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Annex

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: 1 April 2014



Annex 1 Schedule of the First Meeting



“Conference Series on Migrant Health in the Mekong Region”

The First Consultative Meeting on Policy, Financing and Service Delivery Issues Mandalay, Myanmar 23-26 March 2014

1. The Vision

International migrants have improved and equitable access to needed healthcare and are protected against financial ruin from using health services. Note: this is an aspiration long term goal which will be gradually achieved by a number of future actions beyond this conference series.

2. Objectives of the Conference Series

To conduct a Conference Series in order to:

- Understand the current size and profiles of international migrants, policy context, sources of health financing and health service provision for migrants in five countries of the Lower Mekong Region [Cambodia, Lao PDR, Myanmar, Thailand and Vietnam] and to collectively identify common issues and document good practices (either policy, financing and service provision) across countries in the Region;
- Identify practical approaches and steps towards achieving better access to health services and effective financial risk protection for international migrants according to country context;
- Create awareness and commitment among policy makers, international development partners, civil society organizations and implementers to expand current interventions and move towards more strategic approaches within each country and across countries.

3. The Plans

Two meetings will be conducted. The first meeting will be conducted on March 23-26 2014 in Myanmar and the second meeting is planned for May or June 2014 in Thailand.

The First Consultative Meeting, 24-26 March 2014 in Mandalay, Myanmar

Objectives: With reference to migrant health financing and service provision in the five countries:

1. To understand the current situation of international migrants in each country (e.g. the size and profiles of international migrants, socio-economic and political context, legal and regulatory context, emerging policies on migrants' employment, security, health and social protection);

2. To conduct stakeholders' mapping, who (government, private, international partners, CSO, etc.) is doing what (nature of services such as general outpatient, inpatient services, services for maternal and child health and communicable diseases, other tropical diseases prevention and curative services, static or outreach services, etc) and where (specific sites and population covered, mobile or static population, major risk factors in the locality) in each country;
3. To have an exchange on good practices within and across countries;
4. To further brainstorm on innovative approaches according to each country's socio-economic, political and health systems' context which provide improved and equitable access to health services among international migrants and protect them against financial ruin from illness; and
5. To collectively draw common lessons and exchange on shared interests across the region.

3.2 Program of the Meeting

Date & time	Activities
Sunday 23 March 2014	
Afternoon	Arrival of participants in Mandalay
15.30 – 16.00	Registration
16.00 – 18.15	<p>Welcome speech by H.E. Prof. Pe Thet Khin, Minister of Health, Myanmar</p> <p>Opening remarks:</p> <ul style="list-style-type: none"> ▪ Dr. Aye Aye Thwin, Director, Office of Public Health, USAID Regional Development Mission Asia <p>Overview of the meeting, objectives, intended outcomes</p> <ul style="list-style-type: none"> ▪ Dr. Viroj Tangcharoensathien, Secretary General, IHPP Foundation <p>Keynote Address (30 mins)</p> <ul style="list-style-type: none"> ▪ Dr. Suwit Wibulpolprasert, Vice Chair, IHPP Foundation <p>Opening statements from the Delegations (3-5 mins each)</p> <ul style="list-style-type: none"> ▪ Cambodia ▪ Lao PDR ▪ Myanmar ▪ Thailand ▪ Vietnam <p>Discussion and preparation for next day's presentations (45 mins)</p> <ul style="list-style-type: none"> ▪ Country Delegations
18.15 – 20.15	Welcome dinner
Monday 24 March 2014	
08.30 – 10.30	<p>Briefing for Day 1: Objectives and expected outputs by Dr. Walaiporn Patcharanarumol</p> <p>Session 1: Current situation with financing and health service provision for migrant populations in the Mekong Region</p> <p>Session Chair: H.E. Assoc. Prof. Dr. Bounkong Syhavong, Vice Minister of Health, Lao PDR</p> <p>Facilitator: Dr. Viroj Tangcharoensathien, IHPP Foundation</p> <ul style="list-style-type: none"> ▪ Overview of migrants across the Mekong Region: Ms. Jackie Pollock, ILO ▪ Health financing and service models for migrant health: WHO ▪ Country presentations on the current situation and stakeholders involved in <u>health financing</u> and <u>health service provision</u> for migrants (suggested outline of 12 slides) <ul style="list-style-type: none"> ➤ Overview of the migrant population (2 slides)

	<ul style="list-style-type: none"> ➤ Health financing in general (1 slide) ➤ Health financing for migrants (2 slides) ➤ Health service provision for migrants – who is providing what for whom and where (2 slides) ➤ Policy constraints and operational challenges, strengths and weaknesses of current provisions for migrant health care (2 slides) ➤ The most critical challenges faced in this area and approaches to resolve them (1- 3 challenges, 3 slides) <ul style="list-style-type: none"> ▪ Questions and answers, discussion ▪ Summary on common issues, critical challenges and proposed approaches
10.30 – 12.30	<p>Session 2: Discussion across countries Briefing on objectives and expected outputs by Dr. Walaiporn Patcharanarumol</p> <p>2.1: Opportunities for inter-country collaboration Group work in country pairs to discuss opportunities to collaborate on financing and service delivery for migrants' health</p> <ul style="list-style-type: none"> ▪ Cambodia – Thailand (facilitated by USAID and WHO) ▪ Lao – Vietnam (facilitated by WHO and IHPP) ▪ Myanmar – Thailand (facilitated by IHPP and USAID) <p>Expected output: a description of key issues, required interventions and proposed collaboration (5-10 mins each)</p>
12.30 – 13.30	Lunch
13.30 – 15.00	<p>2.2: Collaboration amongst countries Session Chair: H.E. Prof. Chan Soeung Sann, Advisor of the Ministry of Health, Cambodia Facilitator: Dr. Aye Aye Thwin, USAID The presentation of country pairs (10 mins each)</p> <ul style="list-style-type: none"> ▪ Cambodia – Thailand ▪ Lao – Vietnam ▪ Myanmar – Thailand <p>Questions and answers, discussion Summary of joint actions and potential collaborations</p>
15.20	Tour at Mandalay Palace and other attractions (optional)
Tuesday 25 March 2014	
08.30 – 12.00	<p>Debriefing of Day 2: Dr. Chalermopol Chamchan, Deputy Director for Academic Affairs Institute for Population and Social Research (IPSR), Thailand</p> <p>Session 3: The regional situation: migrant health care in the next five years, desired scenario and actions required to build an enabling environment</p> <p>3.1 Group discussions by three groups: brainstorming on potential actions:</p> <ul style="list-style-type: none"> ▪ Short term ▪ Long term <p>3.2 Report back by the three groups. Summary of recommendations and actions. Session chair: Dr. Pornpet Panjapiyakul Deputy Director, Bureau of Health Administration, Ministry of Public Health, Thailand Facilitator: Dr. Viroj Tangcharoensathien, IHPP Foundation</p>
12.00 – 13.00	Lunch

