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Why Safeguarding Migrants' Health and Achieving Universal Health Coverage Matters amidst COVID-19

GMS in the News



Cambodian migrants arriving by train at Anranya Prathet, Thailand. Photo by Joe Lowry via [IOM](#) [3]- [UN Migration](#) [4] (CC BY-NC-ND 2.0) © IOM 2014

When it comes to the coronavirus disease (COVID-19) outbreak **no one is safe until everyone is safe**. This was one of the key points emphasized by Dr. Patrick Duigan, Regional Migration Health Advisor for the International Organization for Migration's (IOM) Office for Asia and the Pacific, when he spoke on "Migration and Health: Implications of COVID-19 and Achieving Universal Health Coverage" at the [Policy Actions for COVID-19 Economic Recovery \(PACER\) Dialogue](#) [5] on 15 July 2020. PACER dialogues are organized under the framework of the Asian Development Bank (ADB)-supported BIMP-EAGA, IMT-GT, and GMS [\(B-I-G\) Capacity Building Program](#) [6].

A [policy paper](#) [7] published by the IOM in June 2020 highlights that as countries closed international borders in the hopes of slowing down the spread of the virus, they faced the same challenge: how to safely enable cross-border human mobility in a post-pandemic world. In the wake of COVID-19, a critical need for the entire spectrum of migration management to adapt to this new reality emerged.

The pandemic has rendered migrants vulnerable

Migrant populations have been rendered vulnerable by COVID-19 in three simultaneous ways, Dr. Duigan explained. First, it worsened living conditions and lack of access to health services, creating a health crisis. Second, it created a protection crisis, such as by forcing returns and/or deportations, stranding migrants, causing family separation, curtailing access to asylum, and creating conditions for human smuggling. Third, it simultaneously caused a socio-economic crisis with increase in unemployment and a decline in remittances, rendering populations vulnerable globally.

Ensuring migrant safety ensures safety for all

"Exclusion ultimately costs; inclusion protects migrants and communities," underscored Dr. Duigan, stressing that migration in and of itself does not cause the disease. Rather, it is the systems' inability to provide accessible services along the migration cycle that threatens both migrants and their host communities.

"Recent news of COVID-19 outbreaks in migrant communities have shown how the conditions in which they migrate, live, or work can influence health outcomes for migrants themselves and, as a result, to their host communities," he said.

In the Greater Mekong Subregion (GMS), labor migration is estimated to involve up

to 5 million people. However, the true magnitude is unknown as a significant proportion of migrants are undocumented, noted a [GMS policy paper](#) [8]. Furthermore, [labor mobility cuts across the GMS](#) [9], according to IOM, with Thailand the subregional hub hosting an estimated 3 million–4 million migrants in cities and rural areas across the country. Collectively, GMS countries must prioritize extending access to essential health services to documented and undocumented migrants and mobile populations throughout the subregion to achieve the Sustainable Development Goals (SDGs).

Policy considerations in safeguarding migrants' health

The IOM policy paper notes that the COVID-19 pandemic, and subsequent mobility restrictions, have now further **embedded public health concerns in promoting safe and regular migration**. It highlighted the key role of public health authorities as key stakeholders in cross-border mobility. Integrating these health concerns, however, will be no easy task, requiring a mutual understanding of key concepts and procedures between the health and migration sectors, alongside quick adaptation of regulatory and operational measures.

Dr. Duigan proposes four policy considerations as countries consider how to safeguard migrants' health and ensure no one is left behind:

1. **Health, border and mobility management.** Look at migration, health, and mobility management beyond just borders. Implement point of entry measures and consider the various spaces where migrants move. Understand migrants' living and working conditions, and the health risks and vulnerabilities in these contexts, to help identify public health interventions that need to be taken. Look at health systems in place. Strengthen community based activities and support increased cross-border coordination well. The IOM also warned against putting in place overly burdensome, prolonged and ad hoc requirements for border management and international travel restrictions. Dr. Duigan recommends that **communities be reached out to *where they need to be reached and how they need to be reached in the language and culturally-appropriate way that they need to be reached.***
2. **Multisectoral collaboration.** Multiple different government departments need to work together to ensure the health of migrants and people on the move. Identify the different factors that can impact migrants' health, existing gaps within these, and consider the synergies among these different aspects, i.e. consider health, immigration, and labor requirements in developing pre-

departure screening and immigration health check protocols, or consider how the finance and private sector can ease remittance services. Migrants must also be included in social welfare and cash disbursements to make sure they, as vulnerable people, are able to still have access to food and shelter.

3. **Mainstream migrant health in all policies.** “There is an existing policy framework looking at health in all policies, but we need to look at how to put migrant health in the policies,” said Dr. Duigan. Migration has been included in the global health agendas for universal health coverage, specific disease control programs, and within the SDGs. Now more than ever, is the time to move forward with implementing these initiatives to protect migrants and protect their host communities.
4. **Move forward with universal health coverage.** Advancing universal health coverage advances health security and recovery. “One case of COVID-19 can lead to shutdowns of entire economies. If there are certain populations not included because of various migration status or documentation status, this can really mean that national and regional efforts to control COVID could fail,” emphasized Dr. Duigan. “Everyone needs to be included in prevention, testing, and access to treatment. This is linked with the SDGs in terms of the universal health coverage goals, as well as the goal of reducing inequality and facilitating orderly migration. It is a globally agreed goal that migrants need to be included for health to be truly universal.”

In focus: How universal health coverage in Thailand has helped control the pandemic

Thailand’s success in handling the COVID-19 outbreak has been widely lauded. While there have been 58 COVID-related deaths, the country has reported 3,107 recovered cases out of 3,279 confirmed cases ([as of 24 July](#) ^[10]). Thailand has also had seven weeks of zero community transmission between May and July 2020. The [Global COVID-19 Index \(GCI\)](#) ^[11] ranked [Thailand second](#) ^[12] out of 184 countries in terms of effectiveness in dealing with the COVID-19 pandemic.

Speaking at the PACER seminar, Dr. Jadet Thammathat-aree, Deputy Secretary-General, National Health Secretary Office, Thailand, said that **from the start of the outbreak the Government of Thailand declared all people living in Thailand are free to access screening, testing, and treatment for COVID-19.** “Because this is a pandemic, if you leave someone behind, you cannot control the spread of infection,” said Dr. Thammathat-aree. The country’s health insurance scheme covered Thai citizens; the government’s budget for COVID-19 financed the screening, testing, and treatment for foreigners.

Universal health coverage in Thailand also supported the government's initiatives in active screening, surveillance, and treatment. 99% of Thai population are now under universal health coverage—it has been in place for Thai citizens since 2002, and in 2013, this was expanded to migrants, regardless of their legal status. Under this scheme, COVID-19 related health services are included.

Furthermore, as Thailand adapts to a new normal, the pandemic has opened opportunities in technology and virtual care, said Dr. Thammathat-aree. New standards that can be tapped for screening, surveillance, and treatment, such as telemedicine, big data, and use of mobile applications, must also be supported by universal health coverage.

Event page

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Presentation Materials

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[National Health Security Office: Adapting to the New Normal](#) [15]

[Engaging Private Sector in COVID-19 response](#) [16]

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