

# Migrant and Non-National Population Health Program

## Introduction

The growth of migration has been robust worldwide, reaching 281 million international migrants in 2020, or equating to 3.6 percent of the global population (1). At the global level, international migration has been highlighted in various policy platforms. These included adoption of the New York Declaration for Refugees and Migrants (2) in 2016 with an emphasis on the need of a comprehensive approach addressing the large movements of refugees and migrants. In 2017, the World Health Assembly (WHA) Resolution 70.15 (3) was launched to address the health needs of refugees and migrants and called for an international coordination mechanism to support the governance of international migration. In 2018, the United Nations Members States have witnessed the Global Compact for Safe, Orderly and Regular Migration (4) by reaffirming the New York Declaration and taking into account all dimensions of international migration in a holistic and comprehensive manner.

Thailand is one of significant recipient countries for international migrants and refugees in Southeast Asia. In 2018, the number of migrant workers especially from Cambodia, Lao People's Democratic Republic, Myanmar, and Viet Nam was approximately 3.9 million (5); this number accounted for 7 to 12 per cent of the country's labour force in different economic sectors. 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 (6). 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 (7). 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 (7). Interplays between public health concerns, economic necessity, and national security have been embedded in the nature of public health policy of migrants, refugees, and asylum seekers in Thailand (6). As such, to handle with this complexity, multi-sectoral collaborations across the government departments and social partners are key to ensure a good balance of engagement among diverse authorities. In this regard, the Country Coordinating Strategy (CCS) is considered a platform to strengthen the 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. As migrant health policy agenda are dynamic worldwide, investment in health policy and systems research at the international level has been profound. Therefore, a collaboration between the CCS Thailand and the UN agency as well as the WHO, is an important mechanism to harness social and intellectual capitals of the Member States especially among Thailand and neighbour countries to promote strategic actions to ensure the protection for migrants and non-national populations. This mechanism is necessary and takes into account the power of networking, a sense of belonging, trust, and reciprocity for effective resource allocation (8).

It should be noted that the term "migrant" is used in different meanings across literature. Most of the term, in the Thai context, "migrant" is usually referred to "migrant workers" in the neighbouring countries while in some literature, "migrant" denotes "people on the move". Therefore, broadly speaking, the term migrant encompasses not only migrant workers, but also tourists, expats, refugees and long-stay foreigners. Besides, there are people who do not hold "Thai nationality" but have been staying in Thailand for a long time. Most of these people are stateless people or hill tribes. In another angle, Thai nationals living abroad are not "nationals" of the recipient countries. Therefore, the CCS proposal in this phase plans to cover non-national populations as well (including oversea Thais).

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 (9). 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 matter of resources but also new partners and strategies that need to be addressed. This challenge is dynamic and shaped by political and social pressure (6). Therefore, the coordination platform with international partners through the UN agencies is vital in this crisis.

### **What have been done during the first phase of CCS (2017-2020)**

There were several activities conducted during the first phase of CCS. Examples of research included

- A study of health system's factors effecting accessibility, understanding and appraisal of health information of migrant health workers and migrant health volunteers under migrant-friendly services arrangement. Situation analysis in providing education services and health promotion and disease promotion activities in schools for migrant children in Thailand: A case study of Ranong province, Mapping and prioritization of topics for migrant health policy research in Thailand Health status and healthcare access amongst urban refugees in Greater Bangkok, Thailand, 2019-2020: policy analysis and unmet need survey
- The integration of GIS into a health information system for migrant health monitoring: In the Eastern Economic Corridor, Health insurance and social security for non-Thai and stateless in Thailand
- Situations and factors associated with pre-diabetes mellitus and pre-hypertension among Myanmar migrant workers in Suratthani province
- The Efficiency of the development of the language coordinator in health insurance for foreign workers, Chiangrai Province
- Development of Migrant Worker Health Policy in Response to the COVID-19 Crisis
- The development of cross border referral system between Nakhon Phanom Province, Thailand and Khummouan Subdistrict, Laos PDR
- Urban Migrant Health Survey and Enhancing Private Sector Role in Migrant Health System Development