13.00 – 15.15	<p>Session 4: In-country actions in response to the regional situation</p> <ul style="list-style-type: none"> Group discussion among country delegates: Cambodia, Lao PDR, Myanmar, Thailand and Vietnam <p>Session 5: Immediate actions (within one year):</p> <ul style="list-style-type: none"> Group discussion by country pairs <ul style="list-style-type: none"> Cambodia – Thailand Lao – Vietnam Myanmar – Thailand
15.15 – 15.45	Coffee Break
16.00 – 17.00	<p>Report back to plenary about in-country actions and inter-country collaboration.</p> <p>Session Chair: Prof. Nghiem Tran Dung, Deputy Director, Health Insurance Department Ministry, Vietnam</p> <p>Facilitator: Dr. Aye Aye Thwin, USAID</p>
17.00 - 18.00	Mandalay statement
18.00 – 20.00	Dinner at Mandalay Hill Resort Hotel
Wednesday 26 March 2014	
08.30 – 10.30	<p>Session 6: Wrap up</p> <p>Session Chair: Dr. Win Naing, Director (Epidemiology), Department of Health, Ministry of Health, Myanmar</p> <p>Facilitator: Dr. Viroj Tangcharoensathien, IHPP Foundation</p> <ul style="list-style-type: none"> Summary of the regional scenario, and possible approaches at country level, complemented with inter-country collaboration by Dr Walaiporn Dates for the next meeting. <p>Closing Statements from the Delegations (3-5 mins each):</p> <ul style="list-style-type: none"> Cambodia Lao PDR Myanmar Thailand Vietnam <p>Final remarks by Dr. Viroj Tangcharoensathien and Dr. Aye Aye Thwin</p>
10.30 – 11.00	Packing and check out
11.00 – 12.00	Early lunch
12.00	Buses move to Mandalay airport

Note that interventions can be (a) the improvement / modification of existing approaches and a scaling up plan, (b) scaling up of effective practices, (c) development of new approaches. All these depend on the country context, key players and other enabling factors.

Expected outputs

- The key deliverable will be the meeting itself, in terms of enabling exchange among the countries;
- A summary report of the meeting with information on various aspects of promoting health care for migrant populations, and
- A discussion note on issues highlighted together with best practices and interventions in Mekong countries.

Annex 2 List of participations



List of participants

“Conference Series on Migrant Health in the Mekong Region”



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

Mandalay, Myanmar, 23-26 March 2014

Cambodia

<p>1. H.E. Prof. Chan Soeung Sann Advisor of the Ministry of Health Ministry of Health, 151-153 Avenue Kampuchea Krom Phnom Penh, Cambodia Tel: +855 12 93 33 44 E-mail: workmoh@gmail.com</p>	
<p>2. Dr. Phanita Yos Deputy Director General Health Ministry of Health, 151-153 Avenue Kampuchea Krom Phnom Penh, Cambodia Tel: +855 12 73 8888 E-mail: yphanita@yahoo.com</p>	
<p>3. Dr. Vinntak Sung Director, International Cooperation Department Ministry of Health, 151-153 Avenue Kampuchea Krom Phnom Penh, Cambodia Tel: +855 69 37 73 73 E-mail: dicpm@online.com.kh</p>	

LAO PDR


<p>4. HE. Assoc. Prof. Dr. Bounkong Syhavong Vice Minister, Ministry of Health Vientiane Capital, Lao PDR Tel: + 856 20 555 08340 E-mail: bounkongs@yahoo.com</p>	 A photograph of HE. Assoc. Prof. Dr. Bounkong Syhavong, a man in a dark suit and tie, sitting at a conference table. He is looking towards the right. There are water bottles and glasses on the table in front of him.
<p>5. Dr. Bounfeng Phoummalaysith Deputy Director General of the Cabinet Ministry of Health Vientiane Capital, Lao PDR Tel: + 856 20 99801735 E-mail: pbounfeng@gmail.com</p>	 A photograph of Dr. Bounfeng Phoummalaysith, a man in a dark suit and red tie, sitting at a conference table. He is looking towards the right. A nameplate in front of him reads "Dr. Bounfeng Phoummalaysith LAO PDR".
<p>6. Dr. Phasouk Vongvichit Deputy Director General of the Department of Planning and International Cooperation, Ministry of Health Vientiane Capital, Lao PDR Tel: + 856 21951 206 E-mail: ptuta34@yahoo.com</p>	 A photograph of Dr. Phasouk Vongvichit, a woman with dark hair, wearing a light-colored blazer over a green top. She is sitting at a conference table with a floral arrangement in front of her.
<p>7. Ms. Kongseng Piengpanya Program Coordinator Village focus international Phonsavan Tai Village, Unit 14 207 Sisattanak District Vientiane, Lao P.D.R Tel: +856 21 312519 E-mail: kongseng@villagefocus.org</p>	 A photograph of Ms. Kongseng Piengpanya, a woman with long dark hair, wearing a dark blazer over a pink top. She is sitting at a conference table with a water bottle in front of her.

Myanmar

<p>8. Dr. Tin Aye Deputy Director, Programme Management Department Myanmar Medical Association 249, Theinbyu Road Mingalartaungnyunt Township Yangon, Myanmar Tel: +95126240 E-mail: drtinaye@gmail.com, mma.org@mptmail.net.mm</p>	 A photograph of Dr. Tin Aye, a man with glasses wearing a patterned batik shirt, seated at a conference table with a microphone and water bottle.
<p>9. Mr. Martin Chi Cheong Pun Chairman, Myanmar Business Coalition on AID Yangon, Myanmar Tel: +95 9 5100 222 E-mail: martinpun@oceanbreeze.asia</p>	 A photograph of Mr. Martin Chi Cheong Pun, a man with glasses in a dark suit, looking at papers at a conference table.
<p>10. Dr. Nyan Sint Malaria Regional Officer, Health Department Mon State, Myanmar Tel: +95 9 4300 4746 E-mail: dr.nyansint@gmail.com</p>	 A photograph of Dr. Nyan Sint, a man in a light-colored jacket, seated at a conference table with a nameplate that reads "Dr. Hsan Nyan Sint Myanmar".
<p>11. Dr. Win Naing Director (Epidemiology) Department of Health, Ministry of Health Central Epidemiology Wing Department of Health Nay Pyi Taw, Myanmar Tel: +95 9 49 220 450 Email: drwinnaing.ceu.doh@gmail.com</p>	 A photograph of Dr. Win Naing, a man with glasses in a white shirt, seated at a conference table with a microphone.

