PRINCE MAHIDOL AWARD CONFERENCE 2017

ADDRESSING THE HEALTH OF VULNERABLE POPULATIONS FOR AN INCLUSIVE SOCIETY

PS2.4

PARALLEL SESSION 2.4

Integrating Migration and Community Health within UHC

BACKGROUND

The 21st Century is witnessing huge levels of both planned and forced migration within and between countries. Migrants are not homogenous. Their health risks, vulnerabilities and resilience factors vary between each migrant category and along the mobility continuum. A migrant's health status is a function of the context of his or her mobility: whether it is voluntary or forced, regular or irregular, temporary, permanent or seasonal, with family members or alone; whether it occurs in a context where protective policies are in place, or whether it is in a context of invisibility. Recognizing differences across vulnerability and resiliency gradients are important to address them and ensure a healthy integration within host communities. Additionally, the implementation of universal health coverage (UHC) based on a people-centered and inclusive approach to primary health care, and ensure that all people have access to health services is essential to both achieve equity in health and for making health systems more resilient to crises.

OBJECTIVES

The objectives of this session are below.

- To share experiences in implementation of policy/programs to enhance social inclusion of migrant and mobile populations (MMP) across mobility pathways.
- To explore the existing mechanisms, policies, stakeholders and lessons learned from health system strategies and responses to build resilience and address health vulnerabilities of MMPs from Southeast Asia, Africa and Europe.
- To discuss the critical importance of human mobility in addressing global health security threats and identify mechanisms/strategies on how MMPs (especially those who are non-citizens) have been included within national/regional/sub-regional preparedness and response plans to disease outbreaks and public health events of international concern (PHEIC).
- To draw recommendations to move toward social inclusion to achieve UHC and SDGs for MMPs.

MODERATOR

Hernan MONTENEGRO VON MUHLENBROCK

Coordinator
World Health Organization

Switzerland

Hernan Montenegro is currently Coordinator of the Services Organization and Clinical Interventions Unit, Service Delivery and Safety Department, at the World Health Organization (WHO) in Geneva, Switzerland. He holds a Medical Doctor degree from the University of Chile, a Specialist in Public Health degree from the University of Chile, and a Master in Public Health degree from the University of Johns Hopkins. He also has two years of postgraduate training in General Surgery at the University of Chile's Jose Joaquin Aguirre Hospital. At the beginning of his career, he served as a clinician providing primary and emergency care services to low-income population in Santiago, Chile. From 1988 to 1995, he was a professor of public health at the School of Public Health of the University of Chile. From 1991 to 1995 he worked for the Chilean Ministry of Health, first as a Public Health Specialist, and later on, as the Head of the Health Sector Reform Project Coordination Unit. In 1996 he joined the World Bank where he became Senior Health Specialist for the Human Development Sector Management Unit, Latin America and Caribbean Region, in Washington D.C. While at the World Bank, he worked in Panama, Mexico and Brazil. In 2001 he joined PAHO/WHO as Regional Advisor on Hospital and Health Services Management, and later on from 2004 to 2007 he became Chief of the Health Services Organization Unit of PAHO/WHO in Washington, D.C. Dr. Montenegro's areas of expertise are health services organization, management and delivery, health systems, health sector reform, health policy, strategic planning, and project/program formulation and evaluation.

