IOM International Organization for Migration
IOM Tổ chức Di cư Quốc tế

BỘ Y TẾ
MINISTRY OF HEALTH

HEALTH CARE FOR MIGRANTS IN VIET NAM
SITUATION AND SOLUTIONS

WORKSHOP REPORT

Hà Nội, 19-8-2013

This Workshop report was developed by the Heath Strategy and Policy Institute with the financial and technical assistance of IOM in Viet Nam.

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FOREWORD

Migration has been observed as a complex and dynamic phenomenon that is occurring at an increasing rate throughout the world. The steady growth in migration is due to a combination of various factors including an upsurge in the availability of convenient means of transport, widely accessible media, widening gaps between the rich and the poor, political instability and insecurity, unacceptable environmental conditions, the status of labour exploitation and human trafficking.

Within the Association of Southeast Asian Nations (ASEAN), the largest net migrant-receiving countries are Brunei, Malaysia, Singapore and Thailand. Significant wage differentials coupled with excess labour supply and high labour demand drive the migration of some 8.6 million people within the region. The Vietnamese are no exception to this trend, having sent approximately 85,000 migrants abroad in 2010 alone. Migration and mobility are also frequent within Vietnam, especially in the larger cities and industrial zones. This can be attributed to economic reforms and the resultant institutional changes that were instigated with the goal of promoting the Vietnamese economy and benefitting society in general.

Migration and mobility have contributed greatly to the development of local economies, strengthened cross-cultural ties between regions whilst promoting the social mobility of individuals, households and society as a whole. However, migrants are often more vulnerable to health problems and frequently face economic and social barriers to accessing healthcare. Therefore, since 1990, the United Nations have promulgated the International Convention on the Protection of Migrant Rights. In 2008 at meeting session of the 61st of World Health Assembly, member states adopted the Resolution on the “Health of Migrants” and undertook to take relevant action on the recommendations outlined in the resolution.

In order to bring together the different sectors of the Government and other key stakeholders, whilst initiating on-going and regular dialogue addressing migration health issues and concerns, the Health Strategy and Policy Institute (HSPI) of MoH in co-ordination with IOM

organized a workshop entitled "**Health care for migrants in Viet Nam – Situations and Solutions**". The workshop, held on 24 May 2013 at Fortuna Hotel in Ha Noi hosted more than 80 participants from different ministries and departments including the Central Propaganda Department, the National Assembly Office, the Government Office, the Ministry of Labour, War Invalids and Social Affairs (MOLISA), the Ministry of Foreign Affairs, the Ministry of Public Security, the Departments and Offices of the MoH and international organizations working in Viet Nam.

Welcome remarks from the leader of the MoH and the Chief of Mission of IOM opened the workshop. Seven presentations were given during the course of the workshop, three of which by international experts; the remaining presentations were given by national experts, researchers and managers from communities with large migrant populations.

During the workshop discussions difficulties and challenges regarding healthcare for migrants in Viet Nam were identified and recommendations elaborated to address these problems.

We would like to introduce the presentations presented in the workshop in this publication in order to share information and attract attention of researchers, policymakers, non-governmental organizations and international organizations to the issue of healthcare for migrants in Viet Nam.

(Ha Noi, August 2013)

Mr. Florian G.Forster
Chief of Mission
International Organization for Migration in Vietnam

Prof. Le Quang Cuong
Vice Minister of Health of Vietnam
Director of Health Strategy and Policy Institute

WORKSHOP OBJECTIVES

The workshop was divided into two thematic sessions. The morning session focused on an overview of the healthcare status of migrants in Vietnam, as well as the content of the World Health Assembly's (WHA) Resolution on the Health of Migrants. The presentations provided participants with a foundation, on which to base discussions regarding problems, challenges and policy gaps, as well as highlighting the relevance of the Migrants' Health Resolution in the context of Vietnam. The afternoon session focused on current research regarding migrants' health issues in Vietnam, providing participants with recent, context-specific information deemed useful when formulating recommendations for future action to improve migrants' health.