<p>12. Dr. Maung Maung Than Htike Deputy Director International Health Division Ministry of Health 11, Building 147, Kayay Quarter Nay Pyi Taw, Myanmar Tel: +95 9 458 020 902 Email: mmth74@gmail.com</p>	
<p>13. Dr. Htun Nyunt Oo Assistant Director (HIV/AIDS) Department of Health, Ministry of Health International Health Division, Office No. (4) Ministry of Health, Nay Pyi Taw, Myanmar Tel: +95 67 411 353, +95 9 514 1251 Email: tunnyuntoo71@gmail.com</p>	
<p>14. Dr. Thant Sin Htoo Deputy Director Ministry of Health, Nay Pyi Taw, Myanmar Tel: +95 9 515 8745 Email: thintlu@gmail.com</p>	




Thailand


<p>15. Dr. Suriya Wongkongkathep Inspector General Region 5 Bureau of Inspection and Evaluation Ministry of Public Health Tiwanond Road, Muang Nonthaburi 11000 Tel: +662 590 1585, +662 590 1607 E-mail: suriya@health.moph.go.th</p>	
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<p>16. Dr. Supakit Sirilak Senior Advisor (Preventive Medicine) Health Technical Office Ministry of Public Health Tiwanond Road, Muang, Nonthaburi 11000 Tel: +662 590 1717 E-mail: konc62@yahoo.com</p>	
<p>17. Dr. Samrit Srithamrongsawat Deputy Secretary General National Health Security Office The Government Complex Building B 120 Moo 3 Chaengwattana Road Lak Si District, Bangkok 10210 Tel: +662 832 9200 E-mail: samrit.s@nhso.go.th</p>	
<p>18. Dr. Nutthapong Wongwiwat Director of Maesot Hospital 175/16 Sripanich Road, Tesabarn Maesot, Tak 63110 Tel: +668 167 109 66 E-mail: nutortho@gmail.com</p>	
<p>19. Dr. Pornpet Panjapiyakul Deputy Director, Bureau of Health Administration Ministry of Public Health Building 5, 6th floor , Ministry of Health Tiwanond Road, Muang Nonthaburi 11000 Tel: +668 180 223 85 E-mail: pornpet@gmail.com</p>	

<p>20. Dr. Chalernpol Chamchan Deputy Director for Academic Affairs Institute for Population and Social Research (IPSR) Salaya, Phutthamonthon, Nakhon Pathom 73170 Tel: +668 407 997 45 E-mail: chalernpol.cha@mahidol.ac.th</p>	
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Vietnam

<p>21. Dr. Tran Quy Tuong Deputy Director Department of Medical Service Administration Ministry of Health, 138 A Giang Vo Street Ba Dinh District, Ha Noi Tel: +84 62732235 E-mail: tranquytuong@gmail.com</p>	
<p>22. Prof. Nghiem Tran Dung Deputy Director, Health Insurance Department Ministry of Health 138 A Giang Vo Street Ba Dinh District, Ha Noi Tel: +844 62732301 E-mail: nghiemtrandung@yahoo.com , dungnt.bh@moh.gov.vn</p>	
<p>23. Dr. Nguyen Thi Thu Nam Head of Department of Population & Development Health Strategy and Policy Institute (HSPI) Ministry of Public Health, A36 Lane Ho Tung Mau St., Cau Giay District, Hanoi Tel: +844 38 234 167 E-mail: namnguyenthuthu@yahoo.com</p>	



<p>24. Ms. Tran Giang Linh Head of Research and Training Department Institute for Social Development Studies (ISDS) Suite 1804, PH Floor, The Garden building Me Tri road, Tu Liem District, Hanoi Tel: +844 37 820 058 E-mail: trangianglinh@isds.org.vn , glinh.tran@gmail.com</p>	
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USAID


<p>25. Dr. Aye Aye Thwin Director USAID/RDMA - OFFICE OF PUBLIC HEALTH Athenee Tower, 25th Floor, 63 Wireless Road Lumpini, Patumwan, Bangkok, Thailand Tel: +662 257 3245 E-mail: aathwin@usaid.gov</p>	
<p>26. Ms. Thitima Klasnimit Division Chief, Program Support Unit USAID/RDMA - OFFICE OF PUBLIC HEALTH Athenee Tower, 25th Floor, 63 Wireless Road Lumpini, Patumwan, Bangkok, Thailand Tel: +662 257 3244 E-mail: tklasnimit@usaid.gov</p>	
<p>27. Ms. Sharlene Bagga-Taves Health Officer USAID/RDMA - OFFICE OF PUBLIC HEALTH Athenee Tower, 25th Floor, 63 Wireless Road Lumpini, Patumwan, Bangkok, Thailand Tel: +662 257 3000 E-mail: sbagga@usaid.gov</p>	
<p>28. Mr. Aaron Schubert [Rapporteur Team of the Meeting] Regional Team Lead for HIV and TB USAID/RDMA - OFFICE OF PUBLIC HEALTH Athenee Tower, 25th Floor, 63 Wireless Road Lumpini, Patumwan, Bangkok, Thailand Tel: +662 257 3000 E-mail: aschubert@usaid.gov</p>	

<p>29. Dr. Mya Sapal Ngon [Rapporteur Team of the Meeting] Health Program Manager, USAID U.S. Embassy, 110 University Avenue KamaryutTownship, Rangoon, Myanmar Tel: +951 536 509+951 536 509, Ext. 4884 E-mail: msngon@usaid.gov</p>	
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CAP-Malaria

<p>30. Dr. Soy Ty Regional Director, URC/CAP-Malaria Project CAP-M Phnom Penh/Cambodia #10 (2nd Floor) St. 214, Chey Chamnas, Daun Penh, Phnom Penh, Cambodia Tel: +855 23 724 205 /724 208 E-mail: Ksoyty@URC-CHS.COM</p>	
<p>31. Dr. Prof. Saw Lwin Country Coordinator, CAP-Malaria, Myanmar CAP-M Office Yangon/Burma, Room No. 1004 Shwe Than Lwin Condominium New University, Avenue Road BahanTownship, Yangon, Myanmar Tel: +95 951 543 353 E-mail: slwin@URC-CHS.COM</p>	

WHO-Thailand

<p>32. Ms. Aree Moungsokjareoun Border and Migrant Health Officer World Health Organization, Thailand Country Office Ministry of Public Health, Tiwanond Road, Muang DistrictNonthaburi Province 11000 Tel: +66 2 590 1509 E-mail: aree@who.int</p>	
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ILO-Myanmar

