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Report

“Conference Series on Migrant Health in the Mekong Region”

**The First Consultative Meeting on
Policy, Financing and Service Delivery Issues**

23-26 March 2014

Mandalay, Myanmar

Reported by the Secretariat Team

Report date: 9 April 2014

Mandalay Statement

'Improving Access to Health Services by Migrants in Mekong Region' Cambodia, Lao PDR, Myanmar, Thailand and Vietnam

26 March 2014

Delegations from Cambodia, Lao PDR, Myanmar, Thailand and Vietnam met in Mandalay during 23-26 March 2014 to discuss policy, financing, and service delivery issues on migrants' health.

We recognize that migrants in the Mekong Region, a large majority being undocumented, are vulnerable to ill health and exploitation due to poor work and employment conditions, as well as inadequate legal and labour protection. Despite their contributions to host-country economies, they have limited access to health and other social services due to legal, financial and cultural barriers. When they do access services, the resulting expenditure is a major burden. There are inconsistent policies across sectors such as labour, immigration and health.

There are rich experiences and innovation in managing and improving the health of migrants in the Mekong Region, though these are often financed by out of pocket payment, a prepayment scheme, or donors. Various cross border collaborations have gone through many years of trial and error, from which a lot was learned, though much remains to be improved in order to translate commitment and MOUs into actual implementation at scale.

We pledge our firm commitment to improving access to health services by migrants. This requires multi-sectoral actions by public security, immigration, health, labour, social security, civil society and private employer constituencies. Close collaboration among agencies responsible for migrants' health in host and sending countries is essential. The main bottleneck is financing health services for migrants and their dependants. The upcoming ASEAN Economic Community requires closer collaboration across countries, recognizing private sector as an indispensable partner.

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1. Background

The U.S. Agency for International Development, Regional Development Mission for Asia (USAID) and the International Health Policy Program (IHPP) Foundation jointly work on Conference Series on Health of Migrants. It plans to convene two meetings, the first meeting in March 2014 in Myanmar and the second meeting in June 2014 in Thailand.

The Conference Series have an aspiration long term goal that international migrants have improved and equitable access to needed healthcare and are protected against financial ruin from using health services. This goal will be gradually achieved by a number of future actions beyond this conference series.

2. The First Meeting in Mandalay

The First Meeting on Health of Migrants in Mekong countries namely Cambodia, Lao PDR, Myanmar, Thailand and Vietnam was conducted during 23-26 March 2014 in Mandalay Hill Resort, Mandalay, Myanmar to review policy, financing and service delivery components related to promoting access to essential health services amongst migrant populations. The Meeting started in the afternoon of Sunday 23 March 2014 and ended in the morning of Wednesday 26 March 2014. The First Meeting consisted of six sessions as can be seen in **Annex 1** Schedule of the Meeting. The Meeting schedule provided opportunity for an interactive discussion among participants across countries.

There were a total of 43 participants in the First Meeting. The highest ranking participant is the Deputy Minister for Health, Lao PDR, and all delegations had civil society partners. See the name list of participants in **Annex 2**.

