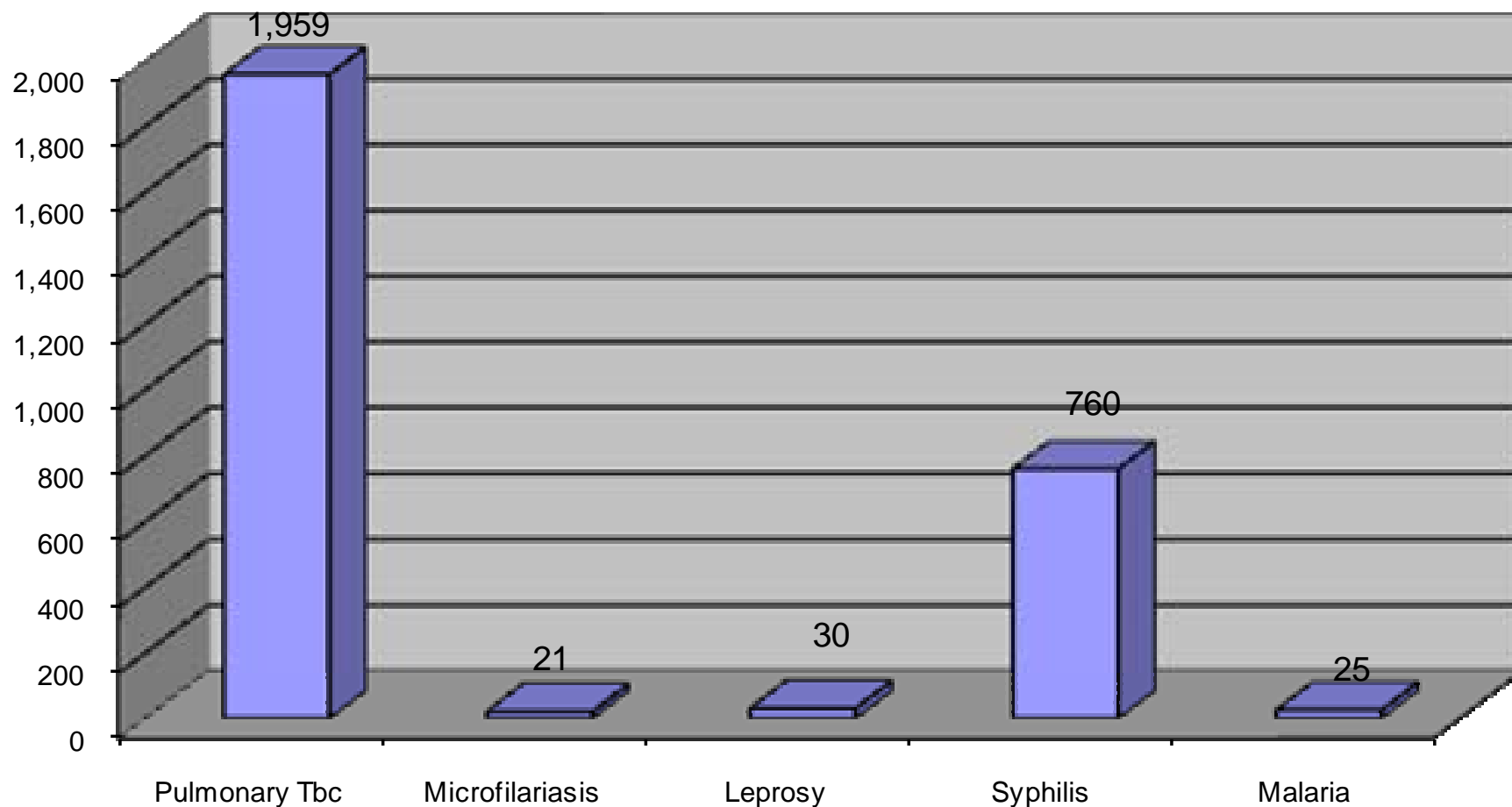
**ARV to Prevent Mother to fetus infection

**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



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.

