



# **Migrant and Non-National Population Health Program 2022 Report (WHO-RTG Country Cooperation Strategy 2022-2026)**

**WHO-RTG Country Cooperation Strategy 2022-2026**  
**Annual Programme Report for 2022**

<b>COVER SHEET</b>		
<b>1. CCS Priority Programme:</b> Migrant and Non-National Population Health Program (under WHO-RTG Country Cooperation Strategy –2022-2026)		
<b>2. Lead Agency / Contracting Agency:</b> Health Systems Research Institute (HSRI)		
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<b>4. Date Report Submitted:</b> 30 March 2023		

## **I. Activity reporting**

### **Program summary**

The Migrant and Non-National Population Health Program is one of six programs under WHO-RTG Country Cooperation Strategy 2022-2026 which aims to enhance the effectiveness of collaboration among multi-stakeholders at all levels including both national and international levels to improve health security system for migrants and non-national populations in Thailand. This program will be conducted as a catalytic platform aimed at system changes.

The lessons learned from the previous CCS Migrant Health cycle 2017-2021 found that concerning subgroups of the migrant population in Thailand, undocumented migrants, have been a significant challenge in the country for decades. Health services accessibility and barriers among migrants and non-national populations remain the gaps due to migrants themselves and the structural government problems. There are no effort of any single authority but require effective governing multi-and intersectoral action for the health of migrants.

Moving forward in the year 2022-2026, it needs to bridge the gaps and catalyst for further actions. Coherent national policies on migrant workers and non-nationals in Thailand, as well as effective coordination across sectors, along with strengthening partnerships on the increasing health equity of migrants and non-nationals will be focused.

### **Goal**

To ensure the right and health equities in health services and financial protection among migrants and non-national people in Thailand through the multisectoral approach.

### **Strategic objectives**

- (1) To create health equity for the migrant and non-national population in Thailand as well as Thais living abroad, which ultimately improve their access to healthcare while providing financial risk protection.
- (2) To strengthen the migrant health management system.
- (3) To improve health literacy on migrant and non-national health issues.

### **Strategic areas of work**

Three strategies: policy advocacy, networking and social movement, and policy research, will be undertaken in parallel under the strategic areas of work as follows:

- (1) Enhancing the health system performance for universal health coverage for all and the accessibility to vaccination for migrant children by supporting the development of national health policies, strategies, governance structures, laws and regulations, as well as promoting effective and sustainable partnerships.

- (2) Strengthening the migrant health management system by developing and focusing efforts on building capacity in the migrant health network, communities and health facilities to improve healthcare accessibility and the relevant arrangements.
- (3) Promoting health literacy among migrants, non-nationals, and their communities to improve the ability to find, understand, and use the information to promote and maintain good health for all.

### **Target populations**

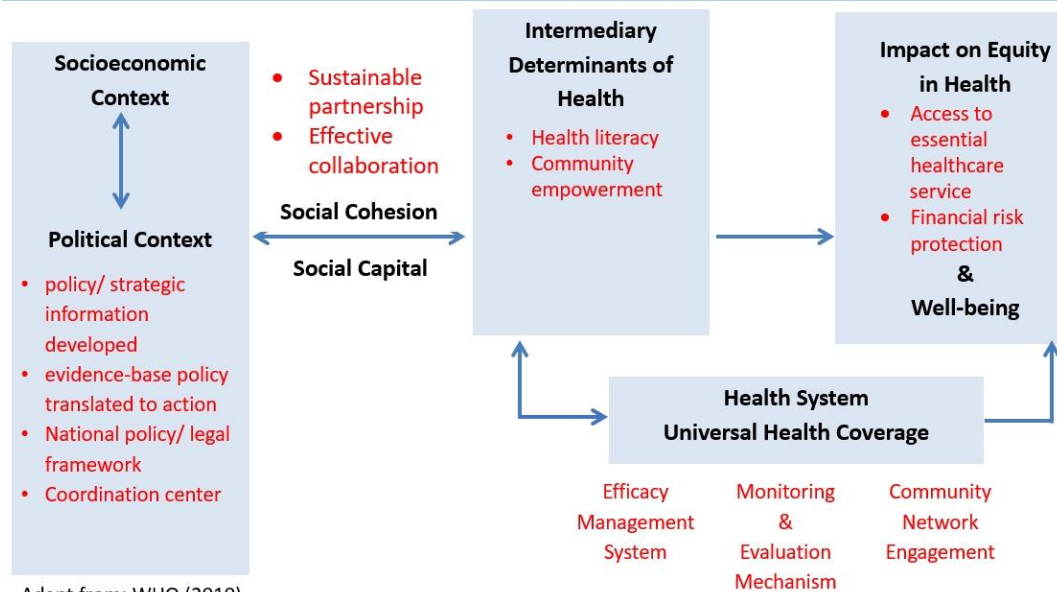
Migrant workers and their dependents, people with citizenship problems and refugees.

