

MIGRANT HEALTH CARE IN LAO PDR

Round table discussion on migrant health financing in GMS
15/08/2018 in Bangkok Thailand

Team from Lao PDR

Ministry of Health

Ministry of LSW

Dr. NIKONE VONGSAVATH, Deputy Director General NHIB

BACKGROUND

- ▶ Lao PDR is in Southeast Asia, bordered with China, Vietnam, Thailand, Cambodia and Myanmar. It is a landlocked country, mainly mountainous country covering an area of 236 800 km², and which consist of 17 provinces and 1 capital 148 districts.
- ▶ Total population about 6.500.000 (2015)
- ▶ Labour force 3.547.852 employment in Socio-economic sectors 3.474.852, mainly based on agriculture, and Unemployment about 2.1% of labour force.
- ▶ Labour by economic sector : Agriculture 72%, industry 7.3%, sevice 21.5% and others 0.1%



LABOUR MARKET PROFILE

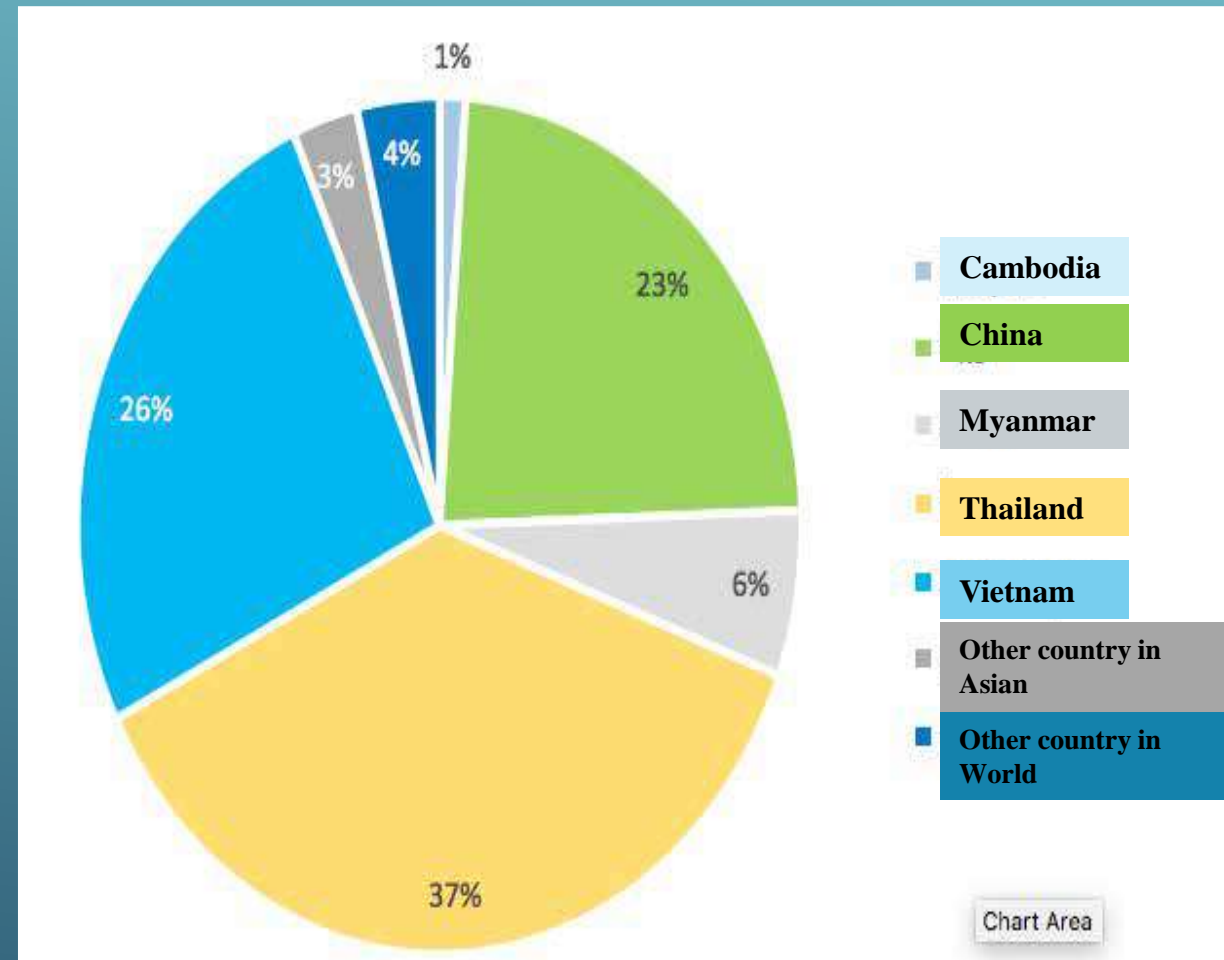
- ▶ Investments in the Lao PDR have increased, especially in the construction of infrastructure such as hydroelectric power projects, railway projects, garment factories.
- ▶ The labor market in Laos has more labor demand.
- ▶ Labor supply for the labor market is not balanced.
- ▶ The labor market needs skilled workers, but the real situation is that Lao workers often have lower skills.
- ▶ Lao workers can not access the labor market fully;
- ▶ The creation and development of skills have not yet responded to the labor market .