Besides, under the support of CCS, the National Stakeholder Consultation on Migrant Health in Thailand was launched on 29 January 2019. This meeting aimed to enhance coordination and collaboration among Migrant Health Stakeholders in Thailand. Also, it was conducted by taking stock of current migrant health actors and activities and providing a forum for information sharing and networking among partners, and to explore options for establishing Migrant Health coordination mechanisms. Activities for policy advocacy were created through the National Conference on Migrant Health in Thailand on 18 November 2019 with 500 participants. This conference aimed to provide a platform to discuss research gaps in migrant health policy with engagement of various stakeholders. Key challenges were discussed in the topics of governance, health services, and financing or health

insurance systems for migrant communities. Regarding institutional capacity building, a workshop on lesson learned from area based was undertaken between 19 and 20 November 2019. This activity was a sharing platform for targeted health facilities in 31 provinces to exchange their experiences on friendly- health service in four areas: i) improving access to health services; ii) referral system both in urban and border area; iii) disease prevention and health promotion; and iv) disease surveillance system.

In 2020, research on legal measures for migrant and non-Thai citizens living in Thailand was proposed to Senate Sub-Committee on Universal Health for Sustainable Development on 30 January 2020. Later, due to the COVID-19 crisis, there is a need to develop comprehensive health policies and measures for all populations including migrants. Initiatives were performed under the program called “the Development of Migrant Workers Health Policy in Response to the COVID-19”. Policy recommendations on the health of migrants in the crisis were proposed to the Executive Committee of HSRI, with the Minister of Public Health as a chairman on 25 December 2020.

Lessons learned from the CCS project granted also showed complexity in the following issues. Concerning subgroups of migrant population in Thailand, undocumented migrants, still, remain a significant challenge in the country for decades. Given their precarious status, this can be a barrier of access to healthcare in the recipient country. Findings suggested that the entry point to solve this challenge is to enhance the process of nationality verification (NV). However, this is not effort of any single authority, it requires mutual cooperation across the government departments and the migrants’ countries of origin (10). Also, this should be conducted with stricter law enforcement. Contextual factors in the complexity of the NV including inadequate awareness of the existence of the insurance among migrants, and unaffordability of the insurance premium. In practice, the government should invest more in the NV process to make it more efficient, less time consuming and independent from the interference from private intermediaries.

Moreover, promoting access to healthcare, cultural mediators are recognized as an important determinant to enhance cultural competency and diversity sensitivity (11). Given culturally diverse backgrounds among migrant workers in Thailand, cultural and language barriers have been profound in health services and quality of services provided in the health systems in Thailand for years (12). Since 2003, the Ministry of Public Health of Thailand has implemented a program so-called ‘migrant-friendly health services. This program has cooperated with non-governmental organisations (NGOs) in migrant-populated areas aiming to reduce language and cultural barriers among migrants (13). The services include the migrant health workers (MHWs) and migrant health volunteers (MHVs) programs. Evidence showed that the program sustainability is a concern as a result of insufficient budget support, diverse and unstandardised training courses, and a lack of a legal basis (12). At the individual level, health literacy among the MHWs and MHVs are questionable whether they will have adequate level of health literacy and will apply this skill to make decisions and play a crucial role in health communication in migrant communities (14). One of the CCS research articles showed that education level is a significant determinant of health literacy among the MHWs and MHVs (15). The health literacy scores of the MHWs were higher than the scores of the MHVs and general migrants. The health literacy scores, also, varied by provinces as it depended on differences in health literacy courses undertaken in each province, the course duration, and the course content (15). However, the program for the MHWs and MHVs is necessary in the health service systems in Thailand and therefore continuity of support and assistance from the central government should be ensured.

Access to healthcare among refugees and asylum seekers is neglected, although Thailand is a popular host country for migrants and refugees in Southeast Asia (7). Health policies to support these populations are problematic due to their illegal status. In 2019, under the CCS research program, the

first survey was conducted among the urban refugees and asylum seekers (URAS) in Thailand with the aim to explore the degree of healthcare access (7). The results confirmed vulnerability of the URAS reported elsewhere that 98% of URAS were not covered by any health insurance schemes. Moreover, the prevalence of unmet need among URAS was significantly higher than among Thais in both outpatient (OP) and inpatient (IP) services. Within the URAS group, the prevalence of both OP and IP unmet needs was more frequent among URAS from Arab countries (16). Chronic diseases and mental health problems were more prevalent among them. One research showed that the top-three most commonly reported diseases among URAS include hypertension, mental disorder and diabetes (17). In addition, about 11% of URAS did not receive treatment for non-communicable diseases, and about one-third of them undertook self-treatment. For mental health among URAS, the survey showed a prevalence of 70 % for anxiety and 39.5% for depression. Moreover, URAS with chronic co-morbidities and being divorced or widowed were likely to have greater odds of depression than those without co-morbidities and being single (18). Therefore, despite overall health outcomes challenging the health status of migrants and URAS explored in Thailand, exposures to their health risks are potentially from various sources that could find from their countries of origin, in-between their transition, and during the arrival in their host nations. Consequently, further studies are required to identify such factors and determinants that shape their health status during their journey with a cooperation of the neighbour countries.

