

# **Migrants health in Thailand**

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## **Objective**

Thailand's aim is to resolve the problems of poverty and mitigating people's plight, to enable them to lead a healthy life as a part of a vision to achieve a Healthy Thailand and the Health Millennium Development Goals (HMDGs) by promoting a holistic healthcare, universal health security provision and many additional strategies. Anyway, there are still a lot of problems and challenges obstructing our missions.

One of the most challenging obstacles is the Migrants, especially the illegal migrants. Because of the long border around 2,401 kilometers between Thailand and Myanmar, 1810 kilometers (702 kilometers by land and 1108 kilometers by Mae Kong river) between Thailand and Laos PDR and 803 kilometers between Thailand and Cambodia so there are more than 1,078,767 illegal migrants from Myanmar, 110,854 illegal migrants from Laos PDR and 124,761 illegal migrants from Cambodia in the year 2009.

## **Migrant's Health impact**

Because of the different standard and quality of health service system among Thailand and its 3 neighboring countries, many migrants carries contagious diseases that were already controlled in Thailand. Pulmonary Tuberculosis, Syphilis, Leprosy, Malaria and Elephantiasis were the 5 most common contagions/communicable diseases. The Diarrhea, Influenza, Dengue hemorrhagic fever were more difficult to eradicate among the undocumented migrants in the urban area. These diseases can also spread into Thai people by many vectors and routes in the tropical climate. The sanitation and environment of the migrant's communities are poor and because of the un-registration housing, due to the fact that these illegal immigrants are inapplicable to services from local authorities.

## **Government's policy**

The government tried to change the illegal migrants into semi-legal migrants by cabinet approved policy and regulation, this is done annually. After the cabinet approval, the illegal migrants were registered at the Ministry of Interior and will then receive physical checkup and health insurance card from the Ministry of Public Health so that they can be granted work permit from the Ministry of Labor. The government policy swing between security and economy focus year by year. If the security focus policy was approved the registration would be limited then the undocumented or unregistered migrants would increased, on the other hand if the economic focus policy was employed the registration would be promoted and the number of registered or documented migrant would increased.

Since the year 2008, the goal progressed to encourage semi-legal immigrants becoming legal migrants via nationality approval by their respective countries according to the bilateral agreement between Thailand and Cambodia, Laos PDR and Myanmar. Anyway there were still small amount of these registered migrants who were approved the nationality by the origin countries.

## **Migrant health strategy**

The Ministry of Public health would like to support the security focus policy by prevention of the communicable diseases and reduced the health impact to Thai people and also support the economy focus policy by providing healthy high productive labor to the market. In any case, the change in policy year by year causes difficulty to provide the health care services especially to the unregistered migrants.

The Ministry of Public health is concerned about health of the migrants especially contagious diseases that are carried from their origin countries. The physical check up included chest radiography, blood test for Syphilis, Microfilariasis, Malaria and others diseases, urine test for amphetamine and pregnancy for female migrants, test for leprosy and others as request by the physicians as shown in Table 2.

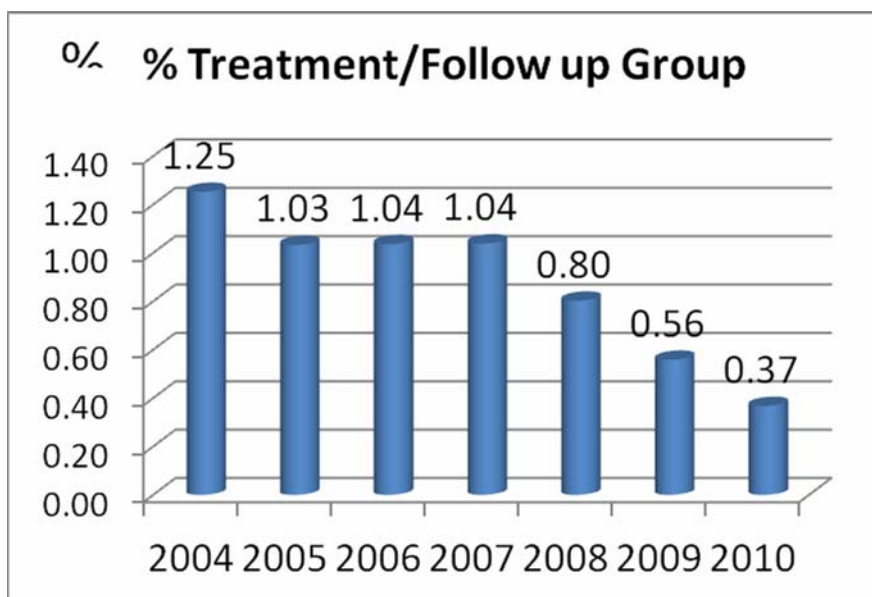
Item	Male	Female
1. Chest X-Ray	✓	✓
2. Syphilis, Filariasis *	✓	✓
3. Urine Amphetamine	✓	✓
4. Pregnancy Test	-	✓
5. Leprosy	✓	✓
6. Others as request by Physician	✓	✓