<p>33. Ms. Jacqueline Pollock Technical Officer, GMS TRIANGLE International Labor Organization, Yangon No 1 (A) Kanbae (Thitsar) Rd, Yankin Township Yangon, Myanmar Tel: +94 2112 6869 E-mail: pollock@ilo.org</p>	
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Resource Persons

<p>34. Dr. Suwit Wibulpolprasert Vice Chair International Health Policy Program (IHPP) Foundation Ministry of Public Health, Tiwanond Road Muang District, Nonthaburi Province 11000 Tel: +662 590 2376 E-mail: suwit@health.moph.go.th</p>	
<p>35. Dr. Viroj Tangcharoensathien Secretary General International Health Policy Program (IHPP) Foundation Ministry of Public Health, Tiwanond Road Muang District, Nonthaburi Province 11000 Tel: +662 590 2366-7 E-mail: viroj@ihpp.thaigov.net</p>	
<p>36. Dr. Phusit Prakongsai Director of International Health Policy Program (IHPP) Ministry of Public Health, Tiwanond Road Muang District, Nonthaburi Province 11000 Tel: +662 590 2376 E-mail: phusit@ihpp.thaigov.net</p>	

Secretariat team

<p>37. Dr. Weerasak Putthasri [Lead Rapporteur of the Meeting] Deputy Director International Health Policy Program (IHPP) Ministry of Public Health, Tiwanond Road Muang District, Nonthaburi Province 11000 Tel: +662 590 2366-7 E-mail: weerasak@ihpp.thaigov.net</p>	
<p>38. Dr. Walaiporn Patcharanarumol [General Manager of the Meeting] Director of CAP UHC (Capacity Building for UHC) International Health Policy Program Foundation Ministry of Public Health, Tiwanond Road Muang District, Nonthaburi Province 11000 Tel: +662 590 2366-7 E-mail: walaiporn@ihpp.thaigov.net</p>	
<p>39. Ms. Angkana Sommanustweechai [Rapporteur Team of the Meeting] Research Fellow International Health Policy Program Foundation Ministry of Public Health, Tiwanond Road Muang District, Nonthaburi Province 11000 Tel: +662 590 2366-7 E-mail: angkana@ihpp.thaigov.net</p>	
<p>40. Ms. Chanankarn Boonyotsawad [Rapporteur Team of the Meeting] Research Assistant CAP UHC (Capacity Building for UHC) International Health Policy Program Foundation Ministry of Public Health, Tiwanond Road Muang District, Nonthaburi Province 11000 Tel: +662 590 2366-7 E-mail: chanankarn@ihpp.thaigov.net</p>	

<p>41. Ms. Payao Phonsuk [Rapporteur Team of the Meeting] Research Assistant International Health Policy Program Foundation Ministry of Public Health, Tiwanond Road Muang District, Nonthaburi Province 11000 Tel: +662 590 2376 E-mail: payao@ihpp.thaigov.net</p>	
<p>42. Ms. Boonyarak Chanprasobpol [Coordinator of the Meeting] Research Assistant International Health Policy Program Foundation Ministry of Public Health, Tiwanond Road Muang District, Nonthaburi Province 11000 Tel: +662 590 2376 E-mail: boonyarak@ihpp.thaigov.net</p>	
<p>43. Ms. Waraporn Pongkantha [Co-coordinator of the Meeting] Project Coordinator International Health Policy Program Foundation Ministry of Public Health, Tiwanond Road Muang District, Nonthaburi Province 11000 Tel: +662 590 2394 E-mail: waraporn@ihpp.thaigov.net</p>	

Annex 3 Welcome speech, keynote address and country opening remarks on Sunday 23rd March 2014, 16.00-18.00

Welcome speech

H.E. Professor Pe Thet Khin, Union Minister of Health, Republic of the Union of Myanmar delivered a remarkable speech on the importance of the migrants' health by adequate and equitable access to health services. Migrant labor is one of the key drivers to economic growth in host countries; it is a significant element of the future integration through the Asian Economic Community (AEC). The three highlighted points includes first, migrants have the right to health services, second, to ensure better health outcome of migrant, we need to include them to health system and the last, healthy migrants contribute to positive development outcomes.

Opening remarks

Dr. Aye Aye Thwin, USAID, emphasized access to health services is the basic human right. This is the responsibility by all including international organizations, for instances, USAID to advance the migrant health agenda in the Region. To complete this mission, the attention should be focused on a) monitoring the health care provision of migrant, b) policy and legal framework in health and other sectors to promote migrant's health care c) the migrant friendly health system and d) multi-country collaboration to improve access to healthcare. In addition, roles and responsibilities of private sector and civil society are necessary and we have to ensure that standard quality healthcare service is provided.

Meeting objectives

Dr. Viroj Tangcharoensathien, Secretary General, IHPP Foundation, said this first consultative meeting is an opportunity for the countries to share and exchange their current situation, knowledge, policy and intervention, however the main aim is to find the solutions to improve access to health services by migrants and to strengthen network among the countries and partners within the Mekong Region.

Keynote address

Dr. Suwit Wibulpolprasert, Vice Chair, IHPP Foundation, in his key notes, had pointed out the existing migrant populations across countries. He also shared his experiences on how difficulty migrant faced due to financial barriers in access to health services. The ASEAN community is coming up in 2015 and migrants will have huge impact to the member countries, especially on labor market system. Then, we need to ensure health of migrant by focusing on three directions: First, we need to recognize the vulnerability of migrants For which paradigm shifts are needed; sending and hosting countries need to invest to improve their health care services. Second, we need to accelerate achievement of Universal Health Coverage in all ASEAN countries which covers all people and migrants in the region. Third, it needs to strengthen health workers spirit to work for public as the first priority. With "human being" of public health professionals, no matter where patients come from, they can be treated when they come to the hospital.

Opening statements by country delegates

Cambodia

H.E. Professor Chan Soeung Sann, Advisor of the Ministry of Health, Cambodia pointed out the situation that historically, there was a large numbers of Cambodian escaping the civil war to neighboring countries, Thailand and Vietnam. Nowadays, internal and international migrations are for economic and employment opportunities. The trend of across country migration is expected to be increased after the advent of AEC. In this regards, health of migrant will become an issue in term of access to health services. They expected this meeting is an opportunity to

learn and discuss with other countries to improve the access to health service among the migrants.

