

Healthy Migrant: Malaria Free Thailand Experience

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Migrants in Thailand

- Highly mobile, often hidden, difficult to track with routine surveillance and to target with health interventions
- Four categories of migrants
 1. Myanmar displaced group
 2. Stateless pop. within process of nationality certification
 3. Migrant workers
 4. Civil society and population engagement
- Migrant workers estimate total 3.2 m population

Size of non-Thai citizen by group 2014 estimates

Type of non-Thai citizens	Million people
1. People with Citizenship Problems	0.7
2. International Displaced Persons (Thai Myanmar border)	0.13
3. Registered migrants with work permits	0.8
4. Illegal migrant but temporary registered (Myanmar Laos Cambodia)	1.6
5. Undocumented migrants, no work permits, dependents	0.5
Total non-Thai citizens	3.7

Approximate 6% of total Thai population

Migrants Health Policy

- 2nd Border Health Development Master Plan 2012-2016 : A framework for public health works in border areas to improve quality of life of border population
- Mandalay statement, regional consultative meeting 2014:

'Improving Access to Health Services by Migrants in Sub-Mekong Region'

Health Insurance for Migrants

1. Health Insurance Scheme for **documented** Migrants (HISM) responsible by Ministry of Labor **(0.8m pop.)**

(Eligible only for documented Migrants under MOU or those who have pursued nationality verification process and working in formal sector)

2. Migrant Health Insurance Scheme (MHIS) for **undocumented** migrants, responsible by Ministry of Public Health **(1.6m pop)**

1. Health Insurance Scheme for Migrants (HISM)

- Voluntary, low population coverage
 - Implemented by the Social Security Office, through MOU with 3 neighboring countries
 - In 2014, of total 0.8 million eligible migrants covered (from Laos, Cambodia and Myanmar)
- Limitations
 - Employee contribution only, neither from employers nor government,
 - Employees not aware of their right and which is the contractor hospital, hence low use rate
 - Inefficient management: delay in certification of eligibility to receive health services
 - Benefit package not response to their real health needs

2. Migrant Health Insurance Scheme (MHIS)

- First launch 1994 as MOPH project:
 - 500 Baht premium per worker per year
 - Implemented by MOPH targeting workers not covered by social health insurance
- 2001, cabinet resolution formalized CMHI:
 - Registered migrant pays 300 Baht for annual health check-up and 1,200 Baht for curative services
- 2004, annual premium increased
 - Health Check-up 600 Baht, services 1,300 Baht
- 2013, HISM extended for children <7 yrs old
 - Increase premium to 2,200 Baht including ART
 - Launch targeting children, premium 365 Baht per annum
- 2014, reduce premium to 1,600 Baht plus 500 Baht Health Check