Despite this success, many activities are yet to be done to promote the health of migrants (and non-national people). For instance, the research on the health systems response for oversea Thais is still lacking. Besides, a continuous monitoring on the health of URAS and any other vulnerable populations is required, especially during the COVID-19 era. In terms of policy advocacy, many research findings have not been translated into policies. Thus, a mechanism to bridge research and policy agenda setting is in dire need.

### **Problem statements & development opportunities**

The lessons learned from the previous implementation period (CCS 2017-2021) found that health accessibility and barriers among migrants and vulnerable non-Thai population remain the gaps and more complex due to COVID-19 impacting. Coherent national migrant policies and effective coordination across sectors are still needed, but different approaches are required. The monitoring system at all levels, especially part of migrant health which should integrate data with their host communities, need to be developed urgently for timely policy decision-making. From governance view, there is still lack of national regulation to unite the status of migrants outside the SSS system and Migrant Health Insurance of the MOPH. Therefore, these gaps need a catalyst for further actions on migrant health management along with health literacy promoting in migrant communities for disease control in the time of crisis.

The moving forward in 2022-2026 needs to bridge the gaps mentioned above and strengthen partnerships on the increasing health equity of migrants and non-Thai nationals, based on what we learned from CCS 2017-2021 for instance:

#### **1) Policies and Legal framework**

Base on the study results of Health insurance and social security for non-Thai and stateless in Thailand found that the major problems for health insurance management for non-Thai derived from structural problem, politics, and attitude. The structural problem caused by the identifying status inequitably of non-Thai nationals, and the lack of national regulations to unite the status of non-Thai and health insurance legally, leading to the work fragmentation with no “authority” from central coordination to supervise. Besides, the status of non-Thai has been considering at the dimensions of nation state rather than an “individual”. Consequently, there is imbalance between security issue, health issue and human

rights issue The alternative policies to create sustainable health coverage for non-Thai citizen was suggested as follows: (1) continuing health insurance system provided by Ministry of Public Health and non-Thai must register to the social security system (2) applying both health insurance card and social security system as the parallel system (3) proposing inclusively health care law for non-Thais in the form of new public funding (4) amending or reinterpreting National Health Security Act B.E.2545 article 5 to cover Thai and non-Thai. These suggestions will be continued by stakeholders' linkage for supporting UHC implementation.

Moreover, Migrant health must be in the mainstream of all health action and policies by taking key stakeholders' coordination and collaboration in both international and national organizations. Therefore, the recommendations on a study of "A Central Collaboration Office for the Management of Non-Thai Health System" would be proposed for the policy consideration for ensuring the effective governing multi- and intersectoral action for the health of migrants.

## **2) Strengthening health system**

### **2.1) Evaluation and monitoring mechanism at local level**

CCS supported the integration of GIS into a health information system for the management of health service and monitoring health status of migrant workers in Rayong, Chonburi and Chachengsao province, Eastern Economic Corridor. Migrant's health information was extracted from HDC database. The users can access this information through web Brower. These data include patient identification, diagnostic and treatment data, treatment results, and medical rights.

Also, the collaborative research between HSRI and local health services was launched through the project "Migrant Community Mapping and Population Mobility Pattern in the Specific Areas, Thailand" to identify the migrant community areas and set up migrant health database for local health services in Chaing Rai, Ranong and Bangkok for ensuring the health of migrants and access to appropriate health services. The results found that there are five key barriers to improved information systems for migrant health: barriers in recording data, standardizing data collection, harmonizing migrant indicators, producing high-quality data, and sharing information.