Lao PDR

H.E. Assoc. Professor Dr. Bounkong Syhavong, Vice Minister of Ministry of Health, Lao PDR gave the overviews of economic changes lead to Lao migrants need to seek for a job outside the country. Concurrently, the issue of migrant's health is important, this is because they are at risks of infectious diseases and social effect. The main challenge is how to ensure and sustain health care resources for the migrants. Besides, government needs to strengthen multi-sector stakeholder to improve their access to health services.

Myanmar

Dr. Win Naing from Department of Health, Myanmar indicated a large number of Myanmar migrants in neighboring countries such as China, Thailand and Lao PDR. Myanmar government has recently increased health budget and investment in health workforce. Myanmar is working closely with neighboring countries, through e.g. the Myanmar-Thai cross border committees, to surveillance, control and prevent the prevailing communicable diseases as mandated by the 2005 International Health Regulation. There still has been the challenges for infectious disease control, e.g. tuberculosis, Malaria, AIDS-HIV and maternal and child health, also the limited access to health care facilities in some border areas among the migrant population. The Health systems at grass root level are expected to provide public health intervention and services. The Ministry of Health tries to fill these gaps by providing and extending its health care activities at border areas as well as for migrant population. In summary, it is important to ensure that migrant have access to health care services with the affordable price. Also, the country work closely with the international organization partners.

Thailand

Dr. Suriya Wongkongathep, the inspector General Region 5 responsible for Global Health, Thailand stated the importance of migrants' health and it is the national priority, as the major destination for migrant workers in the Region. Following the WHO framework on Health of Migrant, Thailand has adopted the Global Operation Framework on the health of migrants, including a) promoting health of migrant policy by providing universal health coverage for all Thai citizen and migrants, b) improving migrant friendly health delivery system which consider in cultural sensitive issues, c) establishing the system monitoring health of migrants by strengthening data collections and survey which will be standardized in all migrants in this region, and d) strengthening partnership networks within and among countries.

Vietnam

Dr. Nguyen Thi Thu Nam, Head of Population Health and Development, Department of Social Sciences, Health Strategy and Policy Institute, Vietnam pointed out the important role of migrant to the economic growth in both host and source countries. Health of migrant becomes one of the national policy agendas. The efforts and initiatives by multiple domestic partners as well as international agencies started to address this issue. However, the main challenge is to ensure access to health care among international migrants. This consultative meeting is expected for drive policy agenda and mechanisms to improve for health of migrant.

Annex 4 Overview of country situation

Health Financing	
Cambodia	<ul style="list-style-type: none"> ▪ The Cambodia has the strategies for health financing including, 1) increase government budget and improve efficiency of government resource allocation for health, 2) align donor funding with MOH strategies, plans and priorities and strengthen coordination of donor funding for health, 3) remove financial barriers at the point of care and develop social health protection mechanisms, 4) efficient use of all health resources at service delivery level, and 5) improve production and use of evidence and information in health financing policy development. ▪ Also there is the alternative health financing schemes composing of user fee with exemption policy, special operating agency, autonomous institutions/ hospitals, midwifery incentive, Health equity fund, voucher for reproductive Health and community based health insurance.
Laos	<ul style="list-style-type: none"> ▪ The government budget for health sector has increased from 6% in 2010 to 9% in 2012-2013 and 2013-2014, as the results out of pocket expenditure has decreased from 60% in 2000 to 40% in 2011 but still high portion and it leads to become poor and poorer because of catastrophic expenditure for health. ▪ The UHC coverage as of June 2013 was 27.5%. The goal to achieve 50% in 2015, and the Universal coverage by 2020. ▪ Coverage of health insurances are included free delivery of pregnant women and children < 5 years old and health equity fund. ▪ Currently, there are five health insurance schemes including ▪ Informal Population : CBHI, HEF ▪ b) Formal Population: SSO (private sector), SASS (public sector) & free MNCH.
Myanmar	<ul style="list-style-type: none"> ▪ Source of health finance came from government, private household, social security system, community contributions and external aids. The main source of finance for the health sector is private and only 8.49% publicly funded (652 billion Kyats in 2014-2015 budget year). As the result of this, 82.3% of all expenditures are OOP. ▪ There is no specific allocation of budget for migrant health care. However, there is contribution from international organizations, ODA and NGOs.
Thailand	<ul style="list-style-type: none"> ▪ Thailand reaches the universal coverage for health care in 2002. Currently, Public health protection schemes Cover all Thai citizen; 7 million people are covered by public employee benefit schemes, The SSS covers 8 million and the rest (47 million) are in the UCS. ▪ There are two health insurance Scheme for Migrants, including 1) Social Security Scheme (SSS) same as Thai Worker responsible by Social Security Office Ministry of Labor. This scheme is eligible for the documented migrants, and 2) Migrant Health Insurance Scheme (MHI) that responded by Ministry of Public Health.

Vietnam	<ul style="list-style-type: none"> ▪ Due to the reforms during the implementation of the Doi Moi policies, Viet Nam health financing made a transition from a tax-based system to a system with multiple sources of financing including general government revenues, SHI funding. Nowadays, the out of pocket payments of households (50%). ▪ For the documented migrants, the health insurance covered by receiving countries for contracted laborers, officials, students. Other migrants which majority are undocumented migrant will be out of pocket payment.
Health services provision for Migrants	
Cambodia	<ul style="list-style-type: none"> ▪ The health service provision for migrants is separated to specific projects and area, for example; <ul style="list-style-type: none"> - Regional approaches: PMI-USAID-CAP-M project. It is to strengthen cross-border collaborations through “Twin-City” along the border areas with the outstanding achievements. The activities are included regular cross border meeting, joint world malaria day, shared update malaria information, exchange field visits, deploy bi-lingual IEC/BCC materials, and use bi-lingual patient card to reinforce treatment compliance. ▪ - HIV/AIDS field: along Cambodia and Thai borders. The migrant workers could have access to Anti-Retroviral Drugs at the provincial hospitals.
Laos	<ul style="list-style-type: none"> ▪ Specific HIV and TB-based project: ▪ ADB Project GMS capacity building for HIV/AIDS prevention (2012): supports Laos and Vietnam to address current gaps in reaching high-risk and vulnerable populations in border areas along economic corridors in the GMS MoU includes HIV services for migrant workers on road construction in Laos ▪ Lao Government & IOM health projects for migrants and mobile populations: increase HIV awareness for road construction workers, truck drivers, sex workers & communities along road project sites, active TB mass screening in hard to reach populations ▪ In addition, there are cross borders initiatives among Laos and Thailand, e.g. MoU on labour migration (2002) which entitles registered Lao migrant workers access to health insurance, minimum wages and labour rights protections under Thai Law.