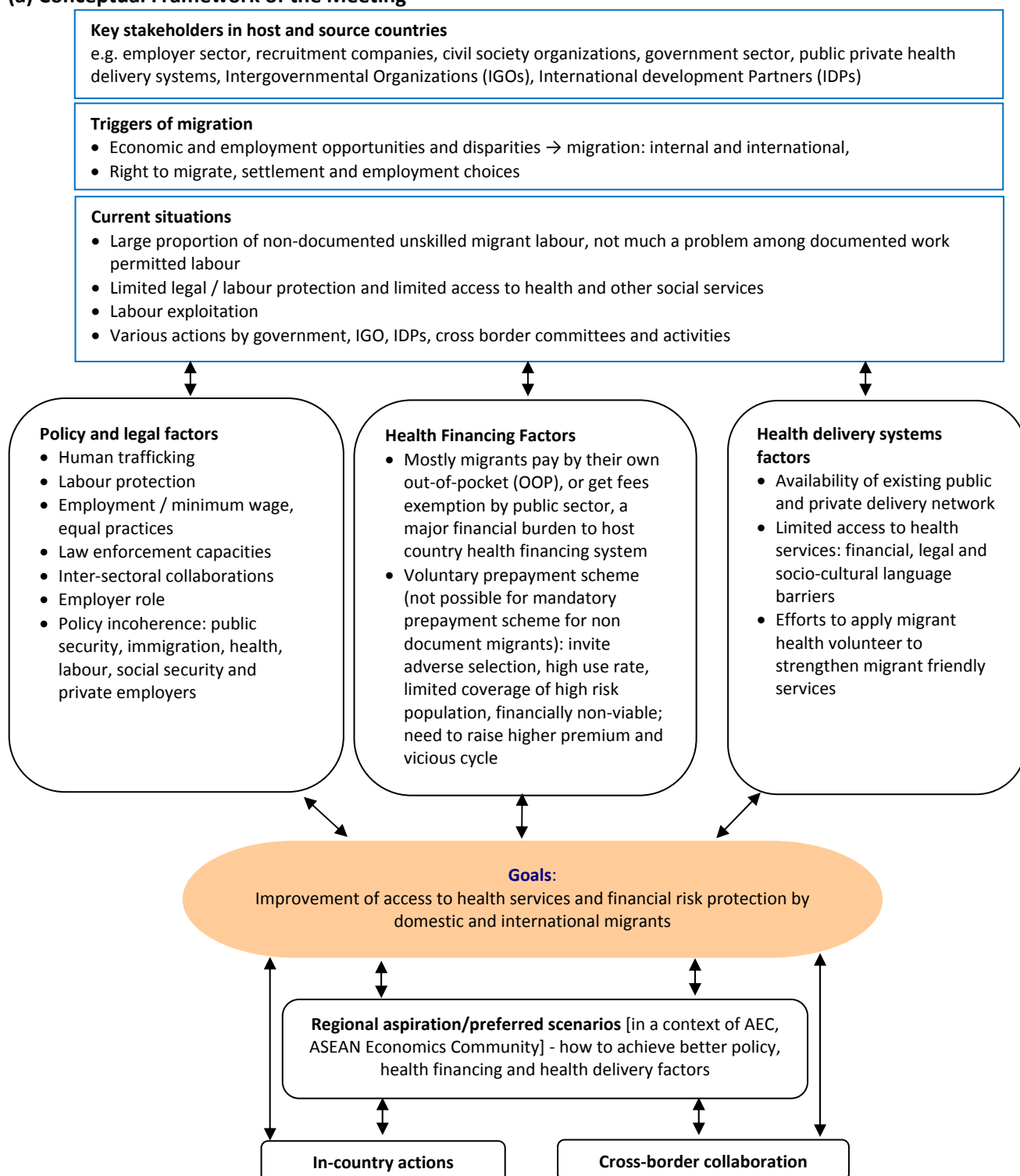
The first day of the Meeting was very impressed and inspired. H.E. Professor Pe Thet Khin, Union Minister of Health, Republic of the Union of Myanmar, delivered the welcome speech and indicated the important of migrants' health in achieving development outcomes. He said that, "*Migrant labor is one of the key drivers to economic growth in host countries so they have the right to access health services*". Dr. Viroj Tangcharoensathien, Secretary General, IHPP Foundation and Dr. Aye Aye Thwin, Director, Office of Public Health, USAID highlighted the opening remarks and the objectives of this Meeting. Subsequently, Dr. Suwit Wibulpolprasert, Vice Chair, IHPP Foundation, provided keynote address which was drawn from his real life and experiences. He emphasized health as a human right and the relevance of improving access to health services as an important part of achieving Universal Health Coverage across ASEAN countries. The delegates of five countries delivered opening statements of each country by highlighting the importance of Migrants' health in their countries. See **Annex 3**.