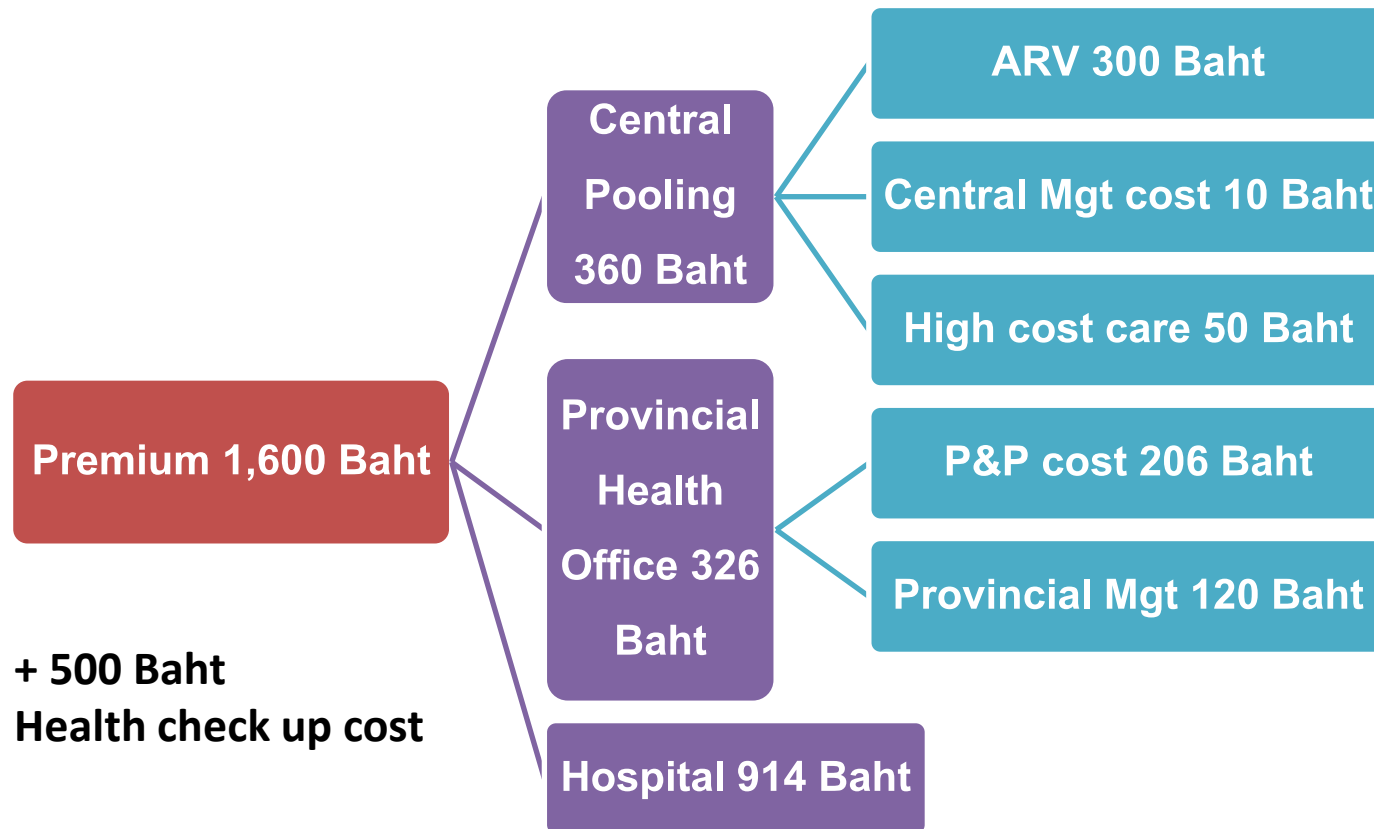
MHIS

as the result of NCPO Policy

- 1,626,235 cards issued
 - Migrant workers 1,533,675 (94%)
 - Dependents 92,560 (6%)
 - Myanmar 623,648 (40.6%)
 - Cambodia 696,338 (45.4%)
 - Lao 213,689 (13.9%)
- Starting registration for Vietnamese migrant

Migrant Health Insurance Cost Allocation

- Premium collected at the hospital



Thailand's approaches on Migrant Health

SIXTY-FIRST WORLD HEALTH ASSEMBLY

WHA61.17

Agenda item 11.9

24 May 2008

Health of migrants

The Sixty-first World Health Assembly,

Having considered the report on health of migrants;¹

Recalling the United Nations General Assembly resolution 58/208 underlining the need for a high-level dialogue on the multidimensional aspects of international migration and development (New York, 23 December 2003);

Recalling the first plenary session of the United Nations General Assembly on migration issues and the conclusions of the High-level Dialogue on Migration and Development (New York, 14–15 September 2006) with their focus on ways to maximize the development benefits of migration and to minimize its negative impacts;

Recognizing that the revised International Health Regulations (2005) include provisions relating to international passenger transport;

Recalling resolutions WHA57.19 and WHA58.17 on international migration of health personnel: a challenge for health systems in developing countries, calling for support to the strengthening of health systems, in particular human resources for health;

Recognizing the need for WHO to consider the health needs of migrants in the framework of the broader agenda on migration and development;

Recognizing that health outcomes can be influenced by the multiple dimensions of migration;