OPENING REMARK

Davide MOSCA

Director of Migration Health Division
International Organization for Migration

Switzerland

Dr. Davide T. Mosca is the Director of the Migration Health Division at the International Organization for Migration. Dr. Mosca earned his MD at the University of Milan and specialized in Emergency Surgery and ER at the University of Modena. He has worked for 24 years in Africa and the Middle East. From 1984 to 1994 he worked in Zaire (now Democratic Republic of the Congo) for the Italian Technical Cooperation first as a surgeon and later in public health, directing various primary healthcare and health education programs for community nurses and nomadic health workers. He was also co-chair of the Regional Commission of Environmental Sanitization (CRAM-Shaba), a large public-private partnership enhancing rural and urban environmental health. He joined the International Organization for Migration (IOM) in Mozambique in 1994, and as part of the UN Mission he designed health programs for the reintegration of internally displaced people, returning refugees, and demobilized soldiers. In 1996, he relocated to Angola on similar post-conflict programs of the UNAVEM III Mission. From 1998 to 2008 he was based in Nairobi, Kenya, where he led IOM medical teams as the Regional Medical Officer for Africa and the Middle East. In that capacity he worked in the resettlement of refugees, health assessment for migrants, and migration and health programs through a variety of innovative programs and initiatives that utilized multidisciplinary approaches in the areas of HIV/AIDS, TB, Malaria, and health promotion and in addressing the migration of healthcare workers from Africa. He also coordinated IOM's emergency health programs after the second Gulf War and implemented medical evacuation of civilians affected by the war in Iraq. Appointed to his current position in 2008, he manages IOM health programs worldwide, employing more than 1,200 health and operations personnel in more than 60

countries, in the clinical provision of immigration medical examination and public health–related initiatives, promotion of health of migrants through a variety of health programs with particular focus on communicable diseases, and response to emergencies, including the 2014–2015 Ebola crisis in West Africa. Dr. Mosca has taken part as speaker, panellist, chair, and lecturer in several Congresses and Seminars on Surgery, Primary Health Care, Tropical Medicine, Emergencies and Disasters, Humanitarian Aid and Human Rights, Global Health , and Migration Health. Dr. Mosca has published several publications and studies, has contributed to several review panels in global health issues, and has provided training and lectures world-wide. He sits on several global health advisory boards including Stop TB Partnership, Roll Back Malaria, and the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel, among others.

SPEAKERS

Chee-Khoon CHAN

Senior Research Fellow
University of Malaya

Malaysia

Chan Chee Khoon is a health policy analyst at the University of Malaya in Kuala Lumpur. He graduated from the Harvard School of Public Health with a Doctor of Science degree in epidemiology (1991). In 2004-2005, he was a Nippon Foundation API senior fellow at Kyoto University. He was elected to a two-year term on the inaugural Executive Board of the International Society for Equity in Health, and he has served on the editorial advisory boards of the International Journal for Equity in Health, Global Health Promotion, Global Social Policy, and Oxford Bibliographies in Public Health. He has also authored and reviewed chapters for Global Health Watch (volumes 1-3). His current research interests include health systems in transition, migration, rights and health, and environmental health.

SPEAKERS

Joel BUENAVENTURA

Chief Health Program Officer
Migrant Health Unit
Department of Health-Philippines

Philippines

Dr. Buenaventura is a young doctor with a profound interest in public health, migration health, global health diplomacy, and health policy and management and its link to the health of local populations. He currently serves as the Chief Health Program Officer of the Migrant Health Unit under the International Relations Division, Bureau of International Health Cooperation of the Department of Health Philippines. His current work at the Department primarily involves developing the Migrant Health Program for the approximately 10 million Filipinos overseas. In partnership with the International Organization for Migration-Philippines, he supervised the conduct of a multi-stakeholder situation analysis of the management of migration health in the Philippines, which led to the issuance of the National Policy on the Health of Migrants and Overseas Filipinos, the conduct of the Philippine National Conference on Migration Health and the establishment of the Philippine Migration and Health Network, among others.

Aside from this, Dr Buenaventura is also the focal person in-charge of ASEAN Health Affairs, as well as International Assistance section on Foreign Surgical and Medical Missions and Foreign Donations to the Health Sector. During Typhoon Haiyan, he became the coordinator of the Department on all international humanitarian assistance and donations to the health sector, including facilitation of the entry of Foreign Emergency Medical Teams in the Philippines and coordination of international health development partners in the health cluster meetings.

Dr. Buenaventura is a medical doctor who graduated with honors, cum laude, at the University of Santo Tomas Faculty of Medicine and Surgery in 2004. He completed his postgraduate internship at the University of the Philippines-Philippine General Hospital in 2005. He earned his Master in Public Health degree at Boston University in Massachusetts, USA, with a dual concentration in International Health and Heath Policy and Management in 2011, where he was also awarded the John Snow, Inc. Award in International Health. During his masteral studies, he has worked with prestigious public health institutions, such as the World Health Organization in Geneva, Switzerland and Médecins Sans Frontières/Doctors Without Borders in New York, USA in the field of pharmaceutical policy, access to essential medicines, vaccines and diagnostics and neglected tropical diseases.