In the meeting, all delegates from five countries discussed on issues of policy, financing, and service delivery on migrants' health. The goal is to improve access to health services and financial risk protection of migrants. Everyone's ideas were capture and summarized as the conceptual framework of the Meeting. The participants enthusiastically provided their information (see a short summary of country overview in **Annex 4**) and proactively proposed many good ideas and finally re-grouped as our preferred regional scenarios. Country delegates discussed thoroughly and finally in-country actions and cross-border collaboration were proposed. A summary of discussion of each session in the Meeting can be found in **Annex 5**. The three day meeting ended with a joint statement that captures the commitment from the five countries. At the end, the country delegates gave impressive and committed closing remarks (**Annex 6**). There will be a follow up meeting in June 2014 to develop an operational plan for specific cross-border / in-country locations with field staff and private sector partners.

3. Outputs of the First Meeting

In summary, the outputs of the Meeting are (a) the conceptual framework of the Meeting, (b) the preferred regional scenarios, (c) in-country actions, (d) cross border collaboration and (e) Mandalay statement which are shown in the following parts of this report. In addition, the Secretariat Team took lots of photos and put many in VDO presentation and posted on the youtube at https://www.youtube.com/watch?v=eGqppfCAT1Y&list=HL1396946084&feature=mh_lolz

(a) Conceptual Framework of the Meeting



(b) Preferred Regional Scenario on Migrants' Health

1. Policy

Short term:

- P1.** Revitalize the existing cross border health committee as well as setting up a country focal point
- P2.** Solicit high level policy commitment
- P3.** Safe migration for (un)documented migrants:
 - Pre departure activities, protocol and implementation (benefit more to documented migrants)
 - Effective managing recruiting agencies
- P4.** Take all stakeholders on board, especially Ministry of Labour, indispensable for employer involvement
- P5.** Setting up/strengthening systems for
 - Information of migrants i.e. mapping of migrants, health and Social Determinants of Health
 - Monitoring and evaluation systems (M&E)
- P6.** Experiences and information sharing [aim for a side meeting at the Prince Mahidol Award Conference 2015, PMAC2015, at the end of Jan 2015]
- P7.** Revision of related regulations
- P8.** Review and implement "ASEAN declaration on the protection and promotion of the rights of migrant workers 2007"

Long term (>5 years):

- P9.** Improved peace, health and economic development stimulate back migration to homeland and make use of the returned migrants (circular migration)
- P10.** Minimize proportion of undocumented migrants
- P11.** Policy coherence across different sectors: labour, health, immigration, social security,
- P12.** Holding host country employers responsible and accountable to health of migrant especially undocumented

2. Health Financing

Short term:

- F1.** Extend insurance coverage to the internal migrants
- F2.** Extend financial protection to the documented employees
- F3.** For undocumented migrants:
 - Community fund contributed by employers
 - Collective Mekong Region fund from various sources e.g. IDPs
- F4.** Improve the performance of prepayment scheme for undocumented migrants (in Thailand)

Long term (>5 years):

- F5.** For undocumented migrants: hold employer responsible for healthcare for their employees through
 - Pre-payment schemes, contributed by employer and employee
- F6.** When countries reached UHC, insurance coverage may be portable to their out migrate population.

3. Health delivery

Short term:

H1. Ensure migrant friendly health services applying many means e.g.