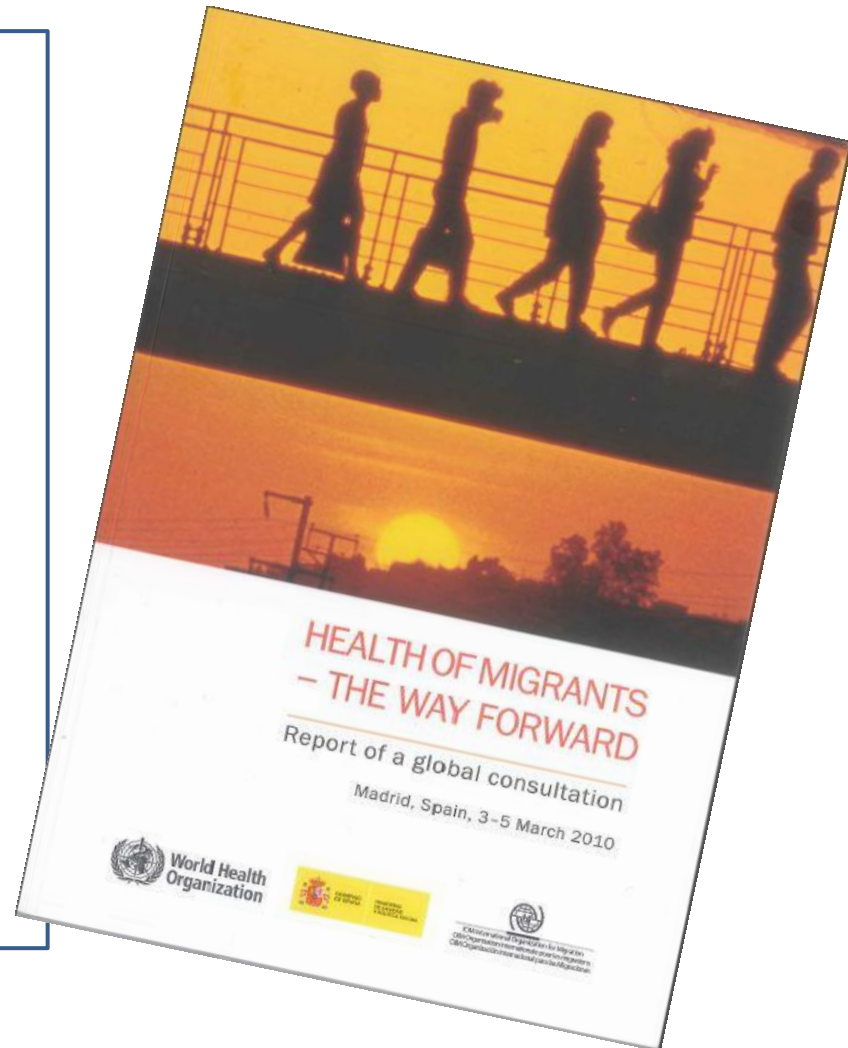
Noting that some groups of migrants experience increased health risks;

Recognizing the need for additional data on migrants' health and their access to health care in order to substantiate evidence-based policies;