Myanmar	<ul style="list-style-type: none"> ▪ There are some health service provision for migrants through public health facilities and NGOs including ▪ National Malaria Control Program (NMCP): Malaria services on preventive (ITN, LLIN), case management (drugs and diagnostics), BCC to mobile and migrant population in key areas under Myanmar Artemisinin Resistance Containment (MARC) Project, ▪ National Action Plan for the Management of International Labour Migration in Myanmar: Prevention of the transmission of HIV through unsafe behavior in sexual contacts and injecting drug use targeted to the-Mobile & Migrant Populations and communities affected by population movement ▪ Comprehensive Continuum of Care for people living with HIV including Mobile and Migrant population by providing -VCCT/HCT, Community home based care, Provision of ART and PMTCT services ▪ National Tuberculosis Program (NTP): TB screening, Treatment and Care for Mobile & Migrant Populations and communities affected by population movement ▪ Health facility based care and curative care ▪ There also is the private sectors involvement in Malaria services by working with NGOs.
Thailand	<ul style="list-style-type: none"> ▪ Migrant Health Insurance Scheme by Categories of Migrants <ul style="list-style-type: none"> - Child 0-7 years (payment 365 baht/year) - Over 7 years (payment 2200 baht/year + 600 baht for medical checkup) - Worker waiting for entering SSS (550 baht (for 3 months) + 600 baht for medical checkup) ▪ All 3 categories of migrants will be received health promotion & prevention including vaccination, MCH and RH, OPD and IPD services, high cost care and ARV.
Vietnam	<ul style="list-style-type: none"> ▪ In documented migrants, the health services depend on the health care insurance. The Health insurers receive treatment services in accordance with benefit packages ▪ Some of health services are provided including preventive care, RH, health promotion and education for all at their living areas and working places by Government and international organizations.
Challenges	
Cambodia	<ul style="list-style-type: none"> • Insufficient coordination within the Ministry of Health, and among associated Ministries • Migrant health is not a top priority in the current National Health Strategic Plan, so no specific budget from national level allocate for migrant health. • Migrant health does not come as priority of the Health Partners.
Laos	<ul style="list-style-type: none"> • Restrictive migration policies and migration systems that are inaccessible have led to high levels of irregular migration in GMS which poses a serious threat to migrant health and HIV prevention in Lao PDR and the region • Restrictions in Lao PDR Directive 3824/MLSW against informal work (domestic work, sex work, fisheries) do not reflect the reality that large numbers of undocumented migrants from Lao PDR work in these sector in Thailand • Undocumented Lao migrants have no access to pre-departure HIV training,

	<p>sexual and reproductive health information, labour rights protections, face barriers to HIV prevention and reproductive health services in Thailand</p> <ul style="list-style-type: none"> • Difficult to control Malaria in migrants involved in forest related activities
Myanmar	<ul style="list-style-type: none"> • Weak of policy and legal framework • Weak information sharing and inadequate of collaboration among health partners and other sectors • Insufficient information on migration pattern and migrants's health status. • Lack of health workforces for migrant worker • Language barriers • Lack of MCH services and Immunization services in Migrants population • Lack of Monitoring framework for migrant health
Thailand	<ul style="list-style-type: none"> ▪ Monitoring: Migrant health information system not efficient • Policy and Legal framework: Lack of long term policy • Migrant friendly Health Service: Need for legal Employment of Migrant health worker and volunteer • Multi-country collaboration: Need for collaboration throughout migration process (pre departure, travelling , destination ,return), Portability of benefit (i.e. SSS cannot cross country)
Vietnam	<ul style="list-style-type: none"> ▪ Lack of mechanism to monitor the compliance of oversea employers towards health care related commitments. ▪ Lack of data, information system on pre-departure and return health situation of overseas migrant workers. ▪ There is no focal point agency responsible for health issues of contracted employees oversea.
Approaches	
Cambodia	<ul style="list-style-type: none"> • Support existing and potential focal points for migration health within concerned ministries tasked to initiate inter-ministerial and cross-sectoral dialogue. • Encourage and support relevant government ministries to review existing policies, laws and practices related to labour migration and health, aiming at an overall coherence among policies that may affect migrants' health and their ability to access services. • Develop and provide a basic package of safe migration information on legal rights, health and services to better prepare, protect and inform migrants before they migrate. • Collaborate and coordinate with Government authorities and civil society organizations in the two border provinces on issues related to protection of the rights of all migrant workers and their families, with special attention to health issues.
Laos	<ul style="list-style-type: none"> • Review and harmonize national migration and health policy an optimum package of sexual and reproductive health, HIV, TB, malaria, avian influenza prevention and treatment services for all migrants regardless of legal status, without discrimination and at the same quality as citizens • Improve national data collection to include sentinel surveillance for mentioned diseases; health seeking among migrants; HMIS for mobile populations; outflows and return migration data • Increase migrant participation via community based, peer outreach models with dedicated financing for long term programming

	<ul style="list-style-type: none"> • Consider measures to improve national population and foreign migrant’s access to national health insurance systems and social security protection • Develop a comprehensive, sustainable, multi-sector policy response to migration in the GMS to define: specific entitlements for all migrant workers to mentioned infectious diseases prevention, treatment and care; sub-national delivery mechanism supported by technical and financial resources • Develop intra-regional collaboration mechanisms and an effective model for referral treatment, health insurance for GMS migrants in source, transit and destination countries • Improve access to formal migration mechanisms that guarantee decent work, labour rights and comprehensive health entitlements for all migrants • Strengthen the implementation of formal bilateral migration mechanisms to reduce costs and complexity and enable migrant workers to participate in respective national health insurance scheme, without penalty or restriction
Myanmar	<ul style="list-style-type: none"> • NA
Thailand	<ul style="list-style-type: none"> • The National Migrant Policy is approved by the cabinet. • Improve Participation of migrant health workers • Use the holistic concept with social and environment approaches • Coordinate inter sectors: among Ministries and NGO • Promote Improving Access to Health Service System • Improve the health equity: same Benefit Package as Universal coverage Program. • Appropriate Tactics in different contexts
Vietnam	<ul style="list-style-type: none"> • Assign a focal point to manage the health of migrants • Make health and labor laws and policies sensitive to migrants • Strengthen collaboration with countries sharing borders with Vietnam (informal migration) • Build database on migration

Annex 5 Session summary

Session 1

Current situation with financing and health service provision for migrant populations in the Mekong Region

Overview of migrants across the Mekong Region (ILO)

In the Mekong region, migrants have been moved in all the countries. There is a high number of migrant from Myanmar to Thailand, which accounted for 75% of all migrant who live abroad. There are also migrants who travel for work in other countries apart from Mekong regions.