Prior to that, Dr. Buenaventura has served as a Doctor-to-the Barrio, with seven years of grassroots experience as a rural health physician and later as a Municipal Health Officer in a poor island municipality in the central part of the Philippines. He is deeply committed and motivated to the advancement of equitable access to health care and reducing health disparities in underserved and unserved populations, including migrants and the families they leave behind.

PANELIST

Brahm PRESS

Executive Director
MAP Foundation

Thailand

Brahm Press has been working and living in Thailand for the past 18 years. He completed his graduate degree in Public Administration at the University of Washington in Seattle. Since 2014 he has been the Executive Director of MAP Foundation, a migrant rights organization based in Chiang Mai and Mae Sot, Thailand. During his time in Thailand, Brahm has written numerous research reports about migrant workers' health and labour rights, and contributed significantly in promoting migrants' right to health through his work on one of the largest HIV prevention projects for migrants in Asia under the Global Fund to Fight AIDS, Tuberculosis and Malaria, run by Raks Thai Foundation. As the Convener of the Task Force on Migration, Health and HIV, he has led the advocacy efforts of CARAM Asia to promote the recognition of Asian migrants' health rights at the regional and international level, including participating in the UNAIDS Task Team on HV Related Travel Restrictions. Currently, Brahm is the co-chair of JUNIMA, the Joint UN Initiative on Migration, Health and HIV and AIDS.

PANELIST

Aphichat RODSOM

Chief Integrated Program Officer on Migrant
Ministry of Public Health

Thailand

Dr. AphichatRodsom, M.D. is the Regional 6 Senior Medical Supervisor, Ministry of Public Health, Thailand. His responsibilities are mostly focused on monitoring and evaluating the implementation of the public health policy and strategies. Dr. Rodsom finished his Doctor of Medicine degree from Prince of Songkla University and his Master of Economics from SukhothaiThammathirat University. He subsequently pursued several certificates in leadership and administration in Thailand and the other one in Japan. After his graduation in 1990, he served as a medical doctor of the Minister of Public Health, Thailand, following with being the Provincial Chief Meidcal Officer in several provinces. Before being Senior Medical Supervisor, he was the Director of the Praboromarajchanok Institute of Health Workforce Development (PIHWD). His main interest is focused on the public health policy and strategies, including facilitating the improvement of health systems towards achieving universal health coverage and sustainable developmental goals in Thailand. Dr. Rodsom was awarded an outstanding civil servant of Kanchanaburi Province in 2013.

PANELIST

Eduardo BANZON

Principal Health Specialist
Asian Development Bank

Philippines

Eduardo P. Banzon is Principal Health Specialist in the Sustainable Development and Climate Change Department of the Asian Development Bank. Dr. Banzon champions UHC and has long provided technical support to countries in Asia and the Pacific in their pursuit of this goal. Before joining ADB, he was President and CEO of the Philippine Health Insurance Corporation, WHO regional adviser for health financing, World Bank senior health specialist, and a faculty member of the University of the Philippines' College of Medicine and the Ateneo Graduate School of Business.

SHORT PAPER

Migrants, Rights, and Health Security in Southeast Asia

CHAN Chee Khoon

In recent years, WHO Member States have been urged to speed up reforms to ensure that all persons can have timely access to quality health services without falling into financial hardship.[1] Among ASEAN countries[a], citizens of Malaysia and Singapore have long benefited from widely accessible tax-funded or subsidised government healthcare, while Brunei nationals (who do not pay personal income taxes) enjoy wide-ranging health and social benefits at public expense. In Thailand, the National Health Security Act (2002) extended healthcare coverage beyond civil servants and their dependents, and employees in the formal (private) sector, to the vast bulk of those who hitherto had limited access to needed healthcare.[2] The Philippines National Health Insurance Program *(PhilHealth)*, established in 1995, reported that 79 percent of Filipinos were covered by 2013.[3] Meanwhile in Indonesia, a national health insurance scheme (*Jaminan Kesehatan Nasional*) was launched on November 3, 2014 with the ambitious targets of enrolling 121.6 million citizens in the first year and achieving universal coverage for a projected 250 million citizens by 2019.[4]

