Health Borders in the GMS
Challenges for border health, needs for multi-sectoral and cross country actions

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1. Who are vulnerable mobile population in GMS?

- Migrant worker
- Refugee + Internally displaced person
- Crossborder trader and traveler
- Long-distance truck driver
- Fishermen
- Sex worker + Child prostitute
- Smuggled and trafficked persons
- Seasonal worker
2. How mobile they are?

- Move within national border
- Move across border
- Commute/Crossing border on daily basis
- Move along with long haul fishing boat
- Move as project-tied worker
- Circular migration
Project-tied worker at Mekong Bridge in Chieng Khong Thai-Lao border
Thai worker in Qatar Skype home
Chinese trader in Mandalay
MM workers in Thailand

Map 1 Distribution of Myanmar

Distribution of Myanmar Migrant in Thailand

- 6 - 100
- 101 - 1,000
- 1,001 - 5,000
- 5,001 - 15,000
- 15,001 - 102,000
Long haul fishermen
3. Factors enhancing mobility

- **Economic**: employment, trade, connectivity,

- **Political**: armed conflict, statelessness, immigration policy and regulations

- **Social and cultural**: family reunion, ethnic and language difference, religion
Connectivity

Proposed Highway “Dawei - Phu Nam Ron”
Transborder project
MM migrants at Thai embassy in YG
4. Exposure to health risk behavior

- Limited/no access to health care service
- Lack of social control for sexual behavior
- Legal status (Undocumented, stateless)
- Condition of work place (Occupational Health and Safety)
- Settlement and ethnic segmentation
• Living condition, type of housing
• Accident
• Reproductive health+ vaccination
• Substance abuse
• Affordability
Settlement in Refugee Camp, Thailand
IOM Medical and Departure Centre (IOM-MDC) in Mae La Camp
Occupational Health and Safety
Rohingyan Migrant Children
Trafficked persons
Occupational Health and Safety
Major disease among migrant workers

- Diarrhea
- Malaria
- HIV
- TB
- Dengue fever
- Syphilis

**Source** Medical check up of migrant workers in Thai-Myanmar border (2002)
Diseases in Refugee Camps

• Among the 9 refugee camps at the Thai-Myanmar border, diarrhea, dysentery, malaria and LRTI are the infectious diseases mostly found in the camps. In 2004.
• 15,690 cases of watery diarrhea
• 5,839 cases of dysentery
• 6,625 cases of malaria
• 34,116 cases of LRTI were identified.
Cost of Care of Migrant Workers in Thailand 2009

- Social Security: 0.3%
- Health Insurance Card: 25%
- Free Treatment: 7.1%
- Out of pocket: 67.6%
5. Challenges for multisectoral and cross-country actions and cooperation

5.1 Cross-country cooperation

ministerial sector

• Labour
• Trade
• Immigration + police
• Home affairs + security
• Social welfare
stakeholder sector

• Employer

• Worker union

• NGO/civil society

• State official
Cross-Country in GMS

- Lao-Thai*
- Lao-VN
- Thai-MM*
- VN-Yunnan/Guang Xi
- Lao-Cambodia

* = porous borders
5.2 Challenges

• Different mandates and synchronization
• lack of data
• exclusiveness
• trust
• cross border health seek behavior
• communication/language
Weekly Epidemiological Surveillance Report
5.3 Some Practices

- Mae Tao Clinic
- ADS Net
- MBDS
Mae Tao clinic

Mae Tao clinic works in conjunction with the Backpack Health Worker Team (BPHWT) trained by other groups implement health education programs inside Myanmar but it is difficult to deliver consistent services to unstable mobile population. The clinic establishes Referral system with Mae Sot Hospital to ensure access to quality obstetric emergency services.
It also has a referral system with local health groups in Myanmar border areas to provide basic emergency obstetric care in the Internally Displaced Persons (IDP) areas. The clinic cooperates with the Myanmar Medical Association to form a Health Information System (HIS) working groups and other organizations in Myanmar e.g. The Myanmar Lawyer Council to develop policy that non-Thai infants born in Thailand can receive some form of official birth registration.
Dr. Cyntia Maung
ASEAN Disease Surveillance Net (ADS Net)