Health of migrant are considered to be a driven factor for economic development. However, the countries faced the challenges of migrants' health. Most of migrants are low-skills and have been working in dangerous zones. Besides, they encounter with no paid for sick leave, unprotected working, and bad condition living.

Although many countries have proposed the solutions, making provision and budget for health care and social protection is challenging. One key factor to change the situation is building trust. Improving access to care for the migrant is the priority of the country. These should include not only the individual migrant, but also their family members. Also, they should be able to access educational system, social protection and social security in the host country. Moreover, when returning to their motherland, right to access health care service need to be ensured.

Health financing and service models for migrant health (WHO)

There is an increasing of migrant flows in the Mekong region. This has an impact on public health as there is a disparity in health care system between sending and receiving countries. Health of migrant problem may not be well-known in the receiving countries. In some countries, health care service is still in the development process.

World Health Organization (WHO) has proposed framework on health of migrant. The 4 pillars have addressed the key components including;

1. Policy and legal framework
2. Monitoring health of migrant
3. Migrant friendly health services
4. Partnership

And, health service system should be available, accessible, acceptable, and have a standard quality (3A1Q) for all migrants. Regarding this framework, role of sending and receiving countries is important to improve health of migrant.

Session 2

Discussion across countries

Group 1, Cambodia and Thailand:

- Overarching them: solutions depend on financial framework
 1. migrants can be included in the existing Thai system by paying annual insurance premium, through Thai MOPH, but this is often a challenge for migrants due to the cost
 2. Monthly installment health insurance scheme available through Thai Ministry of Labor, but annual total is similar to the MOPH scheme

- Any scheme that is developed must be affordable so that migrants are able and willing (quality of service) to pay.
- Existing scheme on Thai/Cambodia border with HIV and malaria could be expanded, and could be a good example of vehicle of operation for this type of setting.
- Issue of legal versus illegal migrants presents a challenge, so reducing number of illegal migrants (through registration) or dropping documentation as a requirement could help register more people
- Schemes can be enhanced by private sector
- Future discussions should include representatives of target population (migrants)

Group 2, Laos, Vietnam, Thailand

- Migration between the three countries is substantial and diverse, within formal and informal sectors, and consists of documented and undocumented workers.
- Opportunities for collaboration:
 - 1) Collaborative periodic assessments of migrants to determine numbers, as well as situation analyses, are necessary to inform and develop solutions
 - 2) Anthropological assessment of migrants to understand health seeking behavior and choices of formal and informal sector workers
 - 3) Need migrant friendly service delivery model(s), to include an emphasis on developing human resources for health
 - 4) ASEAN social insurance and health schemes (to cover more than just health)
 - 5) Need to outline compulsory health services that employers who employ migrants must provide, to be stated in law, all ASEAN people should be treated equally; this will help ensure employers cover the cost
 - 6) One ASEAN document/framework, to replace multiple bilateral documents, to establish standards and agreement on documentation of migrants and health coverage
 - 7) Financing: collaborative effort needed to work out finite details of UHC, such as high costs of chronic disease, or MDR-TB

Group 3: Myanmar-Thailand

Long term: Policy level development included legal aspect (transform unregistered migrants to registered migrants) and move toward universal health coverage

Short term:

Country level: nominate focal persons (central level, field level)

Field level:

- -minimize the information gap between higher/central level and lower level field staff
- -share relevant information (between two countries, pre-departure)
- -collect evidence (review and conduct operational research)
- -Strengthen the provision of health care services (preventive and curative-malaria, TB, HIV, MNCH, migrant health workers)
- -activate cross border activities
- -bring in business sector

Session Discussion

1. Financing is a recurring theme, we should focus on practical approaches. In Cambodia, less than 5% of population is able to afford insurance premiums for example.
2. In Thailand, volunteer workers have been engaged to help and are part of the response. They help communicate with migrants and educate them on health issues. There are 1 million in the country, but have a high turnover rate. But these volunteers can utilize training lessons once they depart as well.

3. Private sector needs to play a larger part in the development of a response, as well as the response itself.
4. Civil society should be engaged as a medium to reach migrants (to be covered in another session). It is more than just marketing, but civil society must also provide feedback and inform decision-makers of what is and is not working.
5. One piece of the response may be a marketing strategy and system to “sell” the scheme to migrants.
6. Must ensure that recruitment agencies are following contracts and the obligation to provide workers with health insurance.
7. ILO Triangle Project based in all Mekong Basin countries and Malaysia, developed a generic manual for migrants on health. Also works with recruitment agencies to develop a code of conduct and a ranking system that agencies would be ranked by people they recruit.
8. HIV test before departing? The purpose of screening needs to be clear, and WHO has guidelines on whether or not HIV screening should be used. Goal is to make sure people living with HIV have access to treatment.
9. Road to UHC is long, took 30 years in Thailand to develop necessary infrastructure and human resource capacity.

Session Summary:

Very rich discussion and debate. We’re still facing considerable policy challenges beyond the health sector: labor, immigration, and security. Documented and undocumented status continues to be an issue. Maybe there are more constraints to working through this hurdle, let’s try to ensure access regardless of status. There was some intention to identify areas for potential rollout of interventions, please consider this in the coming days. We looked at what is possible now and the longer term. Immediate: involve other sectors labor, social security and connect it with private sector. How can we bring private sector on board in all five countries (if there are two out of the five with more clout, please propose this). Connected to private sector is working with recruitment agencies to discuss what can be done to ensure welfare of workers, and involving banks/investors. If there are activities that private companies will be carrying out with migrant workers, can the financiers carry a condition to ensure health protection? Together, can we engage the bigger investors to negotiate this.

Another issue involved pre-departure efforts, and the fact that health information is often not included. Can we collaborate to improve health messaging in receiving and sending countries? What does it take to finance migrant healthcare and what can we afford to finance? Going back to financing scheme, premiums will be high for both the government and the migrant worker, so needs to be thought through. Data and information sharing can be improved across ASEAN.

Session 3

The regional situation: migrant health care in the next five years, desired scenario and actions required to build an enabling environment

This session describes the scenario to achieve the goals, which can be in short and long term periods, in the Mekong region.

Most of migration in the future will be for economic reasons. Increased migration will lead to numerous challenges to the health sector. The main two points are financial and capacity of service delivery points to serve more people. Also, the situation of undocumented migrants is still a challenge, especially to the host country to provide accessible health care.

All countries raised the possible solutions to improve the situation.