- Migrant health volunteers,
- Employed foreign health staffs

H2. Ensure non-discriminatory health services practices

Long term (>5 years):

H3. Sustain and scale up good practices of migrant friendly health services

4. Others

O1: Support self help groups among migrants,

O2. Social support by temple, church may emerges naturally, but need to actively stimulate

O3. Create a more formal mechanism between self help groups and the official agency e.g. the Consular office, Embassies in host countries for problem solving

(c) Proposed in-country actions

Cambodia

1. Already existing focal points in many ministries e.g. the Ministry of Health (MOH), Ministry of Labour (MOL) and Ministry of Interior (MOI)
2. Experiences and information sharing on migrants in Mekong Region especially Cambodia, Lao PDR and Vietnam under ADB project

Lao PDR

1. Urgently need to set up a focal point in the MOH and to raise policy commitment on health of migrants because currently, policy priority is on Millennium Development Goals (MDG) 4 & 5
2. Assessment the situation of migrant in the country, with application of simplified tools (contact immigration department, provinces at the borders) as an input for further improvement
3. Fostering, scaling up the existing pre-departure activities to create awareness among out-migrate workers

Myanmar

1. Setting up focal point in the MOH and then revitalizing the existing cross border health committee and its function
2. Take all key stakeholders on board such as Ministries of Foreign Affairs, Labour, Immigration, Health, Social Welfare, for example, to assess the migrant situation, review and implement ASEAN Declaration, revision of legal framework, policy coherence,
3. In collaboration with MOL, active engagement of private sectors, representatives and chamber of commerce, in the solutions of health of migrants

Thailand

1. Strengthen the existing Migrant Health Insurance: problems on low coverage, financially non-viable
2. Strengthen law enforcement MOL for documented migrant to enroll in Social Security Scheme, <50% of eligible enrolled (still on national identity verification), need to revise financing mechanisms and benefit package fit with migrant for Migrant Health Insurance (as temporary mechanism) but finally documented migrants should be covered by Social Security Scheme
3. Assessment of policy on financing migrant health insurance for performance improvement
4. Improve health delivery systems to be more migrant friendly (through the contribution of migrant health volunteers and hiring assistant health workers to support migrant patients), assessment before scale up good practices

Vietnam

1. There is an existing focal point in the MOH, need to revitalize its function with other stakeholders, collect information, assess migrant situations
2. Solicit political commitment on the protection of migrants (not only focusing on health)
3. Ongoing extension of insurance coverage to the internal migrants, strengthening enrolment of international migrants (documented) into social health insurance
4. At Lao-Vietnam, Cambodia-Vietnam borders, strengthening the current hospitals implementing non-discriminatory practice to irregular migrants

(d) Proposed cross-border collaborations

I. Cambodia-Thailand

1. Financial versus non-financial framework (Disease prevention + care)
2. Getting the private sector engaged
3. Getting migrants participated in the process

MOH decentralizes to provincial health department (PHD), requires Sakeo (Poipet), Surin (Udornmeachey), Chantaburi (Pailin) and Trad (Koh Kong) provincial health office to talk with PHD for detail joint action plan.

II. Lao-Vietnam

1. Periodic migration assessment on number and profile, migration profiles, health seeking behavioural, social determinants of health (so called anthropological assessment)
2. Development of migrant friendly health system
3. Framework, guidelines on essential compulsory health service for migrant in major investment program

Lao-Vietnam: regular assessment of migrant situation, set up information systems, development, strengthening migrant friendly health services. There are agreement between provinces in Lao and Vietnam.

III. Lao-Thailand

1. Financing for high cost care, chronic disease requiring long term treatment, Multi Drug Resistant-TB, Anti Retroviral Therapy, including effective referral mechanism
2. Review MOU if health is in the MOU, if not consider to revise

There are existing border health committees (e.g. Savannakhet-Mukdahan, Khamnuan-Nakorn Panom, Champassak-Ubon Ratchatani); Also Quang Tri-Savannakhet-Mukdahan triangle USAID supported program

IV. Myanmar-Thailand

Long term – development of policy and legal framework and Universal Health Coverage
Short-term

Country level

1. Nominating focal person, effective coordination and collaboration across partners
2. existing five sites but will focus on 3 main sites with large migration: Kanchanaburi-Dawei, Maesot-Myawaddy, Kawthaung-Ranong

Field level activities

1. Filling information gap (between local and central level),
2. Information sharing
3. collecting evidence
4. strengthening provision of health service (including prevention and curative)
5. activating regular border activities

Note: Periodic quick assessment, guide by policy objectives, using a simplified common protocol with minimum parameters for which additional parameters specific to each site can be added. This can be conducted at Cambodia-Thailand, Lao-Vietnam, Lao-Thailand and Myanmar-Thailand border.