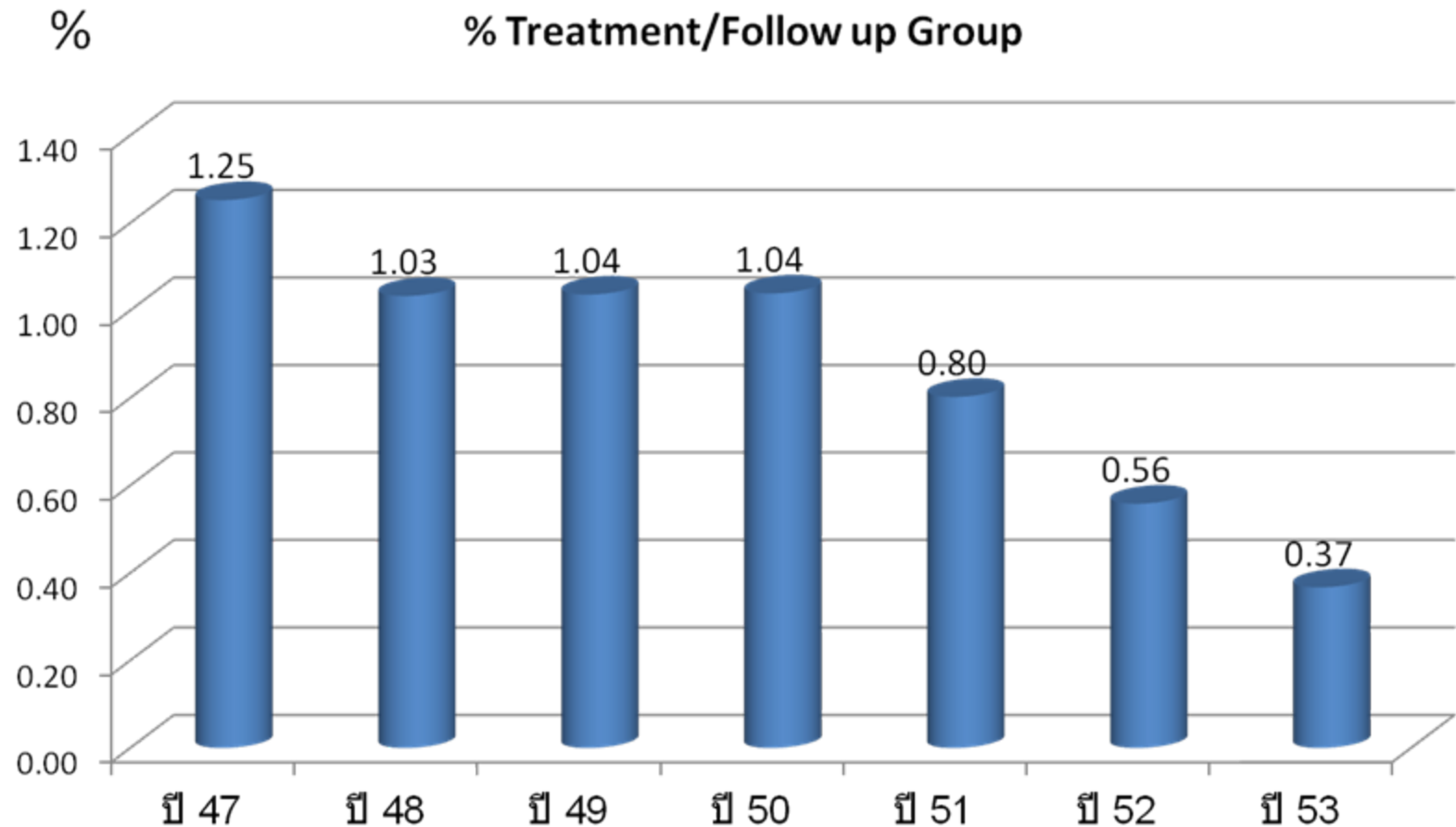




Health Service Providing

Mother and Child Health

Migrant Health Service Provision: impacts on Migrant health



Review on vulnerable populations for Pandemic Flu (H1N1) 2009

WHO-MOPH Joint Evaluation, Thailand
23 November- 4 December 2009



**World Health
Organization**

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)