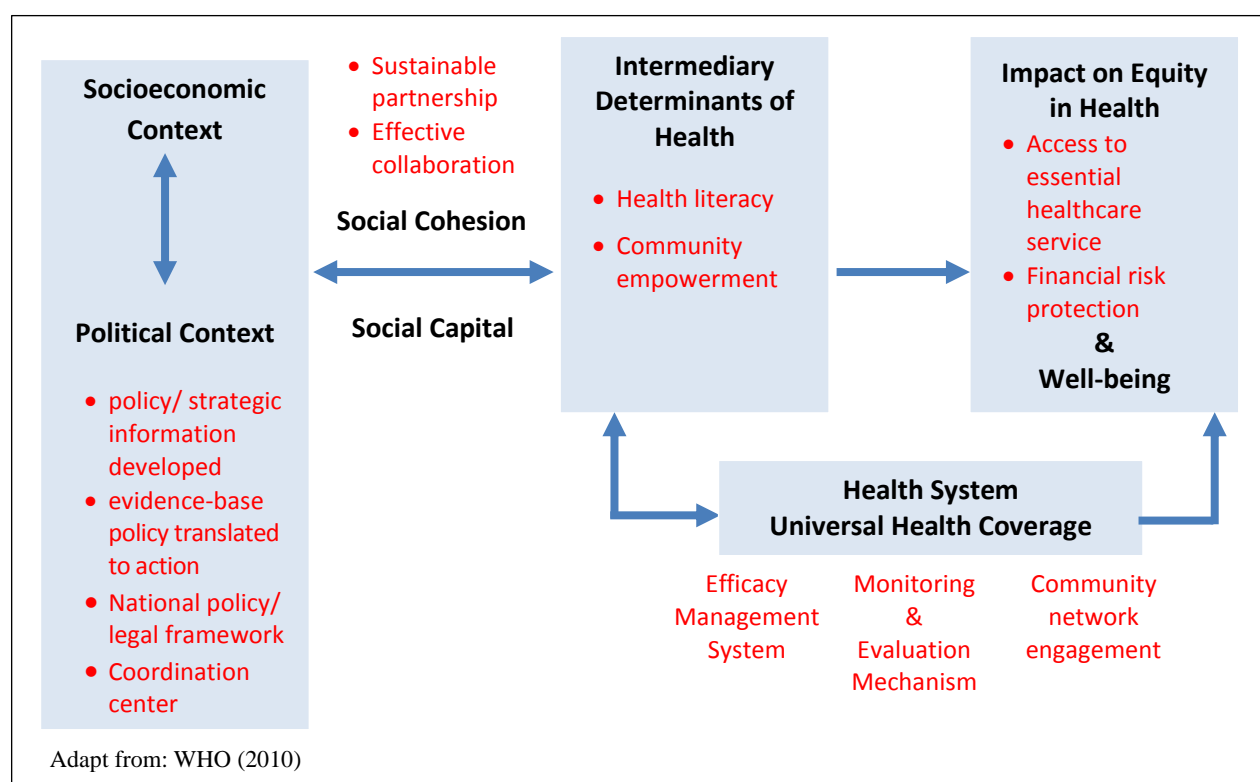
In the year 2022-2026, we can expand these activities to other provinces and develop the monitoring system for the strengthening of health management system as well.

### **2.2) Migrant Health Service system**

The study of health system's factors effecting accessibility, understanding and appraisal of health information of migrant health workers and migrant health volunteers under migrant-friendly services arrangement have been done in the previous period of CCS and need to be strengthened among migrant health networks. Moreover, community engagement is essential to bridge the gap between migrants and healthcare services. Therefore, to improve access to healthcare among migrants, community engagement would be enhanced as well.

The step forward from the study of refugee health (URAS), we can get the benefits on the study of health status and healthcare access amongst urban refugees in Greater Bangkok by urban refugee health system development in this CCS.

**Figure 1: Conceptual framework**



### Target populations (Beneficiaries)

First priority: Migrant workers and their dependents, people with citizenship problems and refugees.  
 seconded priority: Thai living abroad

### Guiding Principles

- Universal health coverage
- Multi & Intersectoral action
- Catalytic and strategic in nature rather than implementation

### Goal and strategic objectives

Public health policy of migrants, refugees and non-national population in Thailand, and also Thai population living abroad needs to involve interplays between public health concerns, economic necessity, and national security. Multi-sectoral collaborations across the government departments and social partners are required to ensure a good balance 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.

#### Goal

To ensure the right and health equities among migrants, non-national people in Thailand and also Thais living abroad through the multisectoral approach.