### **Outcomes**

The expected outcomes comprise (1) coherent policies, as well as legal and regulatory frameworks (2) the improvement of the health management system for vulnerable non-Thai population (3) health literacy among individual migrant populations and their communities through the following approaches:

- (1) Sustainable partnerships and platforms, both national and international, to support and strengthen health systems to ensure the rights and health equities among migrants and non-national people in Thailand.
- (2) Dialogue with governing bodies and stakeholders regarding governmental policies responsible for health inequities.
- (3) New networking among non-health partners, such as CSOs, NGOs, academic experts, social and private sector partners at any levels to expand coverage of works related to migrants and non-national populations.
- (4) Increasing the voice and influence of communities impacted by health inequities in policy change.
- (5) Rapid policy analysis and recommendations to support policy dialogue and policy makers in addressing inequity issues during the times of the pandemic.

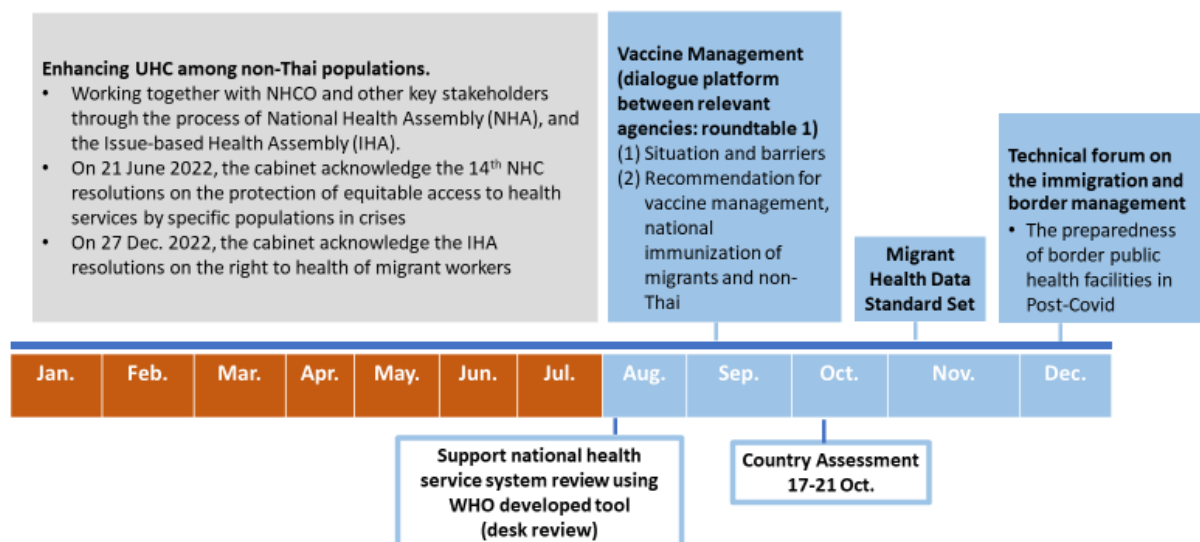
## Conceptual framework



Adapt from: WHO (2010)

## Program Activities

### 2022 Achievements



## **1. Enhancing UHC among non-Thai populations.**

Based on the lessons learned and the study results from the past cycle 2017-2021 found that health accessibility and barriers among migrants and non-nationals especially undocumented migrant remain the gaps and more complex during the COVID-19 pandemic. Tools for the improved coverage and ensuring access to healthcare for all with quality services are keys of achieving universal health coverage - laws and regulations, national policies framework, health database for supervising and monitoring at all levels - need to be developed and priority. Moreover, the complexity of migrant issue requires cross-sectoral policy and governance structure. Migrant health must be in the mainstream of all health action policies.

