

Executive Summary

The P4H Network and Australian National University (ANU) initiated a four-part webinar series entitled **Social Health Protection for Migrant Workers and Their Families** that is scheduled to run through summer 2023. The webinar series promotes knowledge sharing and dialogue on social health protection (SHP), including policies, challenges, gaps and plans for migrant workers and their families. The first of the four webinars was held on 26 April 2023, in collaboration with the International Labour Organization (ILO), the World Health Organization (WHO) and [CONNECT for Social Health Protection](#). The webinar was conducted in English with translation into Lao. *The webinar recording is available on YouTube [here](#).*

Claude Meyer, *Team Lead, Partnership for Health Financing at WHO headquarters*, opened the webinar. He introduced the P4H Network, emphasizing the role of knowledge exchange and information sharing on SHP and health financing (HF) protection for universal health coverage (UHC) in improving financial protection and partnership. **Russell Gruen**, *Dean of the College of Health and Medicine at ANU*, welcomed the participants and highlighted 1) the contribution of migrants to the Asian region and the Australian continent and 2) the impact the COVID-19 pandemic has had on widening the gaps in SHP for labour migrants and their families in these areas.

Following the opening session, **Christine Phillips**, *ANU*, who moderated the webinar, invited **Nilim Baruah**, *ILO Migration Specialist* to share the trends, drivers and governance of labour migration in Asia and the Pacific. Nilim highlighted that migration is mainly intraregional within the Association of Southeast Asian Nations (ASEAN) but inter-regional as migrants move from South Asia and South-East Asia to the countries in the Gulf Cooperation Council and East Asia. In the Pacific Island countries, workers migrate to New Zealand and Australia through the New Zealand Seasonal Worker Scheme and Pacific Australia Labour Mobility Scheme. The medium-term driver for labour migration includes wage differentials between countries, labour shortages and immigration policies and the COVID-19 pandemic, which had a huge impact on migration flow. Over the longer term, demographic, technological and climate changes drive migration.

The International Labour Standards cover all workers irrespective of nationality and immigration status. The standards include the eight ILO Fundamental Rights Conventions and the two instruments on labour migration and protection, the Migration for Employment Convention (Revised), 1949 (No. 97), and Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143). The conventions create the impetus for implementation of the framework, and upon ratification, countries amend their legislation to align with the conventions.

In addition, the ILO General Principles and Operational Guidelines for Fair Recruitment sets the guidelines on fair recruitment of all workers. The ASEAN Consensus on the Protection and Promotion of the Rights of Migrant Workers complements the International Labour Standards. Migration is also embedded in the Sustainable Development Goals (SDG targets 8.8, 10.7 and 10.c). In December 2018, the United Nations adopted the Global Compact for Safe, Orderly and Regular Migration to support international cooperation on the governance of international migration. Following the adoption, countries have developed national implementation plans and established a UN Network on Migration.

Marielle Phe Goursat, *Chief Technical Adviser of the ILO Social Health Protection Programme in Viet Nam, Lao People's Democratic Republic and Myanmar* underscored that 55.9% of the population in Asia has no access to any form of social protection, and the lack of coverage is more noticeable in labour migrants in the countries of origin and destination. Labour migrants are a source of economic growth, innovation and sustainable development. Yet, many suffer job losses, unpaid wages and worsening working and living conditions when they have no access to social protection. In addition,

60% of migrant workers participate in the informal economy. Many work in precarious environments with weak protection, which exposes them to higher risk.

The need to extend social protection to migrant workers is a social and economic necessity. Adequate social protection helps ensure income security and access to health care, reducing poverty and vulnerabilities across the life cycle, improving living standards and health, and building people's capability and productivity. It also stimulates aggregate demand by injecting cash into local markets, reducing inequalities and promoting cohesion and social justice. Extending social protection to migrant workers also strengthens national social protection systems, as participation of labour migrants increases the tax base, and the larger risk pool helps create more sustainable social security schemes.