**Table 2 Physical check up for migrants**

After check up the migrants are classified into healthy group, curable group (0.8-1.2%), and prohibited group (<0.01%) for the very sick migrants who couldn't work. The first and second groups would be granted work permit from Ministry of Labor and the third group was prohibited and was then sent to the Immigration. The pregnant migrants are then tested for HIV, those with positive result for HIV test would get Anti retro viral drugs to prevent the HIV infection from spreading from the mother to the fetus. The Pulmonary tuberculosis cases and the Syphilis cases which were first and second most common in the second group would be treated and follow up until the completion of their medical courses. The health insurance benefits packages were the same as 30 Bahts program for Thai people that included outpatient and inpatient services, health promotion and diseases prevention provided by the contracted hospital. In case of emergency and accident, they could access into any hospitals and reimbursed from the contracted hospitals.

The Ministry of Public Health cooperates with many organization such as the GOs and NGOs, to provide health services to these difficult to reach migrant. The communication problems especially in the Myanmar migrants who have many diverse ethnic groups who speak in different dialects and languages. The migrant health strategy was formulated among network to provide more accessible health and medical services especially for specific health problems such as HIV/AIDS. The strategy included health service system for migrants, the provision of health care security, promotion of migrant self care and participation, strengthening of management and information system. The migrant participation included the migrant health workers and voluntary health migrants, who can speak and understand, read and write Thai language, to support communication between hospitals staffs and migrants. The migrant health workers and voluntary health migrants also contacted the lost follow up pulmonary tuberculosis cases in the community to provide anti-tuberculosis drugs.

The result of physical check up of these migrant showed in figure 1. The second group reduced from 1.25% in the year 2004 into 0.37% in the year 2010.



**Figure 1 Result of physical check up from the year 2004 to 2010**

### Lessons learnt

1. The migrant health policy can support both economic focus and security focus policy but the health service system need to locate accurate targets to provide appropriate and adequate services that could not be done with year by year cabinet approved policy.
2. Improve Participation of the migrant by Migrant Health Workers and voluntary health migrants provide better access to the health services activities and better communication.
3. The health services provision should be based on holistic concept and aware of social, environmental context of these migrants.
4. Intersectoral coordination among Ministries, NGO are need to provide comprehensive and effective services.
5. Promote Improving access to health service system, would be focus on those of the immigrants who are difficult to reach.
6. The human right based health services should be realized by the health care professional and this program provide equity services, the same benefits package as Universal coverage Program for Thai.
7. Appropriate Tactics in Different contexts is necessary because of the different context and environment in different provinces.

### Challenges

1. Long term Migrant Health Strategies are need.
2. The participation of both the Migrants and the Employers, the more participants we have the more they are able to access and benefits from the program. In any case, at this moment the employers' participation is still insufficient.
3. The diversity of stakeholders causes different focus and different activities, so integration of strategies among networks is essential for success.
4. Information Sharing among stakeholder can improve the quality and effectiveness but parties are reluctant to share information.
5. Financial Management needs more evaluation especially for the cost effectiveness.
6. We still need the solutions for Unregistered Migrants.