#### Strategic objectives

- 1) To create health equity of migrants and non-national population in Thailand and also Thais living abroad, which ultimately improve their access to healthcare and provide a financial risk protection.
- 2) To strengthening migrant health management system
- 3) To improve the health literacy on migrant and non-national health issue



## Strategic areas of work (program activities and intervention)

### Focus areas

#### 1. Equity of migrants and non-national population

It is obvious that migrant and non-national population are commonly facing greater challenges in health inequities and various forms of dis-advantages. 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 and societal mindset 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 neglected.

#### 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 undermining their physical and mental health. Therefore, there is an urgent need to strengthen migrant health management system in response 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 is 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. Improvement of Health literacy among migrants and non-national populations.

Health literacy is considered a social health determinant that influences improvement in individuals' health, patient empowerment and reduction in inequalities. Therefore, it should be a prioritized objective for health management and policies (M Fernández-Gutiérrez, 2017). It is particularly important for migrants who struggle to access health care. So far, there is a lack of health literacy interventions for migrants and non-national populations in Thailand.

### Strategy 1: Policy advocacy

- 1.1 To set up a multi-sectoral policy dialogue platform aiming to contribute to informing, developing a policy change through evidence-based discussions and consultations on some key topics, including (1) strengthening and developing the health system for migrants and non-national population (2) the collaboration among CLMV countries (border health, disease surveillance system, and health data sharing) and (3) health literacy.
- 1.2 To establish technical team to provide timely analysis and recommendations for supporting policy dialogue platform and policy makers.
- 1.3 To establish linkage to move the discussion of migrant health outside of health sector for supporting the expanding of UHCS among migrants and non-Thai population in Thailand,
- 1.4 To conduct a national conference to inform public policy and stimulate debate on a particular issue. The forum will serve as a platform for sharing experiences between governments authorities, academics and civil society.
- 1.5 To create multi-stakeholder engagement platforms to formulate the national policy frameworks and health actions on migrant health and non-national population in Thailand.

## **Strategy 2: Networking and social movement**

- 2.1 To develop and strengthen capacity on the migrant health network, particularly in knowledge management in a time of crisis and lesson learned from COVID-19.
- 2.2 To set up a consultative meeting on the development of border and migrant health that includes stakeholders from neighboring countries, local government, and international organizations under bilateral agreements and regional frameworks.
- 2.3 To conduct study visits and workshops for network capacity building to improve healthcare accessibility for migrants, community-led services, and cross-border referral systems and surveillance by using the international health regulations ( IHR) tool and local collaboration.
- 2.4 To support the capacity of communities and health facilities to respond to their own issues/priorities and the development of monitoring and evaluation mechanisms through action research grants.
- 2.5 To conduct health literacy assessment among migrants for the improvement in the health of migrants and their communities.
- 2.6 To develop the production of knowledge and media to improve social communication and counter xenophobia against migrants.

## **Strategy 3: Policy research**

- 3.1 To establish technical support team to provide timely analysis and recommendations for supporting policy dialogue platform and policy makers
- 3.2 To conduct research on the policy concerned issues, for instance: (1) health services system for undocumented migrants, cross-border population and urban refugees, (2) health literacy assessment among migrants, (3) border health services system improvement, (4) situation analysis of the healthcare system for oversea Thais, (5) health equity analysis on the health of migrants in comparison with Thais during emergency situation, and (6) health risk communication assessment among migrants. Many more topics will be identified later based on the policy concern.



**Figure 2: Strategic areas of work**

**Objective**

**To creating health equity**  
**To strengthening migrant health management system**  
**To improving the health literacy on migrant and non-national health issue**

**Strategic**

**Policy  
advocacy**

**Networking**

**Policy  
research**

Areas of work (to be confirmed)	2022	2023	2024	2025	2026
Post-COVID management	Green	Green	Yellow	Yellow	Blue
Cross-border Collaboration/ mechanism	Yellow	Yellow	Yellow	Blue	Blue
Policy/ legal / central coordination structure framework development	Yellow	Yellow	Yellow	Blue	Blue
Monitoring and evaluation mechanism of the health system for migrants at local level	Green	Yellow	Yellow	Yellow	Blue
Health literacy assessment	Green	Green	Yellow	Yellow	Blue
Health equity assessment	Green	Green	Green	Yellow	Blue
Health risk communication	Green	Green	Green	Yellow	Blue

**Universal coverage and health equity  
for  
migrants and non-national population**

**Note:** Green = focusing on research, Yellow = focusing on networking, Blue = focusing on policy advocacy. However the color coding indicates the focused activities only. It does not mean that other activities will be ignored. For instance in 2022, the health risk communication indicating “green” means that the area of focus is research but networking and policy advocacy can be done in parallel if time and resources allow. The same health risk communication in 2026, where “blue” is coded. It means that the research on this area can be conducted as long as it supports policy advocacy.