Therefore, to moved forward with these challenges, we, the MVPH program, was working together with National Health Committee Office (NHCO) through the National Health Assembly (NHA) and the Issue-based Health Assembly (IHA) process since the earlier to propose the gap issues and the complex challenges in migrant health management. Health Assembly is one of the most significant social mechanisms under the National Health Act 2007 to facilitate the evidence-based policy making with great emphasis on inclusive participation which brings together a wide range of stakeholders from health and non-health backgrounds to dialogue for healthy public policies and solutions.

The results led to the cabinet resolutions as follows:

(1) On 21 June 2022, the cabinet acknowledged the 14th NHC resolution on the protection of equitable access to health services by specific populations in crises and assigned the relevant government agencies to proceed this resolution which focused on (1) developing laws or reviewing the relevant laws or regulations for ensuring health security to non-Thai populations who are not eligible for any health insurance (2) developing a national health action plan for non-Thai populations and establishing mechanism or central agency for monitoring and coordinating among relevant agencies (3) strengthening health service systems (4) developing models of the community-led health services to provide health promotion, disease prevention and is the bridge between people in communities and the health provider and (5) enhancing equitable access to quality, standard, safe and friendly health services.

(2) On 27 December 2022, the cabinet acknowledged the NHC resolution on the right to health of migrant workers and assigned the relevant government agencies to consider it. The relevant agencies include the Ministry of Interior, Ministry of Foreign Affairs, Ministry of Labor, Ministry of Public Health, Ministry of Social Development and Human Security, the Royal Thai Police, Social Security Office, Office of National Security Council, Office of National Economic and Social Development Council, National Health Security Office, and local authorities etc.

The crucial protection of the right to health of migrant workers that needs to be promptly undertaken includes the integration of migrant worker management strategy in the national development plan, drafting of migrant workers' health-related law to ensure their access to health security and services as economic citizens, and development of health security scheme that covers migrant workers of all groups. These need to be implemented to ensure fair, equal, and indiscriminate access of migrant workers to health security and healthcare services. This also prevents the spreading of diseases, including COVID-19, which would impact the nation's health security and economy.

## **2. Enhancing Health Equity: Access to Vaccination**

Immunization is a core component of the human right to health, and the goal to achieve “vaccination for all” is an important public health mechanism to control the preventable disease. Thailand has a variety of social and health insurance schemes, and so far, the health system has been able to provide immunization services to most people living in the country. However, accessibility to vaccination, specifically the Expanded Program on Immunization (EPI) might be difficult among migrants and non-Thai nationals both adults and children. The evidence showed that under the COVID-19 pandemic in Tak's border province have found measles and diphtheria spread among dense areas where non-Thai populations are living. Although, these areas have been preparing the Measles-Mumps-Rubella vaccine for Thai adults unlimited non-Thai, but vaccines lacking for non-Thai in dense areas.

Although there is a vaccination policy for all in Thailand and a division responsible for this, implementation, and gaps in access to vaccination services remain, especially among migrants, migrant children, and non-nationals. Moreover, access to vaccination has not been prioritized at the national level and having unclear conceptual thinking among financial decision-makers about state-subsidized budget to cover all non-Thai national people. These led to implementation gaps in each area; for example, Mae Sot District has experience shortages of basic vaccines and vaccines for specific disease control, so the Mae Sot has had to try and find alternative sources of vaccines to fill the gap. On the other hand, Sumut Sakorn Province – with some of the largest communities of migrants has not yet reported a shortage of vaccines.<sup>1</sup>

To enhance health equity among migrants and non-nationals living in Thailand towards universal health coverage by improving access to vaccination, the Migrant and Non-National Population Health Program (MHP) set up a dialogue platform on 28 September 2022. The relevant local government agencies, including Sa Kaeo Immigration, Tak Immigration, Sa Kaeo Provincial Public Health Office, Aranyaprathet District Public Health Office, Tak Provincial Public Health Office, Samutsakhon Provincial Public Health Office, Nonthaburi Provincial

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<sup>1</sup> Tussanai Kantayaporn et.al, 2019

Public Health Office, Health Department Bangkok, Medical Service Department Bangkok, Mae Sot Hospital, were joined, addressing the situation and barriers to vaccination accessibility in case of the management during COVID-19 pandemic, and in normal circumstances.