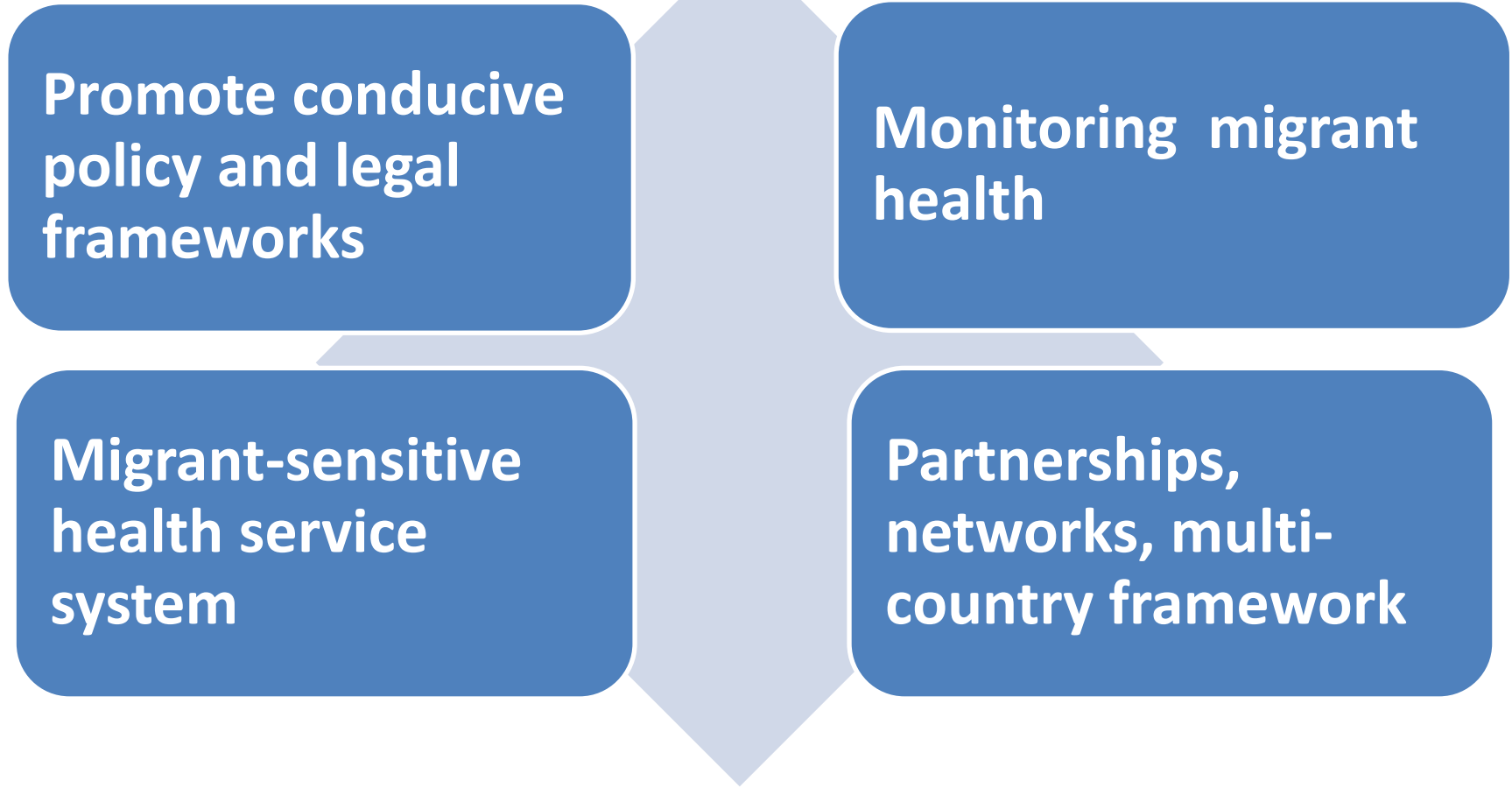
Taking into account the determinants of migrants' health in developing intersectoral policies to protect their health;

Mindful of the role of health in promoting social inclusion;

¹ Document A61/12.



A Global Operation Framework on Health of Migrants