**Table 1: Outputs & Outcomes**

Strategies & Activities	Output	Outcome	OKR	Note
<b>Policy advocacy</b>				
1) Setting up Policy dialogue platform aiming to contribute to informing, developing, a policy change. <ul style="list-style-type: none"> <li>Issues addressed include: (1) strengthening and developing the health system for migrants and non-national population (2) the collaboration among CLMV countries (border health, disease surveillance system, health data sharing) (3) health literacy</li> </ul>	<ul style="list-style-type: none"> <li>Development of the platform and technical teams</li> <li>2 Policy recommendations or 2 policy briefs per year (at least)</li> </ul>	<ul style="list-style-type: none"> <li>Evidence-based policy (as presented in the form of the MOPH announcement, decree or order) that is informed by the CCS mechanism</li> <li>One situation report per year</li> </ul>	<ul style="list-style-type: none"> <li>Policy brief</li> <li>Strategic information</li> <li>Active partnership, platform for national collaboration</li> <li>Meeting/ activities reports</li> </ul>	<ul style="list-style-type: none"> <li>Multi and intersectoral action,</li> <li>Co-lead: MOPH</li> </ul>
2) Establishing technical team to provide timely analysis and recommendations for supporting policy dialogue platform and policy makers	<ul style="list-style-type: none"> <li>&gt;= 2 strategic reports a year</li> </ul>	<ul style="list-style-type: none"> <li>Evidence-based policy decision that used information from the technical team</li> </ul>	<ul style="list-style-type: none"> <li>Policy brief</li> <li>Strategic information</li> </ul>	Co-lead: IHPP
3) Establishing linkage for supporting the expanding universal health coverage among migrants and non-Thai population in Thailand, and the recommendation for the effective structure within MOPH for ensuring coherence in implementation and coordination with multi-stakeholders.	<ul style="list-style-type: none"> <li>Activities reports</li> <li>Meeting reports</li> </ul>	<ul style="list-style-type: none"> <li>Improvement of migrant health coverage</li> </ul>	<ul style="list-style-type: none"> <li>Partnership, networks, platform for national collaboration</li> </ul>	Co-lead: MOPH
4) Conducting a national conference to inform public policy and stimulate debate on a particular issue.	<ul style="list-style-type: none"> <li>Annual conference (five times throughout the CCS 5-year period)</li> </ul>	<ul style="list-style-type: none"> <li>Annual report</li> </ul>	<ul style="list-style-type: none"> <li>Technical forum</li> </ul>	Co-lead: IHPP
5) Creating multi-stakeholder engagement platforms to formulate the national policy frameworks and health actions on migrant health and non-Thai national population in Thailand	<ul style="list-style-type: none"> <li>A guideline of national migrant health strategy for migrants and non-Thai national population in Thailand.</li> </ul>	<ul style="list-style-type: none"> <li>A cohesion policy support on migrant health and non-national population in Thailand</li> </ul>	<ul style="list-style-type: none"> <li>National policy framework</li> </ul>	Co-lead: MOPH, NHSO

Strategies & Activities	Output	Outcome	OKR	Note
<b>Networking and social movement</b>				
1) Supporting capacity building on the migrant health network	<ul style="list-style-type: none"> <li>• <math>\geq 3</math> knowledge management reports which draw experience from the field operation (one for each region—North, Central, South, Northeastern, and Greater Bangkok)</li> <li>• <math>\geq 1</math> Network report at international level</li> </ul>	<ul style="list-style-type: none"> <li>• Number of networks involved</li> </ul>	<ul style="list-style-type: none"> <li>• Reports of the Improvement on targeted network</li> </ul>	Co-lead: MOPH
2) Consultative meeting with stakeholders; neighboring countries, local government, International organization and NGOs for the development of border and migrant health through bilateral and multilateral protocol e.g GMS, ASEAN, LMI	<ul style="list-style-type: none"> <li>• Consultative meeting once a year</li> </ul>	<ul style="list-style-type: none"> <li>• Consultative meeting report</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborating Network of Countries and Institutions.</li> </ul>	Co-lead: MOPH
3) In-country implementation of network capacity by conducting study visit and workshop for finding gaps and the improvement of healthcare accessibility for migrants, community-led services, and cross-border referral system and surveillance by using International Health Regulations (IHR) tool.	<ul style="list-style-type: none"> <li>• Activities reports once a year</li> </ul>	<ul style="list-style-type: none"> <li>• Number of networks strengthened</li> </ul>	<ul style="list-style-type: none"> <li>• Activities reports</li> </ul>	Co-lead: MOPH
4) Supporting the capacity of communities/ health facilities to respond to their own issues/priorities and the development of monitoring and evaluation mechanism	<ul style="list-style-type: none"> <li>• <math>&gt; 2</math> communities/ health facilities strengthened per year</li> </ul>	Activities reports	<ul style="list-style-type: none"> <li>• Reports</li> </ul>	Participatory action research grant
5) Assessment of health literacy among migrants and improvement of health literacy among migrants	<ul style="list-style-type: none"> <li>• 1 health literacy assessment report</li> <li>• <math>\geq 3</math> migrant health networks for health</li> </ul>	<ul style="list-style-type: none"> <li>• At least one assessment report</li> </ul>	<ul style="list-style-type: none"> <li>• Tool for health literacy measurement</li> </ul>	Co-lead: IHPP