The results have confirmed that vaccination for all living in Thailand, even under normal circumstances or during the pandemic, is a national policy. It includes (1) EPI vaccines for all children and (2) vaccination for emergency use, such as MR vaccines or COVID-19 vaccines. Nevertheless, the implementation gaps remain. The majority problems came from (1) No direct financial support for all migrants and non-nationals, especially undocumented both children and adults, (2) the Vendor Manage Inventory (VMI) logistic system of the national immune program, (3) the management capacity of facilities, and (4) lacking non-health cross-sector coordinating system. These, especially the financial problems, lead to different management among provincial government agencies to provide the vaccine to non-Thai people. Meanwhile, during the COVID-19 pandemic crisis, we found that entrepreneurs, Non-Government Organizations, and migrant health volunteers had significant roles and functions for migrants and non-nationals in access to Covid-19 vaccinations.

The results from the first roundtable of the dialogue platform will be discussed further in a consultative meeting in 2023 with policymakers and key stakeholders to guide the way forward for the sustainability of the health security of all people living in Thailand.

### **3. Improvement of health information systems: Standard Datasets for Migrant Health**

Well-managed migration builds on reliable data and evidence. Decision-makers need one thing to devise appropriate policies: reliable information. Relevant, high-quality data is critical for designing, implementing, and evaluating policies that can generate substantial economic, social and humanitarian benefits for countries and migrant alike.<sup>2</sup> However, the importance of data to manage migrant health in Thailand effectively is still very limited. Even if the data is available, it is not used to its full potential. The important challenges persist in data system of migrant in Thailand so far include:

- (1) Fragmentation of database systems due to several organizations within and outside the health sector, and each institution has its own policy for managing data. This leads to the scattering of data across various sources.
- (2) Lack of sufficient information on the migrant population, especially undocumented migrant workers and their dependents, demographic and health profiles, health status etc., as well as lack of consolidation across relevant Ministries.
- (3) Low data quality limited the data's relevance for decision-making and unable to represent the whole picture of migrants and their status. The unique identification

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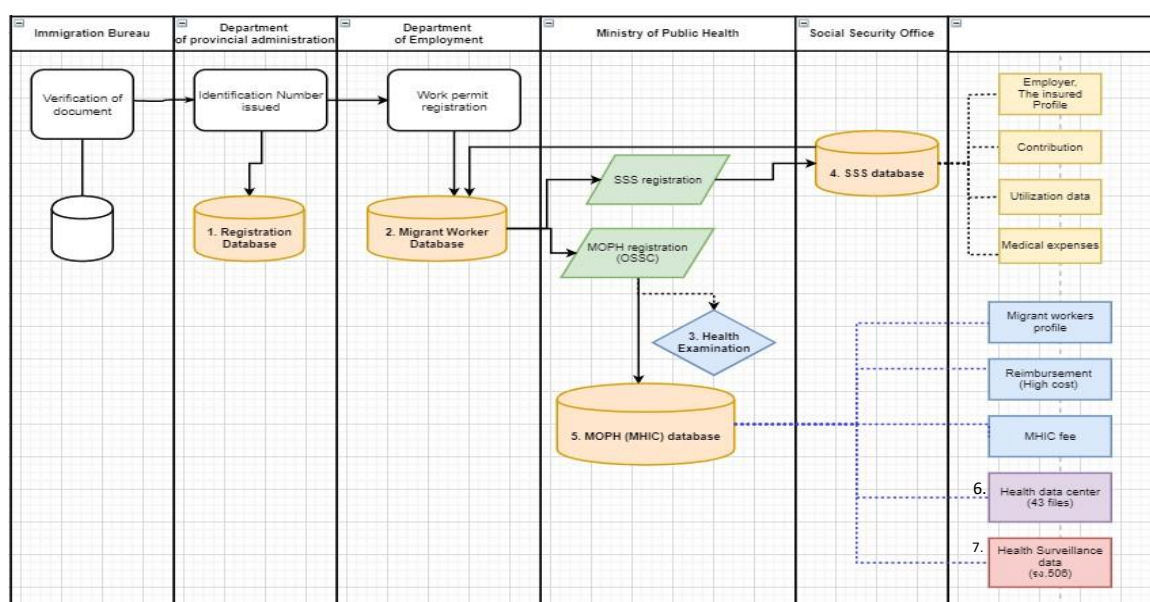
<sup>2</sup> IOM, 2018