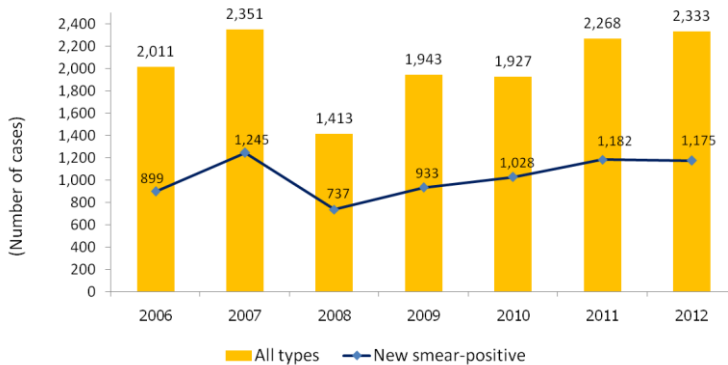
1) Promote conducive policy and legal Frameworks



2 Essential Points in any Law and Regulation for all migrants

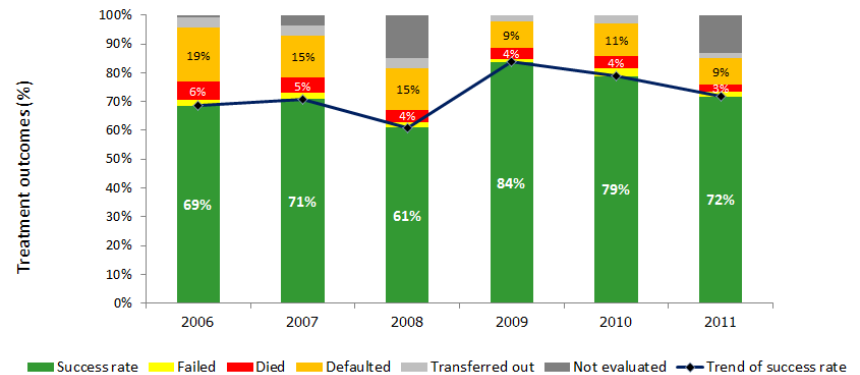
- 1) Annual Check-up
- 2) Covered by Health Insurance during staying in Thailand

