



Concept Note

Regional Workshop

Identifying Strategies and Policies to Improve Health Services' Access and Availability for Ethnic Groups and Vulnerable Populations in the Greater Mekong Subregion

12–13 December 2019, Lao PDR

Background:

The GMS Health Security Project for Cambodia, Lao PDR, Myanmar, and Viet Nam (CLMV) aims to improve regional public health security by strengthening health security systems and communicable disease control (CDC) in border areas, in particular for migrants, ethnic minorities and vulnerable groups (MEV). Vulnerable populations include the rural poor, remote communities, women (and pregnant women in particular), and children.

There is a strong focus on ethnic groups (EG) in the project and an overarching objective is to proactively target EGs at increased risk of infectious diseases with CDC activities in border areas. There is considerable overlap between vulnerable populations and ethnic groups – for example, poor ethnic groups in remote areas - and the problems facing them are similar across CLMV.

EGs in CLMV typically have higher mortality rates and heavier burden of communicable disease than the majority population. Many traditional communities have extremely low vaccination coverage and migrants (particularly EG migrants) have higher levels of communicable diseases like TB. Increasing mobility and affluence further raises the risk of communicable diseases and some ethnic groups and vulnerable are ill-informed about these risks, or may have customs which obstruct prevention of diseases.

Remote and vulnerable populations who suffer from food deficit and malnutrition are more susceptible to contracting new and emerging infectious diseases, and those who live close to rapidly developing hubs on transport corridor areas are potentially vulnerable to recruitment into sex work, and to cross border human trafficking. Under these circumstances they can become vulnerable to infection with HIV and other sexually transmitted diseases. Common health problems among EG and vulnerable groups include respiratory and diarrheal infections, dengue, helminth infections, fever, cough, and problems of pregnancy and accidents that require referral.

Remote populations (including mainly EGs) in GMS border areas can no longer be thought of simply in terms of disadvantage due to isolation; they are becoming increasingly less isolated but, at the same time, more disease-prone while being rapidly integrated into national and regional economic processes and the associated processes of social change. This transformation is largely a result of new roads opening up in previously isolated areas, attracting not only investment in mines, plantations, dams, logging and other enterprises and growing numbers of national and international cross-border migrants. Remote populations are beginning this process of integration from a disadvantaged position arising from lower education, lower incomes and fewer opportunities. Migrants, EGs and other vulnerable groups such as youth and pregnant women need special attention in any health system. Often, this does not transpire, in part because most health plans are disease-focused.

EG use of health services can be variable, due to cost factors, accessibility and cultural issues. Language and educational constraints, coupled with lack of empathy from some health care professionals, can cause reluctance to access services. Programs aiming to promote behavior change under previous CDC projects (e.g. building and using latrines, boiling water, removing vector breeding sites, hygienic management of animals, hand-washing, using bed nets, and acceptance of vaccination) have had some success but there are still significant barriers and problems in elevating EG and vulnerable groups' health status and health access to that of the majority population.

It is acknowledged by national governments that there is still progress to be made to achieve optimal health and service provision for ethnic communities.

The main constraints to overall improvement for vulnerable groups continued access to services are remoteness, transport problems, wet season difficulties and, additionally for EGs, entrenched cultural beliefs that act against optimal use of available health services.

Overall Objective:

To identify effective approaches to improving health status and access to services for ethnic groups and vulnerable populations in the GMS

Specific Objectives:

- To identify barriers and challenges in providing optimal health care to ethnic groups and vulnerable populations;
- To exchange information, experience, and best practice from GMS countries in service provision for ethnic groups and vulnerable populations;
- To explore policies and policy frameworks for improving health services for ethnic groups and vulnerable populations; and
- To identify feasible strategies that can be implemented at the local level for improving health services for ethnic groups and vulnerable populations.