problems, recording errors due to rush work and manual error and crucial characteristics such as age, and sex, were not addressed etc. are causes of quality data.

- (4) Non-standard formats of the migrant database for sharing and analyzing migrant health data.

## Migrant Database:



Therefore, in 2022 the MHP Program and the Converge DH Program under CCS are in the process of developing the standard datasets for the migrant health database system of MOPH. The expected outcome could be reduced fragmentation of health data among agencies within MOPH and could be integrated datasets across systems within and outside the health sector, consecutively for meaningful use of data.

The conclusion from the meeting between the MHP Program, the Converge DH Program and the Division of Health Economics and Health Security, MOPH were (1) it was essential to integrate and enable interoperability in the current fragmented system (2) the standard datasets for migrant health should be as part of national health data system under the existing health database of relevant departments within MOPH (3) the integrated migrant workers' health data and, data of public health emergencies such as COVID-19, or tuberculosis (TB) which need to monitor, will be potential and priority of setting minimum standard datasets for migrant health in Thailand. This conclusion will be discussed further among key departments of MOPH to map data and set a framework. The workshop will be held to set minimum standard datasets and pilot in 2023. The key departments are (1) the Division of Health Economics and Health Security, (2) the Information Technology and Communication Center, (3) the Division of Epidemiology, (4) the Bureau of Digital Health of the Permanent Secretary Ministry of Public Health, (5) the Strategy and Planning Division

of the Permanent Secretary Ministry of Public Health, (6) the Digital Health transformation, the Strategy and Planning Division of the Permanent Secretary Ministry of Public Health (7) the Division of Injury Prevention, (8) the Division of Digital Disease Control, Department of Disease Control.

#### **4. Strengthening Health Management System**

##### **4.1 Joint Assessment Mission to Assess Health System Capacity and Essential Public Health Functions to Address the Health Needs of Refugees and Migrants in Thailand**

The World Health Organization (WHO) in close collaboration with IOM and UNHCR has developed the Refugee and Migrant Health Country Assessment Tool to support countries to assess (1) health systems and essential public health functions, capacities and processes; (2) the readiness of health facilities to provide essential health services for refugees and migrants, as well as host communities; and (3) to guide baseline collection of primary and secondary information on refugee and migrant health situations and needs at national or subnational levels.

As Thailand is a ‘Champion Country’ of the UN Migration Network for its implementation of the GCM and proactively supports the International Migration Review Forum (IMRF) for the GCM Implementation. Thailand is also a champion country in advancing Universal Health Coverage (UHC). WHO/HQ has proposed that Thailand be a pilot country to conduct a joint mission to review health system capacity and essential public health functions to address the health needs of refugees and migrants in Thailand.

The objectives of the assessment are; 1) to pilot the tool which will allow the WHO Health and Migration Program (PHM) to gather inputs and comments from the ground in applying the tool in other countries; 2) to review the current migration situation and the health-system response including assessing the capacity of the health systems and essential public health functions to respond to the health needs of refugees and migrants, through desk review, meetings and interviews to stakeholders, and field visits; 3) to explore future health policy that would advance universal health coverage (UHC) on migrants’ agenda in Thailand, as well as to consolidate good practices and lesson learnt that would help generate informed decisions and propose key areas of future collaboration and technical support between the Ministry of Public Health, WHO, and other partners.