2) On going Monitoring Migrant Health



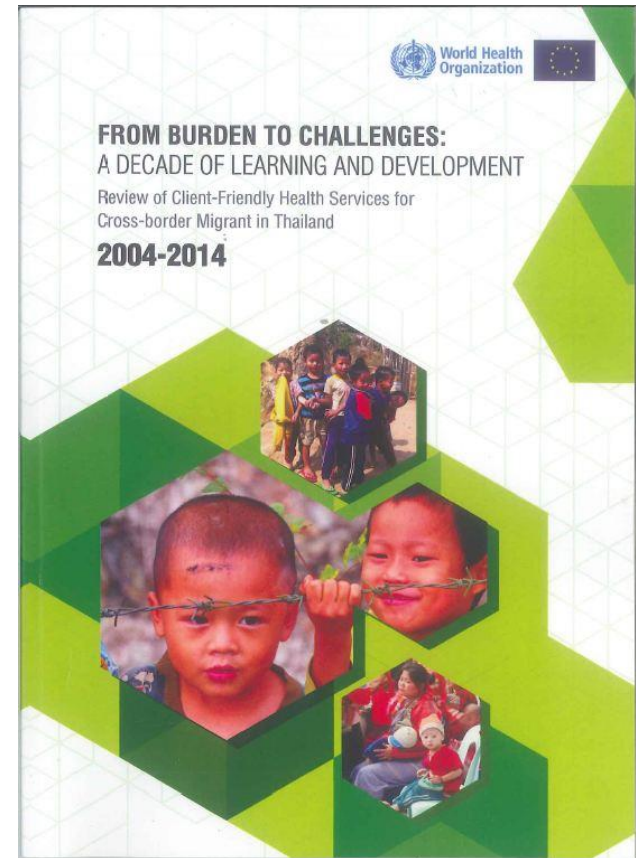
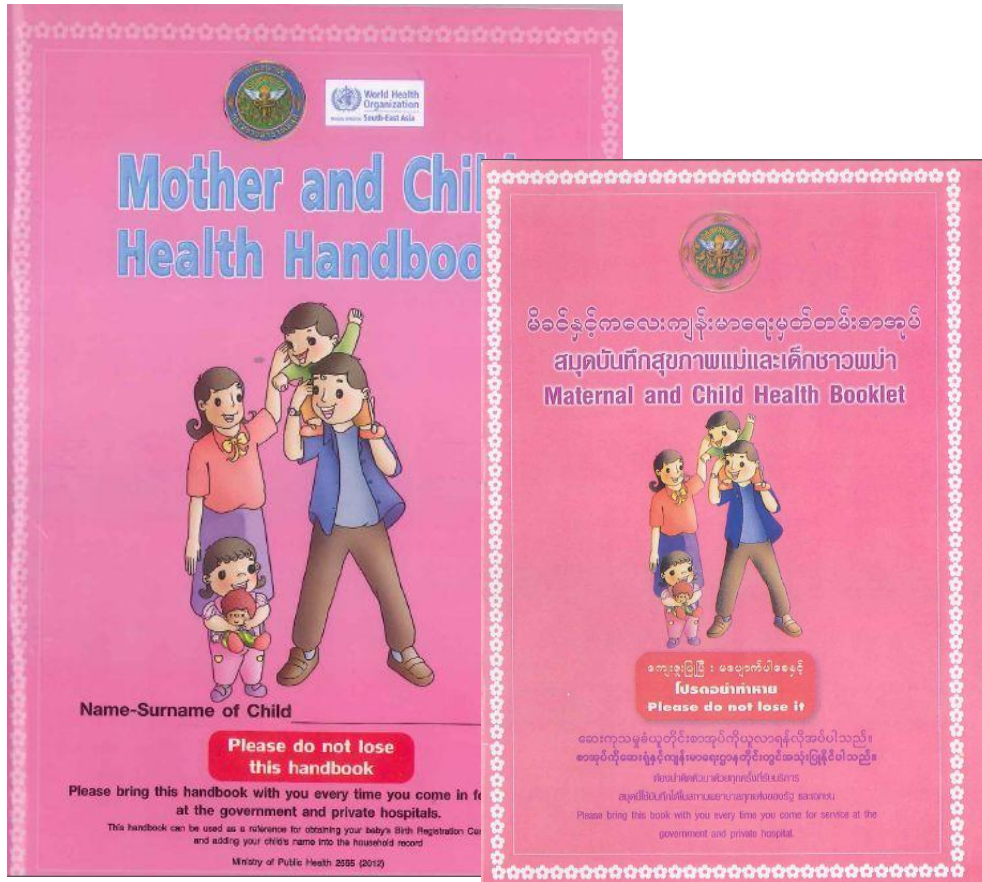
Trend In TB Cases Notification, 2006-2012 (non Thais)
Source: Bureau of Tuberculosis