Universal Health Coverage however, in a national context, often translates into citizen entitlements, leaving migrant workers (documented and undocumented), refugees, and asylum seekers to fall through the cracks. These are urgent matters of labour and human rights for the ASEAN community, whose member states include major labour-exporting countries (Indonesia, Philippines, Myanmar) as well as labour-receiving countries (Malaysia, Singapore, Thailand).[5]

The presence of sizeable populations of undocumented migrants also presents distinctive public health challenges. Let's recall that the SARS pandemic erupted, and subsided, over an eight-month period in 2002-03 in the absence of therapeutics, clinically-useful diagnostics, and vaccines. One of the key control measures - quarantine and meticulous contact tracing - which helped to break the chains of transmission and extinguish the pandemic would be difficult to implement when large populations of undocumented migrants have a strong incentive to avoid contact with government agencies.

For 2009/2010, the Bangkok office of the International Organization for Migration estimated a total of 2.46 million low-skilled migrants from three neighbouring countries (Laos, Myanmar, Cambodia) of whom 1.4 million were unregistered.[6] In Malaysia, an amnesty exercise in 2011 registered 1.3 million undocumented migrants, a lower bound for a figure which is believed to rival and very likely exceed the figure for documented migrant workers (2.13 million in 2015).[7]

In his preliminary observations and recommendations at the end of his country visit to Malaysia (19 November-2 December 2014), Dr. Dainius P□ras (UN Special Rapporteur on the Right to Health) noted that undocumented migrants are *"considered illegal in the country and face criminal penalties for being undocumented, ranging from fines to imprisonment and caning. During my visit, I learned about the establishment of immigration counters inside public hospitals to facilitate the referrals of undocumented migrants and asylum seekers to the police when they come seeking medical attention. I consider that this practice goes against public health interests and the code of ethics of doctors. The establishment of these counters will deter undocumented migrants from seeking health care for fear of being reported, which among other things could cause the spread of communicable diseases".* [8]

[a] the Association of Southeast Asian Nations (ASEAN) consists of 10 countries: Brunei, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar (Burma), the Philippines, Singapore, Thailand, and Vietnam.

The pandemic potential of the MERS coronavirus, a more lethal but less transmissible relative of the SARS coronavirus, is amplified for the region by the annual flows of Haj pilgrims travelling between Southeast Asia and the Saudi epicentre. Some 200,000 pilgrims from Indonesia, 30,000 from Malaysia, in addition to Thai, Bruneian, and Filipino Muslim pilgrims travel annually to Saudi Arabia for the Haj. The Gulf States also receive large numbers of migrant workers from Indonesia, Philippines, Bangladesh, India, Pakistan, Nepal, and Sri Lanka.

The ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers (2007) expresses its essential tension in clause 3:

> *The receiving states and the sending states shall take into account the fundamental rights and dignity of migrant workers and family members already residing with them without undermining the application by the receiving states of their laws, regulations and policies*

followed by the disclaimer that

> *Nothing in the present Declaration shall be interpreted as implying the regularisation of the situation of migrant workers who are undocumented.*[9]

The ASEAN Socio-Cultural Community Blueprint (2009) and the 5th ASEAN Forum on Migrant Labour (2012) likewise deploy the language of migrant rights, welfare, and human dignity in elaborating on follow-up measures, but the main receiving countries (Malaysia, Singapore, Thailand) in truth are more preoccupied with a different category of health-seeking foreigner, viz. 'medical tourists' (which for Malaysia and Singapore may include migrant workers with private insurance coverage).[10] The Malaysian federal government for instance, which controls the second largest listed healthcare provider in the world, IHH Healthcare, is more preoccupied with an integrated regional health services market rather than with regionally harmonised social policy.[11]

Even if there is political will in tackling the human trafficking and dubious labour brokering practices along the labour 'supply chain' for undocumented migrants, it is clear that both sending and receiving countries are wary about enforceable binding commitments which are fully compliant with international human rights and migrant rights conventions.[12]