Therefore, the MHP Program supported the Joint Assessment Mission by

- (1) Providing the desk review and initial data gathering for the Joint Assessment working Group. Aimed to analysis the current situation of migrant health in Thailand and the health-system response to identify key issues and gaps for health system improvement in six dimensions including (1) general background, (2) health system-policy and governance, (3) health financing, (4) health service delivery for migrants, (5) health information system, (6) public health function. This technical review was

used for defining the scope and identify stakeholders and planning field visits of the Joint Assessment working Group from 17 to 19 October 2022.

- (2) Supporting the Joint Assessment working Group as a secretariat team with the Health Administration Division of the Permanent Secretary Ministry of Public Health and WHO.

Results of assessment and policy recommendations were presented in high-level meeting with Ministry of Public Health and relevant agencies – Ministry of Labour, Ministry of Interior, Ministry of Foreign Affairs, Ministry of Education, National Health Commission Office, Thai Health Promotion Foundation, Bangkok Metropolitan Administration, Office of the National Security Council, Immigration Bureau, Thai Red Cross Society, World Vision Foundation, Raks Thai Foundation, Migrant Working Group, Federation of Thai Industries, Thai National Assembly Chamber, and UN Organizations.

Based on recommendations, to enhance the access to health for migrant population in Thailand will urgently require the country to synergize effort on develop national health policies, strategies and plan for short term and long term, as well as ensure universal health coverage for migrants and their dependents through the implementation of SSS and Health Insurance Card of MOPH with adequate monitoring and evaluation mechanism. Adopt a holistic policy approach that incorporates the views and concerns of all stakeholders to improve the public health response should be done. Moreover, to strengthen governance arrangements, the focal body within the MOPH is a crucial function for policy development and support coordination across various units and departments within and outside MOPH.

To improve the health system and make it more accessible and friendly to migrant, it needs to (1) leverage digital technologies to improve information sharing across existing platforms (2) strengthen health and social security literacy among migrants through MHVs, NGOs, other channels, develop flexible policies for referral of patients across the border, establish the sub-national Focal Points that communicate with national counterparts (3) increase the number of Migrant Health Workers and Migrant Health Volunteers (4) strengthen community engagement and feedback mechanisms for public health planning and adaptation

#### **4.2 Technical forum on migration and cross-border health care management**

The migrants and mobile populations from the neighboring countries are crossing borders regardless of whether their status is legal or undocumented, to receive health services in the border hospital of Thailand, because the appropriate care is unavailable at home, there are certain risks to continuity of care and follow-up, which require careful attention. The implications and challenges of the utilization of public health facilities in Thailand's border areas should be explored.

A couple years of Covid-19 pandemic has shown that millions of people suffer from long-lasting symptoms that prevent a return to normal life. Furthermore, COVID-19 disrupted health care for people with other needs, specifically vulnerable population, both documented and undocumented migrants, were faced with problems gaining access to health services, screenings, and treatments. Therefore, borders will matter even more for global health security in the post-pandemic period. Effective responses to major disease and multilateral

approach to border management must be key priority in strengthening future pandemic preparedness.<sup>3</sup>

In early 2023, the border checkpoints have been fully reopened since the Covid-19 pandemic over the past three years, the technical forum on migration and cross-border health care management was provided for the relevant government agencies and NGOs working in the border provinces, especially the Border Public Health Office and health facilities. The forum aimed to (1) support the effective health system management in border provinces by technical supporting, information sharing among policy makers, health facilities, and relevant agencies e.g., Immigration Office, and Non-Government Agency and (2) to ensure safe movement of people across borders and to avoid importation or exportation of the disease by infected individuals who may be crossing from or into neighboring countries.

The results and key challenges for the development of border health system management came out from the forum are (1) strengthening the administration structure at the provincial level by establishing a specific focal body for border health management (2) increasing the coverage of mandatory health insurance with benefit options (3) the role of communities and relevant agencies outside health sector also needs to strengthen the effective surveillance system (4) enhancing health promotion through Health Post or Coordinating Center for Migrants (5) support capacity building in health personal (6) enhancing coordination and collaboration among private sector for the access to healthcare and health information among migrants as well as increasing the number of migrant health volunteers (7) developing tools for collection migrant health data for monitoring and planning. These results will be input data for IOM consultative forum in April 2023.