Specifically, the objectives of the workshop were:

1. To draw attention to - and discuss gaps - health issues, health care needs and the related regulatory and policy frameworks of international and internal migrants in Vietnam;
2. To share experiences and good practices among policymakers and other stakeholders exploring existing policies and initiatives that have proven to be successful in addressing migrants' health issues;
3. To highlight the importance of the Migrants' Health Resolution of the WHA;
4. To draft a set of priorities for future action for the Government and other stakeholders to address migrants' health issues in response to the Migrants' Health Resolution.

MORNING PRESENTATIONS AND DISCUSSION

After detailing the workshop's aims, the workshop was opened by Associate Professor Nguyen Viet Tien, Vice Minister of Ministry of Health (MoH). His speech outlined the significance of the workshop and confirmed the determination of the MoH to achieve the objectives of the Health of Migrants Resolution of the World Health Assembly (2008).

Following the opening speech, Mr Florian Forster, Chief of Mission of the IOM in Viet Nam, provided welcoming remarks. He stressed the importance of the workshop topic and paid tribute to the effective co-operation between MoH, HSPI and IOM on the implementation of the initiative of health care of migrants in Viet Nam.

The morning session saw four presentations from three international experts and a national expert, covering the following topics:

- Migrants' Health Resolution: Operational Framework
- Migrants and Policy on Healthcare of Migrants in Viet Nam
- Migrants' Health Resolution: Reflections for Viet Nam
- Tuberculosis Control in Migrant Populations in the Western Pacific Region

PRESENTATION 1. MIGRANTS' HEALTH RESOLUTION: OPERATIONAL FRAMEWORK

Dr Jaime Calderon – IOM Regional Migration Health Advisor for Asia and the Pacific

The opening presentation outlined patterns and trends of global migration and provided an overview of the World Health Assembly (WHA) Resolution 61.17 on Migrants' Health.

Dr Jaime Calderon noted that migration is rapidly increasing on a global scale with large numbers of migrants moving in complex patterns. Asia and the Pacific is no exception to this phenomenon and consequently governments must account for the health and human rights of mobile popula-

tions in their countries. Migrants are susceptible to a range of risk factors to health, including poverty, stigma, discrimination, social exclusion, language and cultural differences, separation from family and socio-cultural norms as well as barriers in accessing health and social services. Irregular migrants are particularly susceptible to poor health as many are reluctant to access healthcare due to marginalization from services. Avoidance of health care may contravene public health principles, furthering discrimination against migrants. Governments must break this cycle by instigating a shift from a traditional paradigm of exclusive healthcare to a more inclusive and multi-dimensional approach to migrant health. Dr Calderon also conveyed the call of the World Health Organization to the member states to "promote equitable access to health promotion and care for migrants" and to "promote bilateral and multilateral cooperation on migrants' health among countries involved in the whole migration process." The resolution calls for avoiding disparities in health status and access to health services between migrants and the host population, ensuring migrants' health rights, reducing excess mortality and morbidity among migrant populations and minimizing the negative impact of the migration process on migrants' health outcomes.

Finally, Dr Calderon outlined the four closely interlinked thematic areas that address key priorities and action points relevant to the WHA resolution on migrants' health as set out by the Global Consultation in Madrid, March 2010:

- Monitoring migrants health
- Policy and legal frameworks affecting migrant health
- Migrant sensitive health systems

Partnerships, networks and development of multi-country frameworks.

Important health issues noted in the MHR that represent priority areas include HIV and mobility, malaria and mobility, and TB and mobility. In addition, the speaker provided an overview of the global and regional policy framework related issues under Migrants' Health Resolution.

PRESENTATION 2. MIGRANTS AND HEALTH POLICY OF MIGRANTS IN VIET NAM

Mrs Vu Thi Minh Hanh - Deputy Director of the Health Strategy and Policy Institute (HSPI) (MoH)

The presentation of *Mrs Vu Thi Minh Hanh* addressed the status of migration in Viet Nam, focusing on potential vulnerabilities and policies relating to the provision of healthcare to migrants.