Thailand, which has gone so far as to introduce in 2001 a government-run Compulsory Migrant Health Insurance scheme (CMHI) for migrant workers (open to undocumented migrants as well) still has differential benefits in comparison with the Universal Coverage Scheme which it extends to its citizens. Other implementation issues such as restricted portability of the coverage, annual medical examinations for policy renewal (chargeable to the migrant worker?), and reluctance of undocumented migrants to identify themselves have contributed to a low registration rate of 60,000 out of a targeted 1 million CMHI registrants as of 2013. The Philippines, with nearly 11 percent of its population living or working outside of the country, requires its outwardly-bound migrant workers to enrol with *PhilHealth*. Because *PhilHealth*'s reimbursable benefits are often inadequate however for the medical costs incurred abroad, bilateral labour agreements negotiated by Filipino authorities must comply with the Migrant Workers and Overseas Filipinos Act (1995) which requires overseas employers to provide the same health insurance benefits to Filipino migrant workers as are provided for their locally-hired employees. The Indonesian government is likewise negotiating on a bilateral basis for minimum standards in wages and benefits for the overseas employment of Indonesian workers.[13]

Beyond these bilateral initiatives, a regional initiative which perhaps could find some traction is a multilateral agreement among ASEAN member states on taxation options for migrants,

which would entitle them and their dependents to designated 'citizen-equivalent' social benefits in their host country. This would not be a one-size-fit-all solution, but would be customised to the (evolving) taxation and social entitlement regimes of respective ASEAN member states. Such an agreement might for instance adopt the generic principle that mandatory contributory regimes of the host country (including income taxes) could be extended to migrant workers, who in return would be entitled to (designated?) social benefits (on the same terms?) as are available to local citizens. [b]

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[b] in Malaysia, documented migrant workers in the plantation, construction and manufacturing sectors were already contributing *de facto* tax revenues of RM1731 (USD509) per worker per annum in 2014 (annual levy, temporary visitor work pass, multiple entry visa, processing fee, Foreign Worker Hospitalisation & Surgical Scheme, Foreign Workers Compensation Scheme, annual medical check-up), quite apart from GST consumption taxes. By reframing the issue as one of taxpayer benefits (a quid pro quo of rights and responsibilities), this would counterpose a catalogue of migrants' multifaceted contributions to public finances, against the prevalent stereotype of them as 'freeloaders on overburdened social services'.

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Leaving No One Behind: The Philippine Experience on Policy Development for the Health of Migrants and Overseas Filipinos

Joel Buenaventura

Addressing the health of migrants and overseas Filipinos (OFs) is vital and relevant in realizing the Department of Health (DOH)'s current centerpiece agenda of Kalusugan Pangkalahatan or Universal Health Care, which primarly seeks to ensure equitable access to quality health care by all Filipinos, whether in-country or abroad. Every migrant, just like any Filipino citizen, should enjoy the fundamental human right to thehighest attainable standards of health. With over 10 million of its population living and/or working overseas, the Philippines recognizes the critical importance of migration and how it affects health. To address the issue of the health of migrants, aligned with the 2008 World Health Assembly Resolution 61.17, the DOH, in partnership with the International Organization for Migration, embarked on a joint assessment of the current situation of migration health policy and governance in the Philippines. A conceptual framework was developed, after which a desk review was completed prior to the conduct of a series of consultations with various stakeholders using the migration cycle approach. An inter-agency validation workshop was held to present the initial findings of the study and solicitcomments, suggestions, and recommendations from stakeholders from various sectors. The study highlighted that there can be no universal health care without including migrants. Further, with its long history of institutionalized labor migration, supported by policies and institutions that evolved throughout the decades, the Philippines is not "starting from scratch" when it comes to managing migration and labor at large, and migration health in particular. Recommendations include crafting of a National Policy on the Health of Migrants and OFs, establishment of a Migrant Health Unit within the DOH, convening a DOH Intra-Agency Task Force for technical and policy direction on migrant health- related issues and the organization of an inter-agency, multi-stakeholder network for migrant health.