Overview of migrant healthcare in the Greater Mekong Subregion

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Outline

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- Migration trends in GMS
- Migrants health policies in GMS?? Lessons from 5 ASEAN country study
- Thailand migration policy and practice
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GMS health financing and status overview

GMS health financing and status overview

	Cambodia	China	Lao PDR	Myanmar	Thailand	Vietnam
OPP as% THE[a]	**59**	32	**51**	**74**	12	43
CHE (% of GDP)[b]	6.0	5.3	2.8	5.0	3.8	5.6
CHE by government (% of CHE)[c]	6.1	**10.4**	3.4	3.6	**13.3**	**14.2**
Population[d]	16 mil	1.4 bil	7 mil	53 mil	69 mil	95 mil
Life expectancy at birth (yr)[e]	69	**76**	67	67	**75**	**76**

Sources

a World Bank (2015). The World Bank DataBank, except Lao PDR (2014)

b World Bank (2015). The World Bank DataBank

c World Health Organization (2014). Global Health Observatory

d World Bank (2017). The World Bank DataBank

e World Bank (2016). The World Bank DataBank

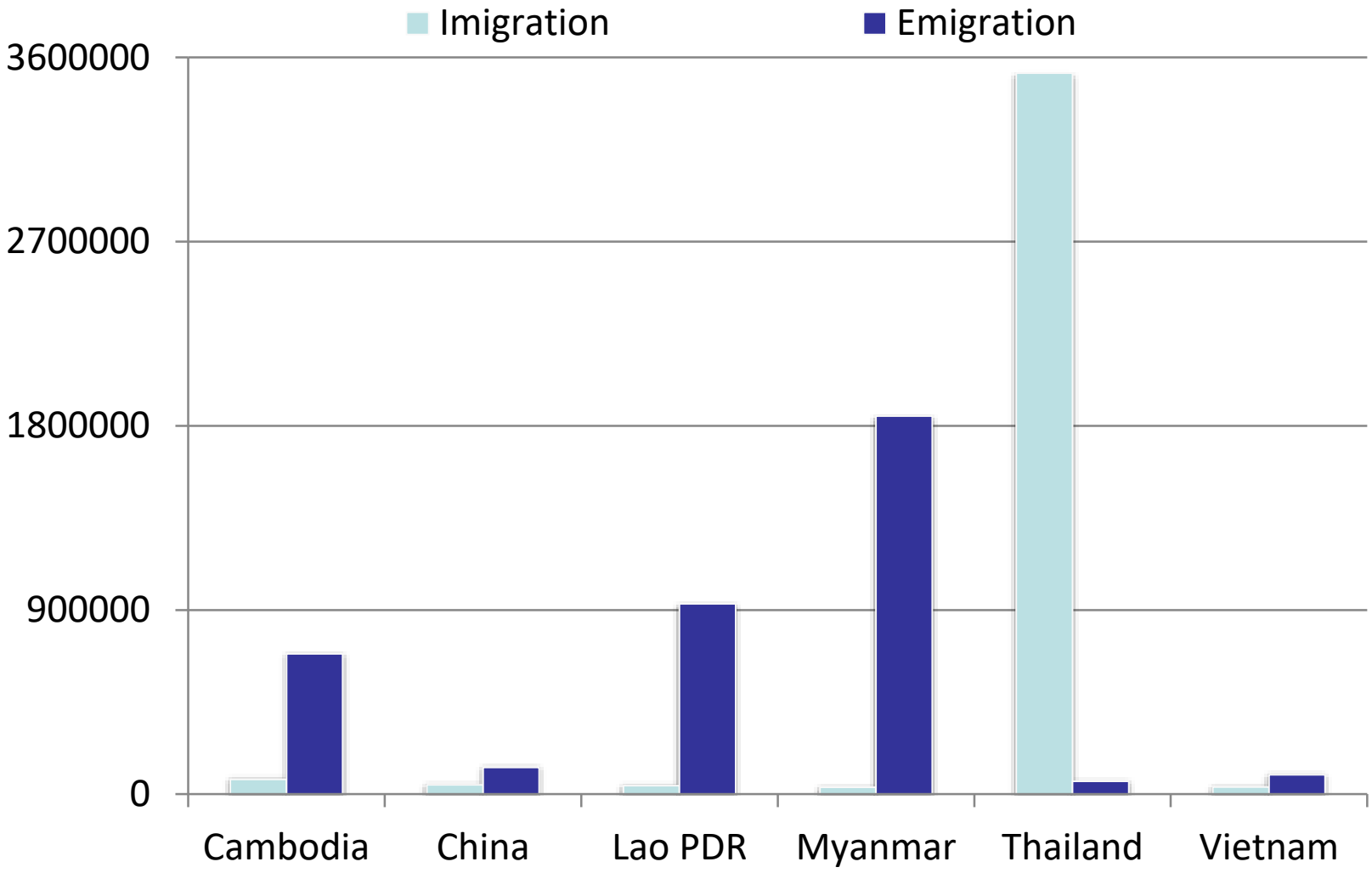
Migration trends in GMS

Migration trends in GMS

	Cambodia	China	Lao PDR	Myanmar	Thailand	Vietnam	Receiving
Cambodia	-	2,000	NA	NA	32,000	38,000	72,000
China	NA	-	NA	NA	16,000	29,000	45,000
Lao PDR	4,000	14,000	-	NA	3,000	20,000	41,000
Myanmar	NA	34,000	NA	-	NA	NA	34,000
Thailand	681,000	77,000	923,000	1,835,000	-	7,000	**3,523,000**
Vietnam	1,000	3,000	7,000	12,000	12,000	-	35,000
Sending	686,000	130,000	930,000	**1,847,000**	63,000	94,000	

Source: Migration policy institute, 2017

Migration trends in GMS



Migrants health policies in GMS??
Lessons from 5 ASEAN country study

Global Health Action

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ASEAN INTEGRATION AND ITS HEALTH IMPLICATIONS

Universal health coverage in 'One ASEAN': are migrants included?

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Migrant-inclusive features of UHC