(e) Mandalay statement

The participants reached the consensus on Mandalay statement which is posted on the first page of this report and it is worth to put it again here.

Mandalay Statement

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4. Monitoring and Evaluation on Migrants' Health

Although the Meeting was scheduled for a session of 'monitoring and evaluation on Migrant's Health, the participants had a chance to discuss on these important elements and they agreed as follows:-

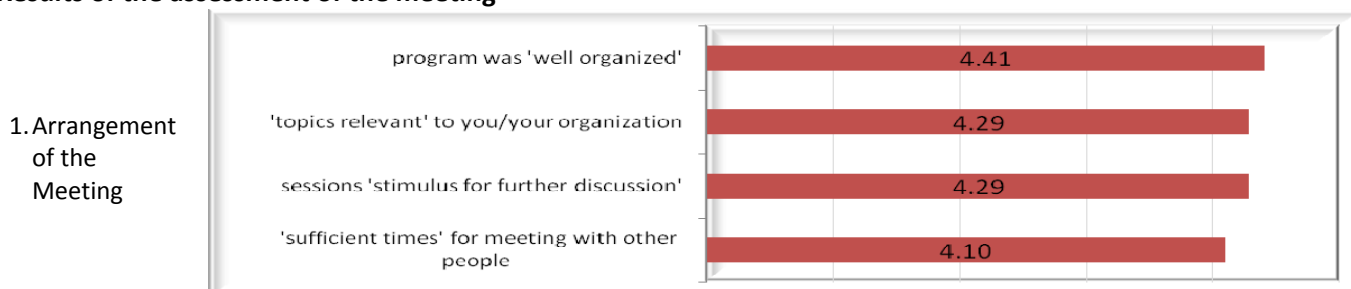
1. Migrant's health information collection
 - 1.1 Stakeholder: private sector involvement, collaboration among the social welfare sector and labor sector, and among social society, civil society and academic agencies.
 - 1.2 Data collecting system
 - Establishment health's migrant monitoring system
 - Identify the focal point at the national level
 - Coherent with the policy, law and regulation and the existing system.
 - Standardize the information collection methods; type of information, source of information
 - Collaboration among national and local levels
2. The undocumented migrant information should be focused, while the basic data i.e. number has not been deficiency. The border office and police could be sources of information from arrested undocumented migrant.
3. Contact person for monitoring and evaluation
 - Cambodia: Dr. Phanita Yos
 - Lao PDR: Dr. Bounfeng Phoummalaysith
 - Myanmar: Dr. Win Naing
 - Thailand: Dr. Pornpet Panjapiyakul
 - Vietnam: Dr. Nyuyen Thi Thu Nam
4. The progress of the actions mentioned above will be shared and learnt from each other as a side event during the PMAC 2015 in January 2015.