The root causes for the lack of access to SHP could be attributed to legal barriers in the form of explicit exclusions of migrant workers or categories of workers (e.g. temporary migrants, workers in the informal economy) or the lack of social security coordination due to the absence of bilateral or multilateral agreements across countries. It could also be attributed to practical challenges stemming from a lack of social protection schemes in the countries. Even with the availability of the schemes, migrant workers may not be aware of their rights and access to the schemes or face administrative or financial challenges that hinder their access to them. The policy options that the states can consider are:

- Ratification and application of relevant ILO conventions and recommendations as a first step towards the domestication of the principles and standards
- Conclusion and enforcement of social security agreements (bilateral/multilateral) to ensure social security coordination
- Adoption of unilateral measures including ensuring equality of treatment or the establishment of national social protection floors to extend social protection to migrant workers and their families
- Complementary measures addressing the administrative, practical and organizational obstacles faced by migrant workers

The next two speakers shared the SHP policies for labour migrants and their families in Thailand. **Thaworn Sakunphanit**, *Vice-Chairman of the Foundation for Research on Social Protection and Health* shared that UHC in Thailand can be achieved through multiple schemes: the Civil Servant Medical Benefit Scheme for civil servants and their families (7%), Social Security Scheme for the private employee and foreigners (20%), the Universal Coverage Scheme for Thai nationals not protected by other schemes (72%), and Others (1%).

He added that there are an estimated 3-5 million documented and undocumented migrant workers in Thailand. The SHP in Thailand for non-citizens includes the Social Security Scheme, which is overseen by the Ministry of Labour and covered under the Social Security Act. Members contribute 5% of insurable earnings and receive comprehensive benefits packages (equivalent to Thai nationals) from public and private health providers. The other scheme available to migrant workers is the Health Insurance for Migrant Workers, which is overseen by the Ministry of Public Health (MOPH). It provides access to a limited comprehensive package from providers of the MOPH and Bangkok Metropolitan.

The Foreigners' Working Management Emergency Decree introduced in 2017 outlines rules governing documented migrant workers designated by Labour Cooperation Agreement between the Thai government and foreign governments, undocumented migrants, and temporary documented migrants (workers who travel between borders and are restricted to work in certain provinces).

For workers in fishery, Thailand ratified the Maritime Labour Convention (2006) and Work in Fishing Convention (2007). The Thai government amended the law following the ratification to make health check-ups and health insurance compulsory for migrant workers in the fishery industry. There is no SHP for migrant families, except for migrant children born in Thailand who can buy Health Insurance for Migrant Workers from MOPH. Migrant workers' families can also access the accident insurance for visitors, which the Thai government plans to implement under the amendments of the National Tourism Policy Act.

Thaworn also shared that before the pandemic, the health care utilization by non-Thai was about 10%. The pandemic had a much greater impact on outpatient services used by non-Thai than inpatient services. In the Tak province, which borders Myanmar, migrants who were not covered by insurance and unable to pay created a financial burden on the service providers.

The last speaker of the webinar was **Nyan Linn**, *Head of Programmes from Dreamlopmnts*, a non-profit social enterprise and foundation. He shared that Thailand has achieved 100% UHC for Thai nationals; however, the estimated 1-2 million undocumented migrants and stateless migrants have minimal or no health protection through government insurance. Despite some migrants having visas and work permits, some have discontinued insurance due to employer hesitancy and financial barriers. Migrant workers in the border areas also require health care services on both sides.

To fill these gaps, in 2017 Dreamlopmnts launched the M-FUND, a private, low-cost, not-for-profit community health fund for undocumented migrants, stateless persons and border populations not covered by government insurance schemes. The community-based fund aims to offer affordable and sustainable access to broad quality health care services for vulnerable populations. More than 50 000 members have been enrolled since its inception, and it now operates in Thailand, Cambodia and Myanmar provinces.

The fund works with about 200 health partners, mostly public health facilities. The M-FUND staffers serve as community workers who reach out to the communities, conduct assessments, perform enrolment, help collect membership fees monthly and support members when they face challenges in accessing the health facilities. An M-FUND member accesses the health facilities using their unique member card, and the hospital invoices M-FUND at the end of the month using the M-FUND digital platform.

M-FUND also aims to extend coverage in Thailand and border areas, identify gaps in the current model and improve the retention rate among members. The long-term vision of M-FUND is to achieve financial sustainability and to contribute to policy reform by advocating for health care provisions for all people in Thailand.

Enabling migrant workers to enjoy and maintain social security rights across borders is an important challenge globally, yet it is also an opportunity to facilitate labour mobility, return and reintegration. Access to adequate social protection in countries of origin, transit and destination can allow workers to migrate by choice, not out of necessity. P4H Network and its founding members continue to collaborate with strategic partners to foster dialogue on key SHP and HF issues and catalyse policy reforms towards UHC.