Strategies & Activities	Output	Outcome	OKR	Note
	literacy initiative.			
6) Production of knowledge and media to improve social communication and counter xenophobia against migrants	<ul style="list-style-type: none"> <li>• <math>\geq 1</math> campaign(s) for societal learning and understanding migrants</li> </ul>	<ul style="list-style-type: none"> <li>• At least one campaign published online to the wider public</li> </ul>	<ul style="list-style-type: none"> <li>• Measures for the improvement of communication and counter xenophobia</li> </ul>	Co-lead: ThaiHealth
<b>Policy research</b>				
1) Establishing technical team to provide timely analysis and recommendations for supporting policy dialogue platform and policy makers	<ul style="list-style-type: none"> <li>• <math>\geq 2</math> strategic reports a year</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence-based policy decision that used information from the technical team</li> </ul>	<ul style="list-style-type: none"> <li>• Policy brief</li> <li>• Strategic information</li> </ul>	Co-lead: IHPP
2) Conducting research on the policy concerned issues, for instance: <ul style="list-style-type: none"> <li>• Health services system for undocumented migrants, cross-border population and Urban refugees.</li> <li>• Border health services system improvement.</li> <li>• Situation analysis of the healthcare system for overseas Thais</li> <li>• Health equity analysis on the health of migrants in comparison with Thais during health emergency situation</li> <li>• Public policy translation through localization.</li> <li>• Policy implementation</li> </ul>	<ul style="list-style-type: none"> <li>• At least 2 Policy research reports a year</li> <li>• Situation report,</li> <li>• Technical forum/conference,</li> <li>• Publications</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence-based policy decision that used information from the research of CCS</li> </ul>	<ul style="list-style-type: none"> <li>• Research reports</li> </ul>	Co-lead: IHPP

### Expected Outcomes

To achieve health equity of migrants and non-national population living in Thailand, the main factors are multi-stakeholders and multi-sectoral responses to drive community policy implementation of migrant and non-national population health through public and private partnerships. Therefore, the expected outcomes as follows:

1. Sustainable partnership networks and platform for both national and international collaboration which effectively function to support and strengthen health systems to ensure the right and health equities among migrants, non-national people in Thailand.
2. Dialogue with governing bodies, and stakeholders regarding governmental policies responsible for health inequities.

3. New networking with more coverage of migrants and non-national 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.
4. Increasing the voice and influence of communities impacted by health inequities in policy change.
5. A rapid policy analysis and recommendations for supporting policy dialogue and policy makers 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 considering the country context.

### **Involvement of multi-stakeholders**

A complex migrant health challenge requires multistakeholder and multisectoral responses and actions. Therefore, key multistakeholder as following should be involved: -

- a) International Health Policy Foundation
- b) Department Disease of Control, MoPH
- c) Health Administration Division, MoPH
- d) Division of Health Economics and Health Security, MoPH
- e) Division of Health Economics and Health Security, MoPH
- f) Ministry of Labour
- g) Ministry of Interior
- h) Social Security Office
- i) NHSO
- j) Bangkok Metropolitan Administration
- k) Thai Health Promotion Foundation
- l) National Health Commission Office
- m) Migrant Working Group
- n) Raks Thai Foundation
- o) UNHCR
- p) IOM
- q) WHO

### **Program management framework and structure**

The WHO and Royal Thai Government Country Cooperative Strategy 2022-2026 has been implemented under the international health policy board which chaired by the Minister of Public Health. There are six Priority programs including “Migrant and Non-National Population Health Program”. All programs would be directed, approved, and evaluated by the Executive committee. Each program will have Sub-Steering Committee for closely monitoring, giving advices, direction of the implementation of the strategic action plan established by program manager, and will also be used as both technical and strategic collaboration platform. There will have one program manager, two program coordinators and one program advisors take care this program which base at the Health Systems Research Institute.