5. Assessment of the Meeting

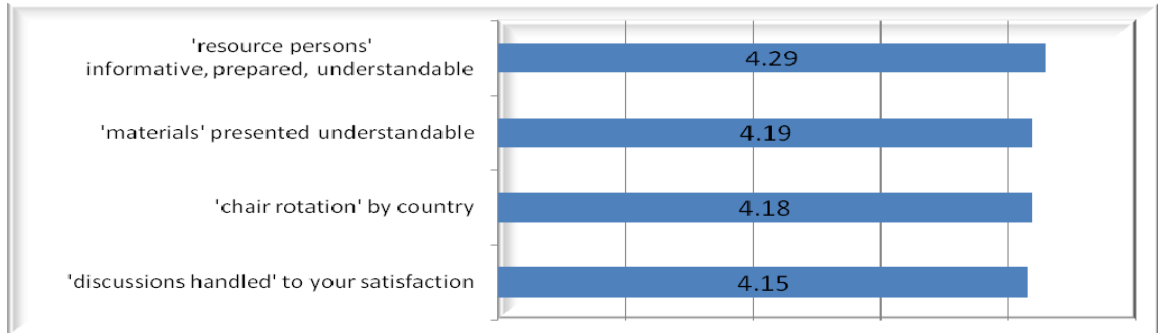
The Secretariat team conducted the assessment on arranging of this Meeting at the end. There were a total of 22 respondents answering self-administered questionnaires on four domains which are arrangement of the Meeting, content, logistics and benefit from the Meeting. The score is ranged from 1 (strongly disagree) to 5 (strong agree).

The 22 respondents gave high score for every question (ranged from 4.09 to 4.68), see detail below. The respondents agreed that the Meeting was well organized; topics for discussion were relevant and benefit; the rotation of chair person were well accepted and useful; overall logistics arrangement were good; they gained in-sight information on health of migrants; networking was created and they will go back and take actions.

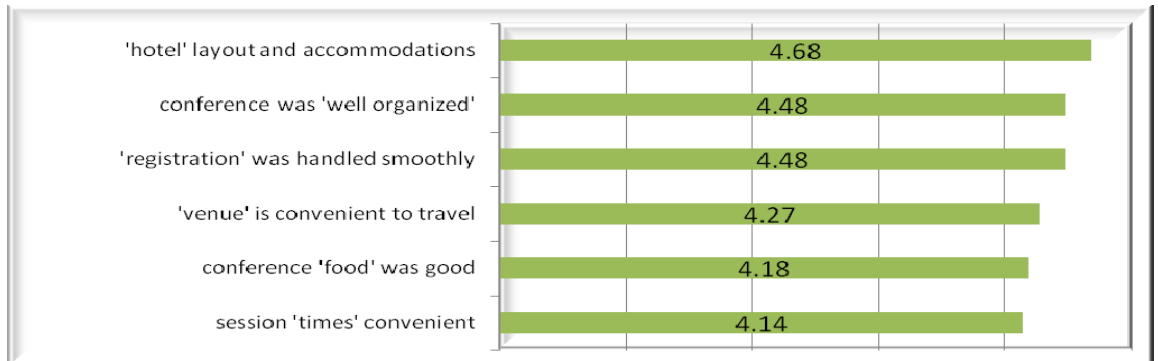
Results of the assessment of the meeting



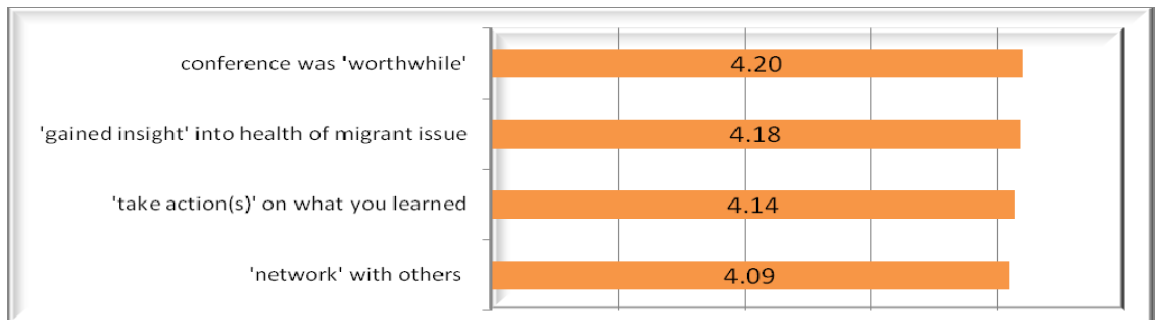
2. Content



3. Logistics



4. Benefits from the Meeting



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