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<sup>3</sup> Michael Mueller, et.al, 2021

## Budget implementation of 2022

Strategy/Activity	Budget received and itemized	Budget spent	Percentage implementation
Strategy 1 Policy Advocacy	1,100,000.00	118,574.00	10.78
Strategy 2 Networking and social movement	1,120,000.00	379,558.41 <sup>1</sup>	33.89
Strategy 3 Policy research	1,000,000.00	300,000.00	30.00
Program administration	1,026,893.25	384,233.00	37.42
Overhead costs (10% of total)	471,877.03	-	
<b>Total</b>	<b>4,718,770.28</b>	<b>1,182,365.41<sup>1</sup></b>	<b>25.06</b>

Note:

1. Include deferred expense in January 2023 (230,448.41 THB relates to travel expenses of Technical forum on migration and cross-border health care management).
2. Actual expenditures reported in financial report as 951,917 THB.

## Financial report of 2022

Financial Report of 2022 1 January to 31 December 2022 CCS Pooled Fund Project 1											
<b>Funding received from all sources during period</b>											
WHO	=	1,210,000.00	THB								
Thai Health	=	3,500,000.00	THB								
Bank interest	=	8,770.28	THB								
		4,718,770.28									
<b>The main activities / strategies are:</b>											
Activity / Strategy / Category 1		Policy advocacy									
Activity / Strategy / Category 2		Networking and social movement									
Activity / Strategy / Category 3		Policy research									
Activity / Strategy / Category 4		Program administration									
Activity / Strategy / Category 5		Overhead costs (10% of total)									
<b>Summary of this spending report (Please attach a copy of the bank passbook that has been adjusted as of the reporting date of payment)</b>											
<b>1. Brought Forward</b>		<b>2. Income Accounts</b>									
<b>3. Expenses Accounts</b>		<b>4. Balance (4 = 1 + 2 - 3)</b>									
1.1 Activity / Strategy 1	=	-	2.1 Activity / Strategy 1	=	1,100,000.00	3.1 Activity / Strategy 1	=	118,574.00	4.1 Activity / Strategy 1	=	981,426.00
1.2 Activity / Strategy 2	=	-	2.2 Activity / Strategy 2	=	1,120,000.00	3.2 Activity / Strategy 2	=	149,110.00	4.2 Activity / Strategy 2	=	970,890.00
1.3 Activity / Strategy 3	=	-	2.3 Activity / Strategy 3	=	1,000,000.00	3.3 Activity / Strategy 3	=	300,000.00	4.3 Activity / Strategy 3	=	700,000.00
1.4 Activity / Strategy 4	=	-	2.4 Activity / Strategy 4	=	1,026,893.25	3.4 Activity / Strategy 4	=	384,233.00	4.4 Activity / Strategy 4	=	642,660.25
1.5 Activity / Strategy 5	=	-	2.5 Activity / Strategy 5	=	471,877.03	3.5 Activity / Strategy 5	=	-	4.5 Activity / Strategy 5	=	471,877.03
<b>Total B/F</b>		<b>Total income</b>		<b>4,718,770.28</b>		<b>Total expense</b>		<b>951,917.00</b>		<b>Total C/F</b>	
										<b>3,766,853.28</b>	
<b>Remark: (Variance between financial statement and bank statement)</b>											
Bank balance on 31-Dec-2022: 9,852,973.51 THB											
Balance of financial report on 31-Dec-2022: 3,766,853.28 THB											
difference: 6,086,120.23 THB											
<b>Note: Identify the cause(s) of the difference between the bank balance and financial report.</b>											
1. The difference of 5,794,143.07 THB relates to carried over from 2017-2021 cycle (bank balance on 31-Dec-2021 : 6,278,055.99 THB - project granting (No. 63-160) : 483,912.92 THB)											
2. The difference of 294,158 THB relates to net cash balance from project granting (No. 64-011)											
3. The difference of 573.86 THB relates to net cash balance from project granting (No. 63-160)											
4. The difference of (-2,754.7 THB) relates to withholding tax.											
I certify that the financial support from the WHO and the other Funding Organizations has been used correctly according to the plan.											
(Programme Officer)				(Finance Officer)							
Date: 30 MAR 2023				Date: 30 MAR 2023							