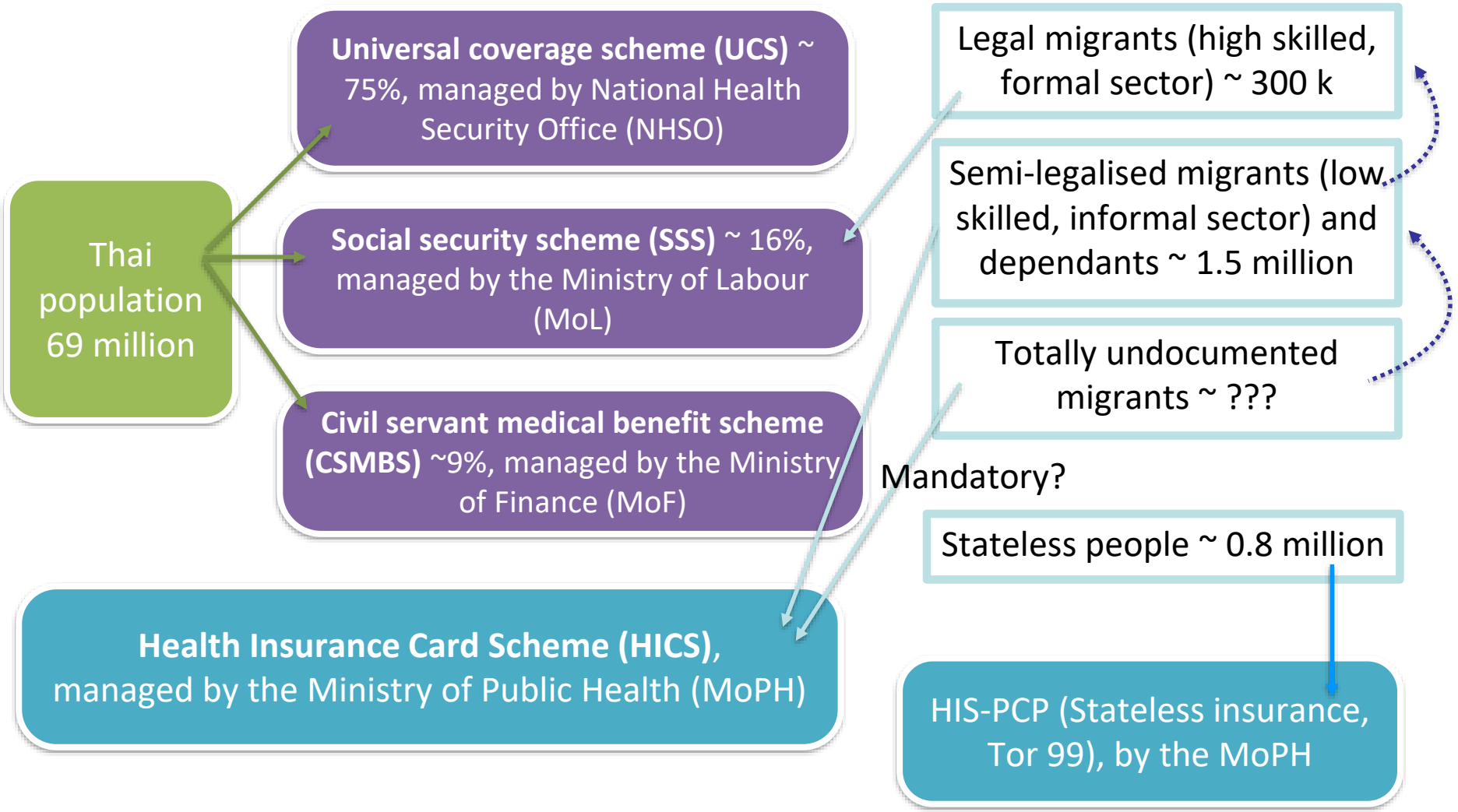
Receiving countries	Thailand	Separate scheme for legal migrant workers (CHMI) which also allows undocumented migrants to opt in; provides access to a comprehensive range of services, including ART
	Malaysia	Enrollment in private medical insurance schemes mandatory for legal migrants to avail of publicly provided services; Workmen's Compensation Act provides guarantee for employer assistance for death and disability
	Singapore	Low- and semi-skilled migrants required to be enrolled in private health insurance by employers; Work Injury Compensation Act provides guarantee for employer assistance for disability and death
Sending countries	Philippines	Separate procedure for membership for OFP but integrated with the national pool; covers overseas hospitalization and family members in country of destination or left behind; separate life insurance specific for migrant workers also exists (OWWF)
	Indonesia	Migrant health insurance not yet part of UHC system but incorporated in compulsory Migrant Worker Insurance Program

Current status & challenges facing migrant inclusion in UHC

Receiving countries	Thailand	Annual premiums need to be paid by migrants themselves; benefits less comprehensive than those for Thai citizens
	Malaysia	Migrants still need to be included in the government-run UHC system (beyond access to emergency care); higher copayments charged against migrants; undocumented migrants totally left out
	Singapore	Migrants still need to be included in the 3M framework; insufficient benefits provided by private insurance; implementation problems due to unscrupulous employers and insurers