The program will be collaboratively conducted among key multi-stakeholders which might ne granting or policy agencies, implementers, healthcare providers, researchers, key prime movers, and media, both government and non-government sectors. In this regard, the core team and stakeholders meeting will be set up within the first few months of operation and regularly arranged for meeting. Yearly action plan and report will be done with stakeholder consultation. Whereas the yearly monitoring and evaluation report will be endorsed to program Sub-Steering Committee.

### Estimated Budget (2022-2026)

Category	Unit cost	2022	2023	2024	2025	2026	Total (Baht)
<b>Strategy 1</b>							
Multi-sectoral policy dialogue platform (25-30 persons, 2 times/year)	<b>100,000</b>	200,000	200,000	200,000	200,000	200,000	<b>1,000,000</b>
National conference (30 persons, once a year)	<b>150,000</b>	150,000	150,000	150,000	150,000	150,000	<b>750,000</b>
National policy frameworks (2times)	<b>150,000</b>	300,000	300,000	300,000	300,000	300,000	<b>1,500,000</b>
<b>Strategy 2</b>							
Network capacity building supporting (KM, 5 areas, 30 persons, 2-3 days)	<b>200,000</b>	200,000	200,000	200,000	200,000	200,000	<b>1,000,000</b>
Consultative meeting (Neighbouring countries)	<b>324,000</b>	324,000	324,000	324,000	324,000	324,000	<b>1,620,000</b>
Study visits and workshops for the improvement of healthcare accessibility (30 persons)	<b>500,000</b>	500,000	500,000	500,000	500,000	500,000	<b>2,500,000</b>
Action research grants (3 areas)	<b>1,500,000</b>	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	<b>7,500,000</b>
Health literacy	<b>300,000</b>	300,000	300,000	300,000	300,000	300,000	<b>1,500,000</b>
Production of knowledge and media	<b>100,000</b>	100,000	100,000	100,000	100,000	100,000	<b>500,000</b>
<b>Strategy 3</b>							
Technical team (meeting, synthesis paper)	<b>240,000</b>	240,000	240,000	240,000	240,000	240,000	<b>1,200,000</b>
Policy research	<b>3,000,000</b>	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	<b>15,000,000</b>
<b>Program administrative cost</b>							
Program Sub-Steering Committee meeting (4 times a year)	<b>40,000</b>	160,000	160,000	160,000	160,000	160,000	<b>800,000</b>
Meeting of the core team	<b>5,000</b>	60,000	60,000	60,000	60,000	60,000	<b>300,000</b>



Category	Unit cost	2022	2023	2024	2025	2026	Total (Baht)
members (every month)							
Meeting of working group (every 2 months)	<b>20,000</b>	120,000	120,000	120,000	120,000	120,000	<b>600,000</b>
Miscellaneous	<b>5,000</b>	60,000	60,000	60,000	60,000	60,000	<b>300,000</b>
<b>Administrative personnel</b>							
Program manager	<b>60,000</b>	720,000	720,000	720,000	720,000	720,000	<b>3,600,000</b>
Program coordinator (2 persons)	<b>42,000</b>	504,000	504,000	504,000	504,000	504,000	<b>2,520,000</b>
Program advisor	<b>40,000</b>	480,000	480,000	480,000	480,000	480,000	<b>2,400,000</b>
<b>Sub-total operation cost</b>		8,918,000	8,918,000	8,918,000	8,918,000	8,918,000	<b>44,590,000</b>
<b>Institutional overhead (10% of operation cost)</b>		891,800	891,800	891,800	891,800	891,800	<b>4,459,000</b>
<b>Grand total</b>		<b>9,809,800</b>	<b>9,809,800</b>	<b>9,853,800</b>	<b>9,809,800</b>	<b>9,809,800</b>	<b>49,049,000</b>

**Contracting Agency:** Health Systems Research Institute (HSRI)

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