Tend in treatment outcomes of new smear positive cases
2006-2011 (Non-Thai)
Source: Bureau of Tuberculosis



Annual Check-up + MHI and Friendly Service to keep good accessibility to health care = Good Surveillance

3) Develop Migrant-sensitive health service system



4) Develop Partnerships, networks, multi- country framework



Regular review key internal and external stakeholders and develop partnership through various forums

Malaria in a glance, GMS

- Malaria incidence and deaths has declined continuously
(morbidity reduce 35% annually from 2000 to 2012 and mortality reduce 30%)
- Myanmar counted for 77% of cases, 79% of deaths
- Malaria in GMS is patchy, geographic heterogeneity, exemplified by 'Border Malaria' and 'Forest Malaria'
- Challenge of emerging and spread of Artemisinin resistant malaria in GMS

Malaria in a glance, GMS (conti.)

- Projects update under RAI Program 2015
 1. Trans-border malaria: Fine-scale mapping of high-risk communities and targeting of hotspots with appropriate and novel intervention packages [Cambodia, Lao PDR, Thailand, Myanmar]
 2. Malaria Control and Mapping for MMPs along the Cambodia-Lao PDR Border
 3. Malaria Control and Mapping for MMPs along the Cambodia-Vietnam Border

Malaria in a glance, Thailand

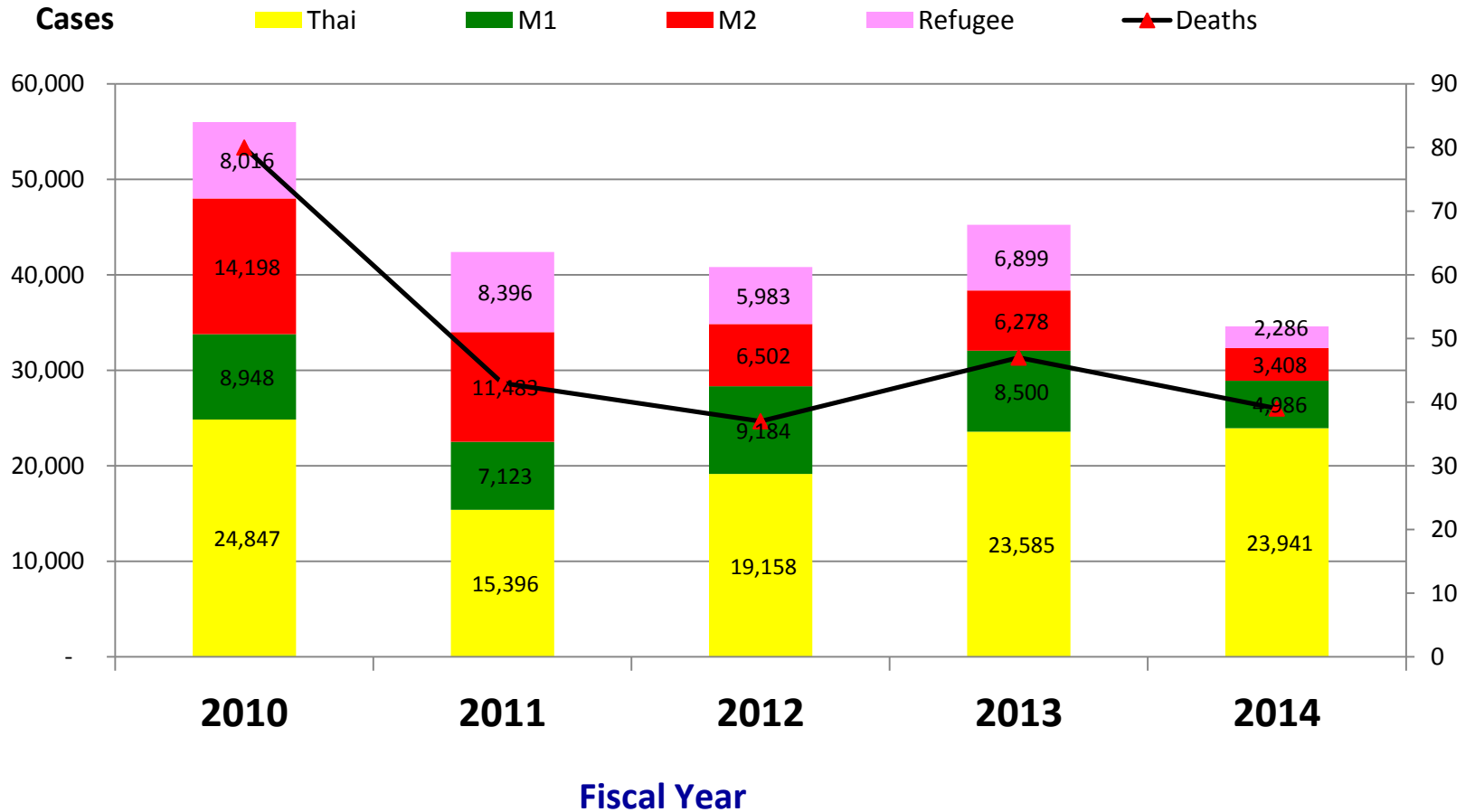
- Total 140,000 cases annually (Thai+migrant)
- Many malaria cases are among migrant and mobile pop. but still unknown.
- Inadequate database of Malaria in migrants
- To more effective targeting the migrants, a study demonstrated Respondent Driven Sampling (RDS) as method to characterize population, enhanced surveillance, provided malaria control interventions and improving case management.

National Malaria Program

Vision

- 80 percents of Districts in the Thailand will be free from malaria transmission by the year 2020
- Elimination of Malaria in Thailand in 2024

Confirmed malaria cases and deaths (2010-2014)



Malaria transmission Villages (A1-A2), 2014-2015

Malaria transmission villages, 2014

Micro-stratification of malaria risk areas

SITE	National, Province, Amphoe, Tambon, Village
Date	2014
Malaria Map Level	Village
National (NAT) value	5,815 villages
A1	1040 Areas
A2	4775 Areas
B1	13696 Areas
B2	35606 Areas
Total	55117 Areas