In short term, we should;

- Create a working group, which can be the existing group or organizing a new group of five countries. In this working group should include involved stakeholders such as health, immigration, labor, private sector, development partners.
- Review existing policies, survey and collect evidence (such as the ASEAN declaration on the rights of employees)
- Share and also update the information regularly by creating website and send this information to the community level
- Establish agency or mechanism for monitoring and evaluating the situation and implemented policy
- Provide pre-departure information to all possible migrant group, and work with the recruitment agency and civil society
- Consider other social determinants of health when addressing migrant health care. One practical approach would be the use of migrants as volunteer health workers to work within their community.
- Develop the regional policy based on the multi-sectoral approaches and inter-ministerial collaboration
- Integrate health component into protection and promotion of the rights of migrant workers under the ASEAN Declaration
- Place responsibility to employers in the host country for providing health insurance for employee (migrants)
- All stakeholders should have awareness of how to improve working and living conditions of their employers, such as enforcement of the minimum wage
- Establish an emergency fund to cover uninsured people who are requiring for an urgent care
- Start health care services (such as routine health services immunization) with the documented migrants and expand to undocumented migrant

In long term, we should;

- Maintain knowledge through social movement
- Strengthen policy movement
- Collect evidence-progress and lessons learned from each country
- Continue to share information on progress, and identify centers of excellence and best practices

In summary, the solutions for documented and undocumented workers should be done in parallel. We need informal mechanisms for undocumented workers and modalities for employer to contribute to healthcare. We need multi-pronged entry-points. Many groups mentioned the need for information and experience sharing. Self-help groups (such as China Association in Thailand) can be one mechanism to informally help migrants.

Session 4

Actions needed for different country

Cambodia:

- Existing focal point in the Ministry of Health, Ministry of Labour, Ministry of Interior and, HR committee under the ASEAN framework
- Experiences and information sharing on migrants: under the Asian Development Bank (ADB) project (including 3 countries, Cambodian, Laos, Vietnam)

Laos PDR:

- Setting up the focal point in the Ministry of Health, who will be responsible in this area (as the main focus of Ministry of Health is not on migrants but on childhood mortality reduction)
- Assessment of the situation of migrant in the country with the application of simplified tools, contact Ministry of Labour as a social border, contact Province in border, for future improvement
- Scaling –up the existing pre-departure information and activities to create awareness for out-migrant workers

Myanmar:

- Setting up the focal point in the Ministry of Health and revitalizing the existing cross border health committee and its function
- Take all stakeholders on board (such as Ministry of Foreign Affair, Labour, Immigration, Health and Social Welfare) in order to assess the migrant situation, review and implement ASEAN declaration, making decision on policy, revision of legal framework and policy coherence
- Ministry of Health jointly work with Ministry of Labour, active engagement of private sector in the solutions of health of migrants

Thailand:

- Strengthen existing migrant Health Insurance scheme (as now there is a low on coverage)
- Strengthen Law enforcement Ministry of Labour for documented migrants to enroll in social security scheme (SSS), need to revise financial mechanism and benefit package
- Assessment of policy on financing migrant health insurance for performance improvement
- Improve health delivery system to be more migrant friendly (through health volunteer among migrant)

Vietnam:

- There is an existing focal point in the Ministry of Health, need to revitalize its function with stakeholders
- Political commitment on migrant (all issues, not only on health (social protection))
- Ongoing extension of insurance coverage for internal migrants, strengthening enrolment of international migrants into social health insurance
- At the border area, strengthening the current hospitals implementing non-discriminatory practice to irregular migrants

Session 5

Immediate actions (within one year): country pair

Cambodia – Thailand

- Consider providing financial (health insurance for migrant) and non-financial framework for improving health care service accessibility
- Get private sector engage and involve in the policy process
- Get migrants engage

Note: Ministry of Health decentralized to provincial health department (PHD), which require Thai-Cambodian- border provinces, such as Sakaew (Poipet), Surin (Udormeachey), Chantaburi (Pailin), and Trad (Koh Kong), to talk with PHD for detail joint project and action plan.

Vietnam – Laos – Thailand

Vietnam and Laos

- Establish regular assessment of migrant situation and set up the information system

- Strengthen migrant friendly health services

Laos and Thailand

- Provide financing for high cost of health care, for long term care treatment
- Review on (existing) MOU to ensure that health of migrant is included, if not consider to revise

Note: There are existing health committees between Laos and Thailand (e.g. in Savannakhet-Mukdaharn, Champasak-Ubonrachathani) and there are agreement between provinces in Laos and Vietnam

Myanmar- Thailand

- At the country level: Existing five sites but focus on 3 main sites with large migration: Kaan – Dawei, Maesot-Myawaddy, Ranong-Kawthaung

Note: periodic comprehensive assessment, guided by policy objective using a simplified common protocol which minimum parameter for which additional parameters specific to each site added, this can be conduct at LAO/VMN, LAO/THA, LAO/CAM, CAM/VMN, THA/MYM border

Annex 6 Highlight of closing remarks by country delegates

Cambodia

"Three main topics have been discussed during the meeting; policy, financing and health delivery system. All actions and policy process should involve all stakeholders.

...important of information sharing for migrant and health financing is also important as many people cannot access to health delivery system.

...expect all country have all people be able to access to care, those include migrant."



H.E. Prof. Chan Soeung Sann
Advisor of the Ministry of Health, Cambodia

Lao PDR

"The meeting really provide comprehensive discussion. There is still thing to cope within the region toward migrant both international and intra-national.

...emphasizing priority should be focused on health to rural and remote areas and health delivering system should be accessible for all.

Key challenge to overcome the problem on health of migrant, strong collaboration is the key answer. Next step we should have clear subject and guideline to improve health care delivery system and main component should be in financing.



H.E. Assoc. Prof. Dr. Bounkng Syhavong
Vice Minister, Ministry of Health, Lao PDR

Myanmar

"...good collaboration between the country with MOUs on cross border health. Information sharing on health of migrant between the country is crucial.



Dr. Win Naing
Director (Epidemiology)
Department of Health, Ministry of Health, Myanmar

Thailand

".... look forwards to seeing the future for the plan, how to cooperate in health of migrant issue. Countries share common problems, then come to statement for the solutions together..... "



Dr. Pornpet Panjapiyakul
Deputy Director
Bureau of Health Administration,
Ministry of Public Health, Thailand

Vietnam

"Upon return home, we will submit the results of this meeting to the Minister of MOH in order to get concrete guidance, develop strategic action plans in this issue....we pledge our firm commitment to implement actions which are applicable to Vietnamese context as soon as possible....also... to continue multilateral cooperation with other countries in the region..."



Prof. Nghiem Tran Dung
Deputy Director, Health insurance Department
Ministry of Health, Vietnam