- With its secretariat located in Jakarta, ADS Net is a regional body established as a result of the Regional Action Conference for Surveillance and Response: Infectious Disease Outbreaks in Southeast Asia held in Bali in September 2000. The Indonesian Ministry of Health, WHO, and the US Navy sponsored this first of its kind meeting attended by 150 individuals from 17 countries.
Disease Surveillance Data

This page hosts the sharing of surveillance information agreed upon by the ASEAN Plus Three Countries for compulsory reporting. The identification of these priority diseases/events was based on the International Health Regulations (IHR, 2005) of the World Health Organization (WHO).

- Smallpox
- Poliomyelitis
- Human influenza
- SARS
- Other PHEIC

Other than the priority diseases, information sharing also covers any outbreak, declared of national concern, imported cases (when available) and cross notification among ASEAN Plus Three Countries (when available).

New

China Monthly Infectious Diseases Bulletin June 2013
Wednesday, 31 July 2013
Submitted by: China Communication Focal Point (1), China

Singapore Weekly Infectious Disease Bulletin 05 May - 11 May 2013
Monday, 22 July 2013
The Ministry of Health, Singapore Weekly Infectious Disease Bulletin Vol 10 No.19 2013
Submitted by: Singapore Communication Focal Point (1), Singapore

Singapore Weekly Infectious Disease Bulletin 12 May - 18 May 2013
Monday, 22 July 2013
Submitted by: Singapore Communication Focal Point (1), Singapore

Singapore Weekly Infectious Disease Bulletin 19 May - 25 May 2013
Monday, 22 July 2013
Submitted by: Singapore Communication Focal Point (1), Singapore

Singapore Weekly Infectious Disease Bulletin 26 May - 01 Jun 2013
Monday, 22 July 2013
Submitted by: Singapore Communication Focal Point (1), Singapore
• ASEAN-Disease Surveillance-Net is supported by the Indonesian Ministry of Health and ASEAN Secretariat. The web itself is developed by the US Naval Medical Research Unit NO. 2 (NAMRU-2). Later, its name has changed to ADS NET + 3 EID (http://www.ads-net.org/ASNHistory.asp). The 3 EID should cover China, Japan and South Korea.
Mekong Basin Disease Surveillance

- Mekong Basin Disease Surveillance (MBDS) 1999

- Malaria, dengue fever, cholera

- [www.mbdsoffice.org/home.html](http://www.mbdsoffice.org/home.html)
MBDS COORDINATING MECHANISM

Collaboration with other N/W & Org

MBDS Executive Board

MBDS Regional Coordinating Office

Country Coordinating Mechanism
- Country Coordinator
- 7 Strategy Coordinators
- Secretaries

Development Partners

Sub National Coordinating Team

Fig. 2. MBDS coordinating mechanism (N/W & Org = networks and organizations). Source: MBDS.
Fig. 3. Location of cross-border sites developed from 2003 to 2012 (“From 2012” sites include some sites still pending). Source: MBDS.

short-course training courses in surveillance and response organized by the ministries of health in Cambodia, Lao PDR, Vietnam, and China; and a variety of training projects supported by RF and NTI through MBDS.
Framework of Collaboration

1. Initiation and activation of crossborder cooperation
2. Facilitation and coordination of border health activities
3. Capacity building
4. Resources mobilization
Strategies

• Implementation of IHR 2005 and adoption of APSED and OIE Strategies
• Measures in care of mass migration, disease outbreak and panic situation
• Health information sharing and monitoring
• Specify role and responsibilities of individual sectors in border health collaboration
• Travel van, quarantine procedures and crossborder restrictions
Thank you