Malaria transmission villages, 2015

Micro-stratification of malaria risk areas

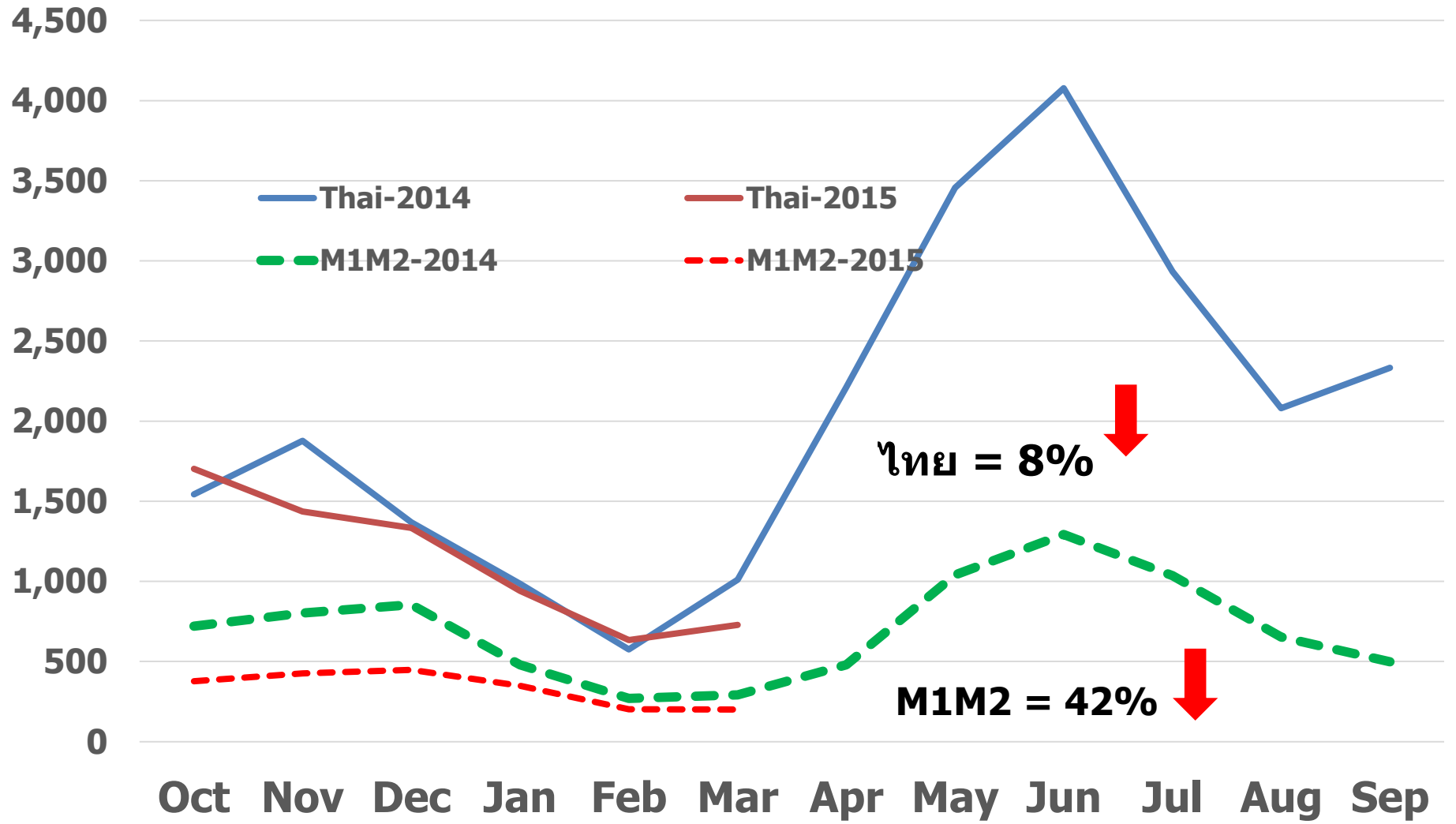
SITE	National, Province, Amphoe, Tambon, Village
Date	2015
Malaria Map Level	Village
National (NAT) value	5,502 villages
A1	955 Areas
A2	4547 Areas
B1	13481 Areas
B2	39671 Areas
Total	58654 Areas



- ▶ Patient Followup
- ▶ Map Layer

- ▶ Patient Followup
- ▶ Map Layer

Confirmed malaria Cases by Thai and Migrants, 2012-2014 (July)



Lesson Learned

- Provision of health care to all migrants without condition
- To apply new approach to new area and other health program such as in Ranong province.
- To gather information among migrant :
 1. Short term mobile migrants have low access to health messages, health treatment
 2. The majority know that malaria is transmitted by mosquitoes and have owner net but didn't get impregnated bednet.
 3. The pattern of crossing border of Cambodia and Myanmar were different.

Next step....

- To expand health insurance to all registered migrants
- To apply RDS method and network to find out mind service volunteer for sending health message among M2 migrants.
- To build healthy public policy of migrant group, not only treatment but include prevention and control and create supporting environment.
- To generate IEC/BCC effective media/material for migrants group such as multimedia or radio media.
- To strengthen community action for participation of impregnate Bednet and to facilitate case follow up.
- To develop health skill of health staffs and motivate them on follow up and investigation cases among long / short term migrants.

Sawasdee