CURRENT MIGRATION SITUATION TO AND FROM COUNTRY

The 2015 PHC also recorded a number of migrants whose areas of origin were other countries. These migrants included foreigners who came and established residences in Laos between 2005 and 2015. They also include returning Lao citizens. There were around 42,000 such migrants. A large majority of such migrants come from neighbouring countries, with the largest amount from Thailand (37 percent). Vietnam and China were the second and third largest countries of origin at 26 and 23 percent, respectively.

All such countries have common borders with Laos, which is a relatively easy destination for those who intend to change residence, whether temporarily or permanently. Myanmar, on the other hand, was the country of origin for only 6 percent of migrants despite it sharing a common border with Laos.

INTERNATIONAL MIGRATION BY COUNTRY OF ORIGIN



Source: Table P4.8 (2015 PHC, Appendix 1)

CURRENT MIGRATION SITUATION TO AND FROM COUNTRY (Cont.)

THERE ARE SOME FISCAL YEAR SHOWS NUMBERS OF FOREIGN WORKERS IN LAO PDR

	2014-2015		2015-2016		2016-2017	
	Total	Female	Total	Female	Total	Female
Agriculture	17,263	2,711	15,543	2,290	901	170
Industry	2,353	650	3,343	1,096	346	122
Service	2,667	501	2,967	569	461	106
Total:	22,283	3,862	21,853	3,955	1,708	398

Source: MoLSW 2018

EXISTING MIGRANT HEALTH COVERAGE PROGRAMS

THERE ARE SOME FISCAL YEAR SHOWS NUMBERS OF DISPATCHING LAO DOCUMENTED MIGRANT WORKERS TO OVERSEA.

	2011-2012		2012-2013		2013-2014		2014-2015		2015-2016		2016-2017	
	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female
Agriculture	682	354	1,919	754	529	210	5,763	2,144	620	253	3174	1218
Industry	4,114	2,102	9,748	4,176	4,271	1,908	17,067	8,037	2277	1040	6311	2355
Service	2,618	945	8,828	4,188	3,504	1,949	27,882	16,996	5144	2643	11183	6966
Total:	7,414	3,401	20,495	9,118	8,304	4,067	50,712	27,176	8,041	3,936	20,668	10,539

Source: MoLSW 2018

EXISTING MIGRANT HEALTH COVERAGE PROGRAMS (CONT.)

