

Annex 9

Template proposing Priority Areas for

World Health Organization and Royal Thai Government (WHO-RTG) Country Cooperation Strategy (CCS) 2022-2026

Proposed Priority Area:

.....**Migrant Health and health of vulnerable populations**.....

Q1. This proposal is submitted by

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Q2. Please specify all partners who collectively drafted and submitted this proposal

- a) International Health Policy Foundation
- b) Department Disease of Control, MOPH
- c) Related partners
- d) UNHCR

Q3. Please provide a clear problem statement with justification for the inclusion of this topic in the CCS 2022-2026. Please also specify why there is a need for additional support under the CCS, beyond the usual budget and current work of Thai health system will not be able to solve the problem.

[Note: (1) Problem statement should highlight a demonstrable impact on the health of people in Thailand. (2) If this topic is part of the current CCS 2017-2021, please indicate why it should continue under CCS 2022-2026 and what will be differences. Please highlight any lessons learned from the previous implementation period (CCS 2017-2021).

Max 500 words

Global migration has received substantial attention among the UN Member States worldwide. It was estimated that in 2017 the number of international migrants accounted for 3.4% of the global population. During 2000 - 2017, there was a significant increase in the number of international migrants from 173 million to 258 million. At high-level meetings, in 2016, the New York Declaration for Refugees and Migrants was adopted. This was recognized for the need of a comprehensive approach addressing the large movements of refugees and migrants. In 2018, the Global Compact for Safe, Orderly and Regular Migration was launched by reaffirming the New York Declaration and taking into account all dimensions of international migration in a holistic and comprehensive manner. Also, in 2017, the World Health Assembly (WHA) Resolution 70.15 was launched in accordance with paragraphs 11 and 68 and other relevant paragraphs of the New York Declaration to address the health needs of refugees and migrants and called for an international coordination mechanism to support the governance of international migration.

Thailand is one of significant recipient countries for international migrants and refugees in Southeast Asia. A large number of low-skilled migrant workers have been travelling from Cambodia, Lao PDR, Myanmar and Vietnam (CLMV collectively). In 2018, the number of migrants in Thailand was approximately three to four million, and about one and a half million entered the country unlawfully or also known as undocumented migrants. Although there is an effort of the Thai government to deal with this precarious status of undocumented migrants, this problem still remains and is considered as one of the major barriers in access to health insurance and health services among migrant workers. For urban refugees and asylum seekers, comprehensive health policies to cover this group is lacking mainly due to the fact that they are unauthorized entrants with illegal status. International non-governmental organizations and the United Nations High Commissioner for Refugees (UNHCR) have been a key person that takes care of the health and wellbeing of these populations with humanitarian assistance for years.

Public health policy of migrants, refugees, and asylum seekers in Thailand is a complex matter. It involves interplays between public health concerns, economic necessity, and national security. As the migrant health and the health of vulnerable populations are not the mandate of the government alone, multi-sectoral collaborations across the government departments and social partners are required to ensure a good balance of engagement among diverse authorities. In this regard, the CCS is considered as a platform to strengthen this collective action. Given that social and intellectual capital is embedded in the nature of the CCS, this function enables individuals' trust and network to pursue mutual objectives. The CCS has been implemented since 2017 with the aim to support health policy research in relation to the health of different migrants, refugees, and asylum seekers. Areas of health policy research range from local to national level. However, key messages of the findings are linked with the national policy direction. So far, the majority of CCS policy research has been conducted to explore barriers to accessing health care services in the context of Thailand. The research areas cover both demand and supply side of the health systems of these vulnerable populations. These included language and cultural differences, healthcare financing for migrants, health and social administrative hurdles, migrants' education and living conditions, and migrants' health information. Still, knowledge gaps in terms of geographical areas with high migrant density need to be further explored especially along the Thai and Myanmar border.

Q4. How can WHO add value? What is the role of WHO (either WHO Thailand or SEARO or Headquarter) in supporting this priority area?

Max 300 words

Given that an increase in the national and international investments in health policy and systems strengthening has been profound globally, international partners have played a vital role in shaping social and political movements with more strategic directions. The UN agency, the WHO, is an important partner who acts as either a donor or catalyzer to bridge social capital of the Member States. This mechanism is necessary and takes into account the power of networking, a sense of belonging, trust, and reciprocity for effective resource allocation. With high social capital of the WHO, this merit can facilitate health policy process targeting migrants and vulnerable populations particularly in countries with aid independency such as Thailand. Apart from financial support, the WHO becomes an external actor to help identify problems and solutions, and engage in priority setting, policy formulation and implementation in the field of migrant and vulnerable health. This support was previously found in the form of