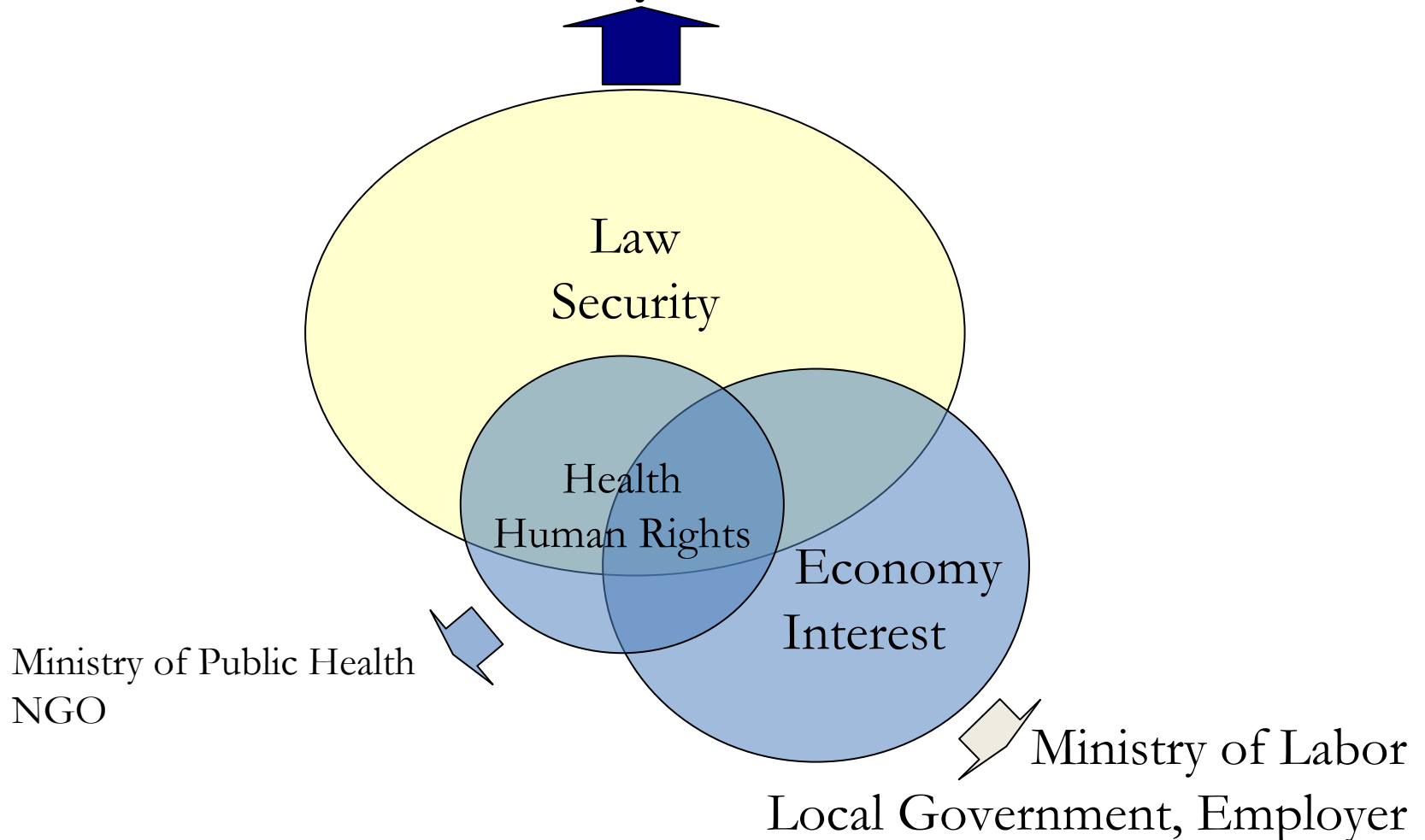
- There is no evidence of discrimination between Thai people and non- Thais at health facilities.
- There is a strong sense of duty in provision of health services to all in the public health sector.

Opportunity

- National Migrant Policy: Carbinet 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





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