Sending countries	Philippines	Difficult expansion to enroll undocumented migrants; benefits still inadequate due to overseas adoption of domestic case rates; delays and difficulties in processing reimbursements
	Indonesia	Undocumented migrants remain uncovered with compulsory insurance; claims unprocessed by insurers; ill-defined packages and excluded conditions

Thailand migration policy and practice

Thai and non-Thai health insurance systems



Characteristics of Tor 99

Characteristics	UCS	HIS-PCP
Population coverage	47 million	~450000
Financing source	General tax	General tax
Governing body	NHSO, the autonomous agency regulated by the MOPH)	HIG and MOPH
Contracting mechanism	Capitation for outpatients (~2800 Baht per capita) and global budget plus DRGs for inpatients; additional fees for specific high priority services; no copayment by beneficiaries	Capitation for outpatients (varying by year, between 1000 and 2000 Baht per capita) and global budget plus DRG for inpatients; no copayment by beneficiaries
Benefit package	Comprehensive: outpatient, inpatient, accident and emergency, high cost care (including chemotherapy, anti-retroviral drugs for HIV/AIDS, renal replacement therapy, organ transplants, etc.) and health promotion	Comprehensive, similar to the UCS: outpatient, inpatient, accident and emergency, high cost care with minimal exclusions (such as organ transplants) and health promotion
Contracted health facilities	All public health facilities under the MOPH, majority of non-MOPH public facilities and some private hospitals and community clinics voluntarily contracting with the NHSO	Almost all public health facilities under the MOPH