Expected outputs:

Identified policies, approaches and strategies for improved health status and health access for vulnerable populations in GMS countries

Deliverables:

Workshop report and supporting documents

Presentations:

Country presentations on health care status (access issues, utilization, perceived barriers and challenges) of ethnic groups and vulnerable populations

Venue and date:

Don Chan Palace Hotel, 12-13 December 2019

Participants:

Lao provincial and central staff
Cambodia
Vietnam

Thailand
Others

Participant profiles – who should attend

MOH policy staff (especially those responsible for MEV)
Provincial health services staff and Provincial outreach personnel

AGENDA

Day One:	12 December 2019
8:00 – 8:30	Registration
Opening Session:	Hosts: Department of Health Care and Rehabilitation (DHCR), Ministry of Health, Lao PDR
8:30 – 9.15	Welcome and Introduction to objectives of the regional workshop: <i>Dr. Sommana Rattana, Head of Administration, Department of Health Care and Rehabilitation, MOH, Lao PDR</i> Opening of the workshop: <i>Dr Bounfeng Phoummalaysith, Vice-Minister of Health, Lao PDR</i>
9:15 – 9:45	Group photo and coffee
Session 2:	Current health issues and situation for ethnic and remote/vulnerable populations in GMS countries
Chairperson:	A/Prof Bounnack Saysanasongkham, Director-General Department of Health Care and Rehabilitation, MOH, Lao PDR
Co-chair:	Dr Somkiat Sirirttanapruk, Senior Expert, Department of Disease Control, Ministry Of Public Health, Thailand
9:45 – 10:45	Country presentations: Cambodia <i>Dr. Teng Srey, Deputy Director-General, CDC Department, MOH</i> Presentation on ethnic groups in Lao <i>Somlith, Deputy Director, Ethnic Department, Lao Front for National Development</i> Lao PDR <i>Dr. Viengsakhone Louangpradith, DHCR, MOH, Lao PDR</i> Vietnam <i>Dr. Lan Voung Thuy, PMU, Health Security Project, Vietnam</i> Thailand <i>Ms. Patchara Sateanpuetra, Deputy Director, Health Administration Division, OPS, Ministry of Public Health, Thailand</i>
Session 3:	Findings: Research on ethnic groups and remote populations – Lao 2019
Chairperson:	A/Professor Nyguyen Thi Hong Tu, Health Security Project, Vietnam
Co-chair:	Dr. Southanou Nanthanonty, Deputy Director-General, Department of Planning and Cooperation, MOH, Lao PDR

10:45 – 12:15	Findings and analysis of research conducted in four districts in Lao PDR: August – September 2019 <i>Anthony Bott and Sommay Mounsourisack</i>	
	Plenary discussion	
12:15 – 1.30	Lunch	
Session 4:	Current experiences with ethnic groups and remote populations	
Chairperson:	Dr. Teng Srey, Cambodia	
Co-chair:	Dr. Lan Vuong Thuy, Vietnam	
1:30 – 3:15	Sharing experiences and examples of service interventions for ethnic groups and remote populations: Case studies Availability of drugs for ethnic groups in Lao <i>Dr. Vongsy Phantavong, Food and Drug Department, MOH</i> Health care for mothers and children of ethnic minority people in Yen Bai Province, Vietnam <i>A/Professor Nyguyen Thi Hong Tu, Vietnam</i> Ethnolinguistic communities and health care accessibility <i>Dr. Viengsakhone Louangpradith, DHCR, MOH, Lao PDR</i>	
	Discussion and questions	
3.15 – 3.45	Coffee break	
Session 5:	Innovative strategies to improve access and uptake of services for ethnic groups and remote populations	
Chairperson:	Ms. Patchara Sateanpuctra, Thailand	
Co-chair:	Cambodia	
3:45 – 4:00	HIV prevention among ethnic communities in Lao PDR <i>Dr. Phengphet Phetvixay, CHAS, MOH</i>	
4:00 – 4:15	Innovative strategies for health for all in Lao PDR <i>Dr. Viengsakhone Louangpradith, DHCR, MOH</i>	
4:15 – 4:45	Plenary discussion	
6:30 – 8:00	Welcome dinner	
Day Two:	13 December 2019	
8:30 – 8:45	Recap and follow up of Day One issues	
Session 6:	Groupwork	
8:45 – 10.15	Improving health services for ethnic groups and remote populations Group 1: Ethnic Group policies Group 2: Engaging ethnic populations Group 3: Ethnic Group strategies at the local level Group 4: Innovations for ethnic groups and remote	<i>Outline of Group Tasks</i>

populations' health

10:15 – 10:30

Coffee break

10:30 – 12:00

Group work continues

12:00 – 1:30

Lunch

1:30 – 3:00

Group work presentations

Findings and recommendations from work groups

3:00 – 3:15

Coffee break

3:15 – 3:30

Identified strategies and interventions to improve health service access and utilisation for ethnic groups and remote populations

3:30

Close of workshop