# WHO-RTG CCS 2022-2026 on Migrant Health Programme

CSC meeting 16 January 2024



## Goal



### **Focus Areas**

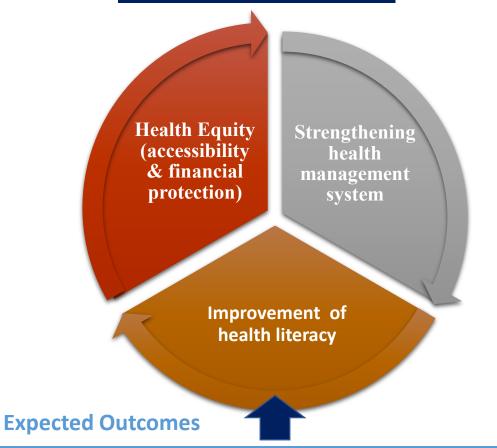


# Strategies

To ensure the right to health and health equity (access to health service and financial protection) among vulnerable non-Thai population living in Thailand.

#### **Target populations**

- Migrant workers and their dependents
- People with citizenship problems
- Refugees



Policy advocacy

Networking & Social movement

Policy research

Coherent policies, legal and regulatory framework

The improvement of health management system

Health literacy among individual migrant population and their communities



# **Multi-sectoral Approach**

- **National** policy/ strategic framework
- HAD MoPH (Working group on healthcare system development)

# 2023 Progress

- IT (relevant departments in MoPH)
- Strategy and planning Div.
- **ICT MoPH**
- DDC
- Vachira Phuket Hos.
- ConvergeDH CCS
- Vaccine (EPI)
- DHEHS NHSO

• DC

GPO

NVI

- WHO
- Phuket PAO

& budgeting management

Linkage outside **MOPH** 

#### **Standard**

digital migrant health Data Set

**Development** of migrant health volunteer system

- BMA
- MoL
- ThaiHealth

#### Legal framework development

- HAD MoPH (Working group on law amendment)
- NGOs

**International** Collaboration (IOM)

**Migrant** communities and health literacy survey

(บางแค บางขุนเทียน พญาไท)

• BMA

**Migrant Health Sub**working group (UN network migration)

**Trilateral** meeting on migrant health (Cambodia, Lao PDR)

**National** conference on international migrants' day



# National level

- National Policy/ Strategy
  - Development
- ☐ Strengthening
  Management System

Health Equity (accessibility & financial protection)

Improvement of health literacy

Technical support

# Implementation level

# Border level



Linkage/ Network outside MOPH

Multisectoral approach



# 2024 Work plan

Key activities		2	024		Note	
	Q1	Q2	Q3	Q4		
1. National level					S.1 Policy advocacy	
- National strategic plan	Mar.		Aug.		• HAD MoPH	
					(under working group on healthcare system development)	
- Law framework development/ Law amendment	Jan.		Aug.		• HAD	
					(under MoPH working group on law amendment),	
					Sub-committee of migrant labor management under	
					parliament	
- Migrant Health Sub-working Groups under UN network on	Mar.				Focal point: IOM	
migration						
2. Implementation level					S.2 Networking & Social movement	
- Financial system management for EPI program	Feb.	Apr.			DDC, Budget Bureau (MoF), DLA, relevant agencies	
- Integration of Migrant health data standard sets into HDC	Jan.		Sep.	Data	ICT MoPH, CCS ConvergeGH	
				Analysis	• Co-lead: MoPH	
- Enhancing collaboration and coordination of key partners on			Jul.	Nov.	BMA and vicinity,	
migrant health area in the form of Migrant Health Board at local			341.	1404.	Selected province (Samut Sakhon)	
level					Colonia profilina (Collina Collina Col	
- Capacity building for migrant workers in communities and in border		May		Nov.	• MoL, SSO, BMA	
area					Co-lead: ThaiHealth	
3. Border level					S.2 Networking & Social movement	
International collaboration on migration health policy with	Mar.				• Thai -Myanmar	
neighboring countries					,	
					• Co-lead: IOM	
4. Technical Forum	1				S.1 Policy advocacy	
<ul> <li>PMAC side meeting: Health equity and promote inclusive health systems for migrant</li> </ul>	Jan.				Co-lead: IHPP	
5. Policy Research					S.3 Policy research	
- The assessment of personal identification base on iris scan	Feb.			Nov.		
- Health Insurance for subgroup (seasonal migrant worker etc.)						
- Private insurance					CCC	
- Healthcare service in Urban area						
- The review of MV Training course					Migrant Health	
					Thailand	

# Financial situation



# **2023 Outstanding balances**

Inco	me	Carried over from 2017-2021 cycle	Expenditure	Balance
WHO	-			
ThaiHealth	3,500,000	6,914,053		
HSRI	-			
Total	3,500,000	6,914,053	3,881,034	6,533,019

## **2024 Financial requirements**

Planned Costs	Total
Strategy 1	770,500
Strategy 2	1,589,500
Strategy 3	1,540,000
Program administrative cost	1,215,000
Total	5,115,000