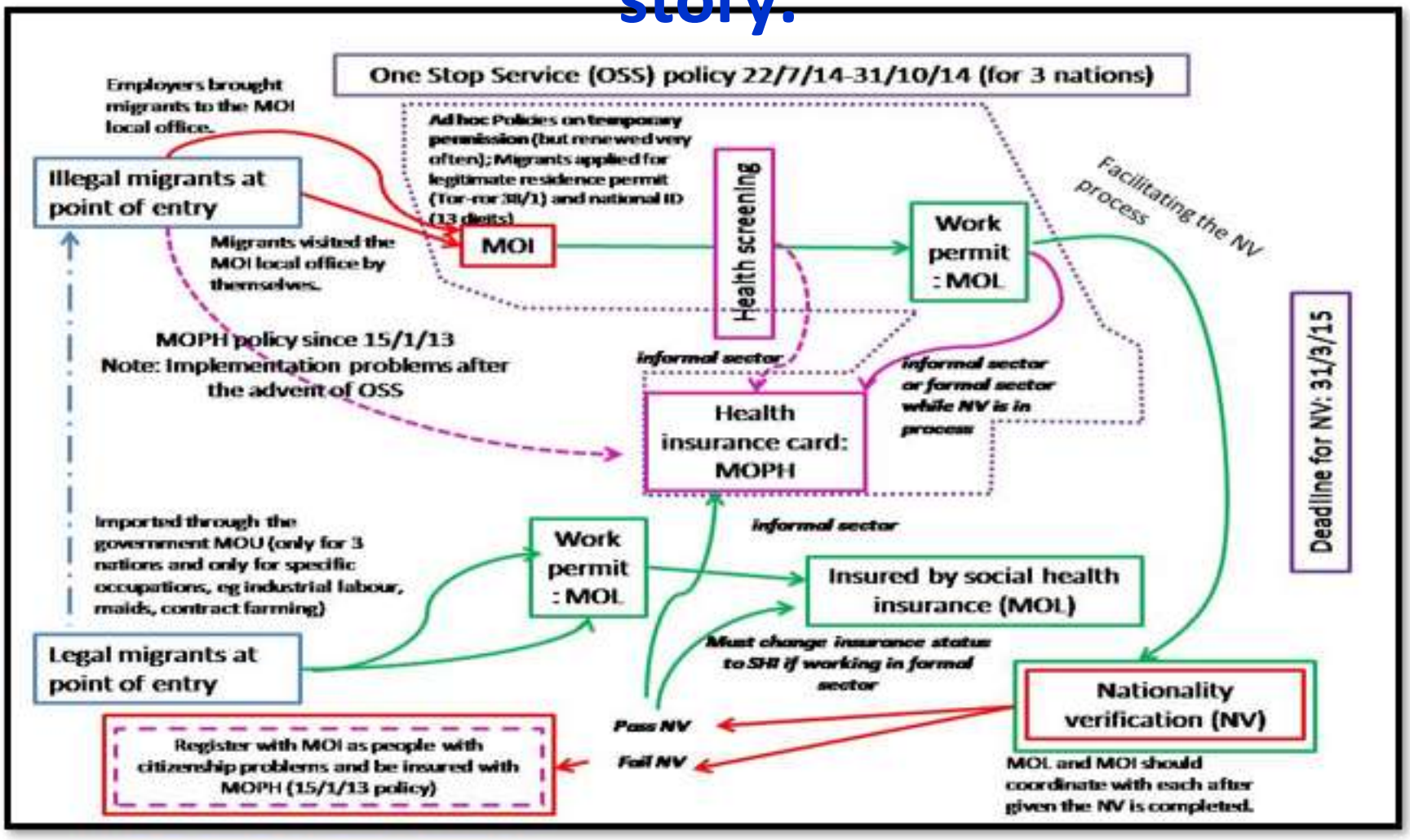
Ref: Suphanchaimat et al, 2015

Characteristics of the HICS

Card	Premium	Length of coverage	Beneficiary	Beginning from	Benefit package	Legal basis
Health Insurance Card for 'migrant'	2,200 Baht + 500 Baht for health check	1 Year	All non-Thai populations, except for tourists, and Caucasian foreigners	15 January 2013	Outpatient, inpatient, and health promotion, disease prevention services (including HIV/AIDS treatment, and other high-cost care; excluding renal replacement therapy for chronic renal failure and treatment for psychosis and drug dependence)	Cabinet Resolution on 15 January 2013
Health Insurance Card for 'migrant child'	365 Baht	1 Year	Migrant child aged less than 7	15 January 2013		
Health Insurance Card for 'migrant worker'	1,600 Baht + 500 Baht for health check	1 Year	Migrants who registered with the One Stop Service by 31 October 2014	7 July 2014	Outpatient, inpatient, and health promotion, disease prevention services (including HIV/AIDS treatment, and other high-cost care; excluding renal replacement therapy for chronic renal failure and treatment for psychosis and drug dependence)	NCPO Order No 118/2557
	900 Baht + 500 Baht for health check	6 months				
	500 Baht + 500 Baht for health check	3 months				
Health Insurance Card for 'a child of migrant workers'	365 Baht	1 Year	Child of migrant workers, aged less than 7, registered with the One Stop Service by 31 October 2014	7 July 2014		

Ref: adapted from HIG, 2014

HICS and Tor 99 are not the end of the story.



Ref: Suphanchaimat et al, 2017

Some positive sides—summary of the HICS effects on its insurers (relative to the uninsured)

- IP Utilisation
  - Increase 1.7% admissions/person/year
- OP Utilisation:
  - Increase 9.9% visits/person/year
- IP OOP: Decrease 2,471 Baht (US$ 75) /person/visit
- OP OOP: Decrease 293 (US$ 9) /person/visit
- However, the overall utilisation rate of the HICS beneficiaries was much smaller than the Thai UCS.
- The insured status does not guarantee access to care of migrants.
- Several supporting policies need to be done in parallel, such as migrant friendly services and migrant health volunteers.

Remaining challenges