STATISTIC SHOWS NUMBERS OF UNDOCUMENTED LAO MIGRANT WORKER IN THAILAND

Sector	2010-2011		2012-2013		2014-2015		02 June 2015- 31 March 2016	
	Total	Female	Total	Female	Total	Female	Total	Female
Total:	25,066	12,448	9,756	4,716	42,192	22,955	71,644	39,355
Agriculture	9,608	4,487	448	196	5,006	1,845	7,214	3,020
Industry	8,752	4,034	4,422	2,013	13,917	6,675	20,853	9,322
Service	6,706	3,927	4,886	2,507	23,269	14,435	43,551	27,013

Source: MoLSW 2018

EXISTING STRATEGIES TO COVER MIGRANT HEALTH, INTERNAL AND EXTERNAL

National Policies and Achievements:

In order to balance labour demand and supply, protect and promote of Labor right, safety and security for worker: the action is based on some main documents:

- Revised labour law (the revised version endorsed by national Assembly 2013). ***Big change in the revised labour law is the inclusion of employment policy and migration issues and migration fund.***
- Strategy on Labor Development 2016-2025 and five years plan 2016-2020.
- Law on Social security (recently endorsed by Govt in August 2013)
Ministry's Regulation on Recruitment Agency Establishment and Controlling number 043/MLSW.
- Decree on Lao workers sending to abroad, No 68.
- Agreement No 3824\MoLSW on Prohibition of type of job and work that send lao worker to oversea.
- Agreement No 4277\MoLSW on Labour in section.

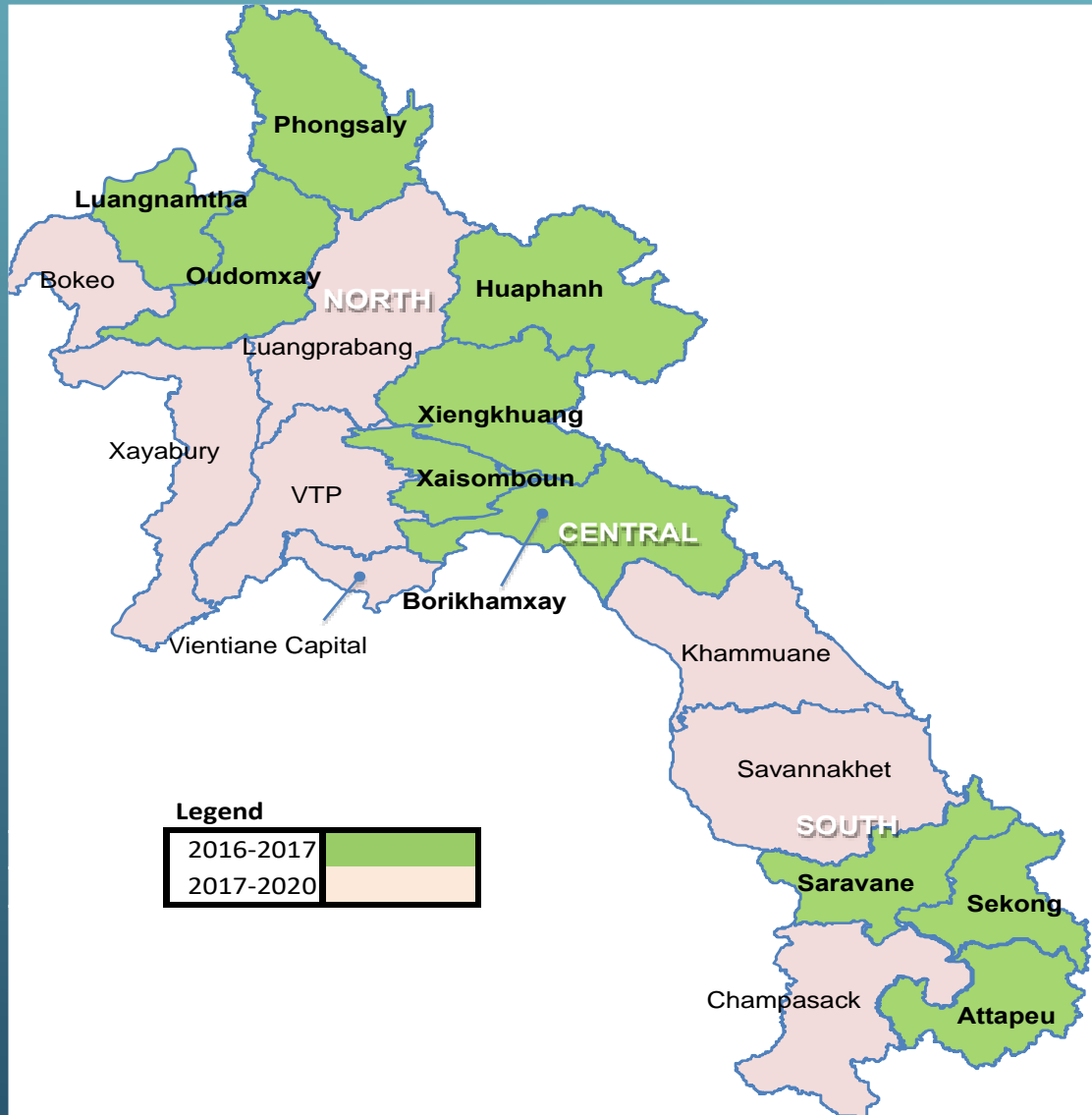
EXISTING STRATEGIES TO COVER MIGRANT HEALTH, INTERNAL AND EXTERNAL(Cont.)

