Universal health coverage in ‘One ASEAN’: are migrants included?

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Migration, health, and ASEAN integration

As the Association of Southeast Asian Nations (ASEAN) transitions into a fully integrated regional economy, it could be expected that there will be an increase in the cross-border flow not just of goods, services, and capital, but also workers and citizens in general. However, migration is not a new challenge for the ASEAN; inter- and intra-regional labor migration, as well as tourism, undocumented or irregular migration, and even human trafficking are just some of the major migration trends in the region. Table 1 describes the migration profiles of three predominantly receiving (Thailand, Malaysia, Singapore), and two majorly sending (Philippines, Indonesia) countries in ASEAN.

Table 1. Migration trends in five ASEAN countries

<table>
<thead>
<tr>
<th>General Trend</th>
<th>Indonesia</th>
<th>Malaysia</th>
<th>Philippines</th>
<th>Singapore</th>
<th>Thailand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-migration</td>
<td>3 – 6 million in 2013</td>
<td>1 million in 2010</td>
<td>10,489,628 in 2012</td>
<td>192,300 in 2011</td>
<td>1,006,051 in 2010</td>
</tr>
<tr>
<td>Population living overseas (%)</td>
<td>1.24-2.49</td>
<td>3.54</td>
<td>11.23</td>
<td>3.79</td>
<td>1.52</td>
</tr>
<tr>
<td>In-migration</td>
<td>295,433</td>
<td>2,469,173</td>
<td>213,150</td>
<td>2,323,252</td>
<td>3,721,735</td>
</tr>
</tbody>
</table>

Unfortunately, the health of migrants in ASEAN is still yet to be given adequate attention. Various international instruments, such as the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families and the World Health Assembly Resolution 61.17, already emphasized migrants’ right to healthcare. Unfortunately, this is not explicitly mentioned in ASEAN policies such as the Declaration on the Protection and Promotion of the Rights of Migrant Workers.

UHC – an opportunity for migrants

The approach to migrant health in ASEAN must go beyond border restrictions for infectious disease control. Universal health coverage (UHC) – ensuring that all people have access to needed health services without incurring financial hardship – offers a perfect opportunity to elevate the migration-health discourse. While efforts to reform and strengthen health systems are currently underway, one might ask: are migrants included in UHC in ‘One ASEAN’?

Migrant inclusion in UHC in ASEAN

Table 2 (see next page) summarizes the migrant-relevant features of UHC systems in five ASEAN countries. Overall, the five countries are not starting from scratch in terms of considering migrants in their respective health systems; however, all countries remain marred with implementation issues, from migrants still not covered with insurance in Thailand to difficulties in benefit reimbursements in the Philippines.

Key Lessons

Redefining UHC for migrants. So far, the global discourse around UHC focuses on provision of financial protection for citizens within a territory. The example of Thailand in covering migrants demonstrates the importance of looking at UHC beyond the basis of citizenship. Conversely, sending countries such as the Philippines provide some health protection for the migrants that they deploy overseas. The need for insurance portability requires reimagining UHC as a system that transcends national borders.

Figure 1. WHO’s UHC cube

Inclusion of migrants in UHC can be evaluated using WHO’s UHC cube (Figure 1). While the question of whether migrants are covered falls at large under population coverage, the two other dimensions are also important. Migrants, like the rest of the population, should also be enjoying at least the same basic benefits as well as level of financial protection (through reduction of out-of-pocket payments [OPPs]).
UHC and migrant health as part of ASEAN’s social protection agenda. The issue of UHC among migrants is also very much intertwined with the broader discourse on social protection, which has now become a global priority.

Table 2. Migrant-inclusive features of UHC in five ASEAN countries

<table>
<thead>
<tr>
<th>Migrant-inclusive features of UHC</th>
<th>Thailand Receiving Countries</th>
<th>Malaysia</th>
<th>Singapore</th>
<th>Sending Countries</th>
<th>Indonesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate scheme for legal migrant workers (CHMI)</td>
<td>Enrolment 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 disability and death</td>
<td>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</td>
<td>Filipino’s Overseas Program allows voluntary contributions; covers overseas hospitalization and family members in country of destination or left behind; separate life insurance specific for migrant workers also exists (Overseas Welfare Workers Fund)</td>
<td>Migrant health insurance not yet part of newly-launched UHC system; currently incorporated in compulsory Migrant Worker Insurance Program</td>
<td></td>
</tr>
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</table>

Design issues and implementation challenges

| Annual premiums need to be paid by migrants themselves; benefits less comprehensive than those for Thai citizens | Migrants still need to be included in the government-run UHC system (beyond access to emergency care); higher co-payments charged against migrants; undocumented migrants totally left out | Migrants not included in Singapore’s ‘multiple layers of protection’; insufficient benefits provided by private insurance; many uninsured due to unscrupulous employers and lack of government monitoring | Difficult expansion to enroll undocumented migrants; benefits still inadequate due to overseas adoption of domestic case rates; delays and difficulties in processing reimbursements | Undocumented migrants remain uncovered with compulsory insurance; claims unprocessed by insurers; ill-defined packages and excluded conditions |

and is also part of ASEAN’s regional agenda. There is room for building coherence among the related agendas of social protection, migrant health, and UHC in ASEAN.

UHC – including undocumented migrants? Coverage for undocumented migrants has oftentimes been avoided due to its sensitive political nature, as it may be misconstrued as condoning undocumented status. Existing regional frameworks such as the ASEAN Declaration explicitly exclude undocumented migrants. However, Thailand and the Philippines already allow undocumented migrants (inbound and outbound, respectively) to opt into their respective UHC systems. Ministries of Health therefore must actively negotiate with other sectors such as those governing migration and labor policies to find ways to include undocumented migrants in UHC.

Harnessing ASEAN’s open dialogue approach. Regional integration demands a deeper level of dialogue about shared pressing issues such as migration and health. Some efforts already being undertaken include inclusion of migrant health in the ASEAN Strategic Framework on Health Development, and bilateral initiatives between receiving and sending countries such as Thailand’s engagement with Cambodia, Laos, and Myanmar and Laos. Since migrant health is a responsibility of both sending and receiving countries, co-financing mechanisms for ensuring migrant inclusion in UHC may be explored.

Migrant health and UHC – a new research agenda. This review brought to attention research gaps in migrant health in general, and migrant health in connection to UHC or health systems in particular. To date, limited research on how migrants access health services in ASEAN countries means that we do not have a full understanding of the health challenges they face throughout the entire migration cycle. Comparisons between countries also pose a challenge due to the diversity of UHC designs, migration profiles, and migrant protection schemes, not to mention the reliability of data on migration. This new research agenda calls for a unified monitoring and evaluation framework, as well as the adoption of a transdisciplinary approach.

Conclusion

With the ongoing move towards regional integration, ASEAN will continue to be a highly dynamic and mobile region. Hence, ASEAN countries should capitalize on the momentum built by both ASEAN integration and the UHC agenda to build migrant-inclusive health systems. Addressing the migrants’ health is, first and foremost, a matter of human rights and social justice – fundamental principles espoused by ASEAN. Moreover, it is in ASEAN’s best interest to protect the health of migrants as it pursues the regional path towards collective social progress and economic prosperity. Finally, especially in the light of the post-2015 development agenda, ASEAN can set an example of UHC that goes beyond citizenship and national borders, providing portable benefits and covering non-nationals. Leaving out migrants in the UHC agenda is clearly not ‘universal’ at all, and is therefore a huge step backward from achieving its very goal – access to affordable and quality healthcare for all, anywhere, all the time.