- Migrants' experiences of poorly responsive services and fear of litigation by the authorities result in low utilisation rates for outpatient and inpatient services.
- The HICS means MOPH serving a dual role as insurer and provider, which contradicts the financing concept of 'purchaser-provider' split.
- **Portability of insurance coverage has not yet been developed.**
- Linking the scheme members to a single provider for the whole year is problematic when migrants change employers or move to another province.

Source: Tangcharoensathien, 2017

Remaining challenges

- Though the HICS is intended to be 'mandatory', *de facto* there are some migrants dropping out from the scheme. This reflects the 'voluntary nature' of the HICS which will lead to several problems, such as:
  - **Adverse selection** (sick members to participate while healthy persons to self-exclude)
  - **Low enrolment** due to , limited population coverage, inhibits large pooling of risks, which adversely affects the financial viability of the scheme
- Migrants' illegal status is a key barrier to enrolment. Having migrants insured is not the end of the story as long as migrants' precarious legal status has not been cleared. The nationality verification process needs to be expedited. Thus trans-border collaboration is pre-requisite.

Conclusions

- There is a great diversity of policies to protect health of migrants.
  - Such a difference is due to various factors, such as idiosyncratic health system design and political directions.
- Migrant health is not just a matter of health.
  - National security and economic concerns are important factors that influence the design of migrant policies.

Conclusions

- The most neglected groups are undocumented/illegal migrants.
  - Besides, it is undeniable that this population always exist.
  - Including this population is a better strategy than leaving them behind.
- Insuring health of migrants is just a small jigsaw piece compared to the whole picture.
  - There are other aspects of 'well-being' of migrants that should be put on the table, such as education, rights to work, and rights to politics.
  - These issues need to be put on the table and extensive studies are required.

Thank you for your attention