- Ministry`s Regulation No 5418\MoLSW on working permission and Employment duration for foreign workers in Laos.
- MOU on employment cooperation among Lao Government and Thai Government (Revised) 6\7\2016, that specified on the recruitment, labour protection, social Security and skills development.
- Agreement on Employment between Lao PDR and Thailand (Signed on the 1st March 2017).
- Agreement on sending lao worker to Japan for long term training on 19 July 2010 (currently this agreement are revising and expected to be endorsed by this year).
- MOU between Lao PDR and Korea on sending Lao Worker to Korea.
- Decree 036, on TVET and Skills Development.
- National Structure of Skills Standards.
- Regional Model of Competency Standard (RMCS).

EXISTING HEALTH FINANCING SYSTEMS AND RESPONSIBLE AGENCIES (REVENUE GENERATION, POOLING AND PURCHASING) FOR MIGRANT HEALTH

- Law on Health Care Lao PDR: All Citizens living in Lao PDR without discrimination on the basis of race, colour, sex, religion, political opinion or social status when they get sick they can to access to health care provider.
- Health Care Financing: are financial income-expenditure health care services.
- Sources of Fund: Government Budget(including ODA), Social security Fund (Health insurance fund), Out of Pocket
- Law on Labour and Law on Social security:

PLANS TO IMPROVE MIGRANT HEALTH ACCESS AND FINANCING



Planned expansion of NHI

2017

17 provinces

Cover over 90% of total population (NHI: 5 million)

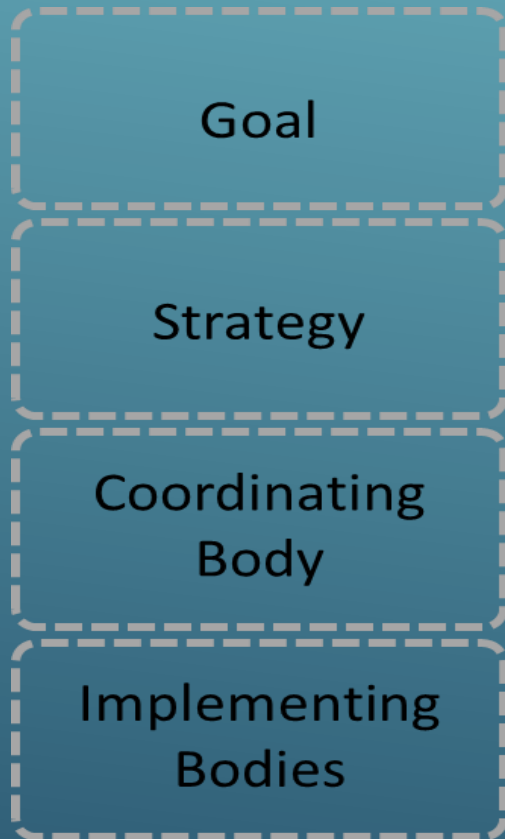
2018-2020

Remaining 1 VTC (17 P+1 C)

Cover over 80% of total population

WHICH AGENCIES SHOULD TAKE THE LEAD IN IMPROVEMENT OF MIGRANT HEALTH INSURANCE (LABOR/MIGRATION, HEALTH OR SOCIAL PROTECTION)?