negotiation and convening the meetings. Due to the recognition platform of the WHO with other UN agencies coupling with knowledge and expertise in public health, this can boost bargaining power to overcome challenges throughout all stages in the policy process. This form of support will be meaningful especially for complex issues which require collective actions beyond the government departments; for example, human trafficking and Thailand migrants' health insurance. More importantly, during the prolonged COVID-19 crisis, resource mobilization is critical with considerations on a timely manner, right targets, transparency, and accountability. In the long run, the role of WHO will help strengthen this process. However, it is not only about the resources but also new partners and strategies that need to be addressed. This challenge is dynamic and shaped by political and social pressure. Therefore, the coordination platform with international partners through the UN agencies is vital in this crisis, which overwhelms healthcare systems in Thailand and other countries worldwide.

Q5. Please specify what focus areas need to be addressed under this priority area, proposed plans/activities and the budget needed in Thai Baht for 5 years during 2022-2026.

(maximum 5 areas, each area should be linked to the problem statement)

Max 500 words

- Focus areas

1) Equity of migrants and vulnerable populations

It is obvious that migrant and vulnerable populations are commonly facing greater challenges in health inequities and various forms of disadvantages. Achieving Universal Health Coverage (UHC) is the key pathway that improves health inequities. These include financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all. However, the UHC achievement targeting these populations is challenging as it depends on capacity of health systems in each country. Although Thailand has made progress in migrant health coverage and development on migrant health policies, implementation on such policies and programs is quite sparse and there is a lack of central authority to coordinate with different partners. In this regard, monitoring and evaluation programs to follow up such process are needed to ensure that these groups will not be excluded from the mainstream health system.

2) Strengthening migrant health management system in the health crisis

Evidence shows that the COVID-19 pandemic affected the deep root of health inequities among migrants and vulnerable populations. They are facing a disproportionate burden of COVID-19 exacerbating their physical and mental health. Therefore, there is an urgent need to strengthen migrant health management system responding to the health crisis. Redesigning health systems and social protection with short-term and long-term plans to mitigate the unmet need of healthcare among vulnerable populations will be of great value. Given that illegal migration of low-skilled migrant workers from neighboring countries has been one of the significant challenges in the spread of COVID-19. Health policy research aiming to address illegal migration is needed. Unpacking barriers in access to nationality verification and complexity in the registration is required. This could be conducted with preparedness plans for managing labor demand and resource allocation in response to the crisis.

3) Education and social welfare of migrants and vulnerable populations

It is undeniable that education is one of significant determinants of migrant health policy particularly for migrants' dependents. It is also obvious that COVID-19 provides inequitable opportunities of education among migrant children. Although some evidence on the health and

social welfare of migrants during the COVID-19 crisis is available, very few documents on the impact of COVID-19 and migrants' education have been presented. Therefore, this challenge could be a knowledge gap that needs to be further explored.

- **Brief proposed plans/activities for 5 years during 2022-2026.**

a) Technical support for policymakers at all levels: It can be developed by establishing a rapid response team with multi-sectoral actions. This will involve different academic partners and researchers to create policy documents responding to the dynamic of the crisis situation (5 million THB)

b) Migrant health policy research and research on vulnerable populations (15 million THB)

Examples of research topics include:

- A continuous monitoring on the well being of undocumented migrants and urban refugees
- Further exploration of health services that are beyond the Thailand-Myanmar border, such as a study on health service burden of migrants along Thailand-Malaysia and Thailand-Laos corridors
- Mental health exploration among undocumented migrants
- Cross border insurance in the context of regional UHC
- etc

c) Networking and social movement to mobilize policy process in responding to the crisis situation. This includes capacity building of local partners to address the wellbeing of migrants as a whole (25 million THB)

- **Proposed budget for 5 years during 2022-2026.**

45 million THB

Q6. What are the changes we want to see over the 5 years – what will be different in 5 years as a result of this program under CCS 2022-2026.

Max 500 words

It is expected that new networking with more coverage of migrants and vulnerable populations will be formed. It is not limited to health partners alone but also non-governmental partners, academic experts, social and private sector partners at any levels.

The urgent needs could be developed in the form of a rapid response team with engagement of the CCS committee. This mechanism will have a role in a rapid policy analysis responding to the dynamics of the COVID-19 situation. This analysis is expected to guide further structural interventions aiming to address inequity issues for the vulnerable populations in each pandemic phase by taking into account the country context.

It is expected to increase engagement with the Migrant Working Group (MWG), the non-governmental organization, who is a key player and have a significant role in driving the migrant health policy at national level. The program outcomes will also aim to enhance

international coordination with international partners from diverse authorities in the ASEAN countries.