TOWARD UHC



UHC by 2025

Health Sector Reform

Health Sector Reform Committee

Departments in MoH
DHHP DCDC DHC DF DPIC DFD DTR DHP DI

NHIB(MOH)+ NSSF(MOLSW)

WHICH AGENCIES SHOULD TAKE THE LEAD IN IMPROVEMENT OF MIGRANT HEALTH INSURANCE (LABOR/MIGRATION, HEALTH OR SOCIAL PROTECTION)?

Overview of Social Health Protection by schemes in Lao PDR

	NSSF-SASS	NSSF-SSO	CBHI	NHI	HEF	Free MNCH
Target population	Government employees and dependents	Enterprise employees and dependents ₂	Informal sector HH	Informal sector	Poor HH	Pregnancy and <5 children
Established year	1995 Revised 2006	2001	2002 (pilot) 2006 extend	2016	2004	~2010
Legislation	PM Decree S S. LAW	PM Decree S S. LAW	MoH National Regulation	MOH Guidelines	MoH Guidelines	MoH Guidelines
Supervising authority	MoLSW	MoLSW	MoH	MoH	MoH	MoH
Source of funds	Government & government employee	Employer and employee	Household (Government subsidies since 2016)	Government subsidies w/ low co-payment by patient	Subsidies (Government and donors)	Donor Government

EXISTING HEALTH FINANCING SYSTEMS AND RESPONSIBLE AGENCIES (REVENUE GENERATION, POOLING AND PURCHASSING) FOR MIGRANT HEALTH

FINANCIAL SOCIAL HEALTH PROTECTION

NHI CO-PAYMENT RATE

	SASS	SSO	NHI					
	Premium collection 1.5% of 16.5%	Premium collection 1.5% of 11.5%	Govt. subsidy Patient contribution	Kip per visit	Health center	District hospital	Provincial hospital	Central hospital
Payment mechanisms	SASS	SSO	NHI	OP*	5,000	10,000	15,000	20,000
Provider payment Mechanism	Capitation	Capitation	Capitation OPD Case-based IPD	IP*	5,000	30,000	30,000	30,000
				MNCH**	0	0	0	0

Which Development Partners currently support a) UHC b) migrant health and financing

OBJECTIVES / GOALS:

UHC

LEVEL & DISTRIBUTION OF ACCESS AND FINANCIAL RISK PROTECTION

NHI GOALS: TO ACHIEVE UHC FOR THE WHOLE CITIZEN BY ENSURING EQUITABLE ACCESS TO CARE BY DIFFERENT POPULATION & PROVIDE ADEQUATE FINANCIAL RISK PROTECTION TO ALL.

HEALTH SYSTEM

AAAQ A VAILABILITY, A CCESSIBILITY, A CCEPTABILITY, Q UALITY

HEALTH SYSTEMS GOAL: TO ENSURE THE AVAILABILITY OF HIGH QUALITY SERVICES, WHICH ARE ACCESSIBLE AND ACCEPTABLE BY THE CITIZENS (AAAQ). FOUNDATION FOR EFFECTIVE IMPLEMENTATION OF NHI AND ACHIEVEMENT UHC GOALS (UNDER RESPONSIBILITY OF MOH)

HEALTH FINANCING

SAFE S USTAINABILITY, A DEQUACY, F AIRNESS, E FFICIENCY

HEALTHCARE FINANCING GOALS: TO ENSURE THE LONG TERM FINANCIAL S USTAINABILITY OF THE NHI FOR THE WHOLE CITIZENS, A DEQUACY OF FINANCE TO PURCHASE SERVICES IN RESPONSES TO HEALTH NEED OF THE CITIZENS, F AIRNESS OF FINANCIAL CONTRIBUTIONS & AVAILABILITY OF SERVICES. THE DESIGN OF NHI ENABLES E FFICIENCY BOTH TECHNICAL & ALLOCATE EFFICIENCY.

Which Development Partners currently support a) UHC b) migrant health and financing

- PARTNERS CURRENTLY SUPPORT

ADB

WB

ILO

IOM

WHO

SRC

LAO-LUX

MOH & MOLSW

ETC.

THANK YOU