Mrs Hanh noted the lack of accurate and reliable migration data in Viet Nam. Additionally, as the Population Census is the primary data source for collecting existing migration information, current data is outdated as the census is carried out only once per decade. Furthermore, as the definition of *migrant* in the census is unsatisfactory, many migrants may not be represented in the data. As a result, statis-

tics on domestic migration in recent years recognized only a third of the estimated total of actual migrants, who account for 9% of Vietnam's population in last 5 years (2004-2009).

The number of international migrants is less than a tenth of the estimated number of internal migrants in Vietnam. Those statistically listed include contractual workers, tourists and those who are married with foreigners or studying abroad. There are many other migrants not statistically included due to the lack of data capture and adequate monitoring mechanisms.

The general characteristics of migration in Vietnam were also shared in the presentation. Notable trends include the increase in the number of individual migrants and seasonal migrations, the greater number of rural–urban migrants (compared to rural–rural or urban–rural migrants), the greater number of female migrants compared to male migrants, and the increase in the number of young migrants.

Mrs Hanh went on to discuss the specific health vulnerabilities that many migrants face. Migrants often have limited access to medical health insurance due to regulations of household and resident permits, as well as limited information on the health care system at their destination. Inadequate knowledge of diseases and other localized health concerns at their place of destination adds to migrant vulnerability. Mrs Hanh highlighted the lack of access to health care programs within migrants' destination communities which is largely a result of the restriction of services to local residents. Also noted were the trends of poor hygiene, harmful practices of health (such as excessive tobacco and alcohol use), low level of education, poor salary as well as barriers on culture, language and communication seen amongst migrants.

The contributor reviewed the existing legal documents related to health care, including international conventions that are both ratified by the Government of Viet Nam and relevant to the provisions of the Constitution. Also noted were various laws that address migration issues. However, there remains a lack of an effective legal framework relating to migrants' health care in Viet Nam, as well as a lack of flexibility on policies ensuring legal rights and health care benefits to Vietnamese citizens during their migration. Finally, Mrs Hanh noted that many existing regulations relating to migrants' health are not strictly followed in practice.

PRESENTATION 3. MIGRANTS' HEALTH RESOLUTION: REFLECTIONS FOR VIET NAM

Dr Nelyn Chavez - Chief Migration Health Physician (IOM)

The presentation of *Dr Nelyn Chavez* provided an overview of migrants' health issues, the WHA resolution on the health of migrants and the pillars of migrant health, as well as detailing facts and trends of migration in Viet Nam, the social factors that affect migrants' health, and current issues on health care of Vietnamese migrants.

The presentation opened with an analysis of the particular health issues that migrants encounter during the full migration process (pre-departure, during travel and transition, integration in the destination). Dr Chavez also noted other elements that affect migrants' health, such as the general status of the economy, living and working conditions, migrants' connections with host communities, and other societal and environmental factors.

The presentation next outlined the Migrant's Health Resolution, paying particular attention to the nine principles of the resolution: migrant sensitive health policies, equitable approaches to health services, a health system inclusive of migrants, increasing healthcare for all population groups, gathering successful lessons and practices, raising gender and cultural sensitivity, training experts on mobility, promoting bilateral and multi cooperation, and addressing the shortages of health human resources worldwide.

The following section outlined the progress achieved in Vietnam with regards to the health of migrants based on the four programme areas of the Global Operational Framework.

- *Monitoring of migrants' health*: Short fallings exist relating to the collection of adequate health data relating to both internal and external migration.
- *Policy and legal frameworks*: It was emphasized that that laws and polices in Vietnam increasingly include migrants.
- *Migrant-sensitive health services*: Both internal and international migrants frequently experience difficulties accessing health care at their destination location.
- *Networks, partnerships & multi-country frameworks*: The Govt. of Vietnam is involved in a network of partnerships with various organizations, networks and consultative processes addressing the migration and health topic.

In the section regarding migration in Viet Nam and social determinants that affect migrants' health, the presenter noted that the principle driving factor for migration is the pursuit of economic security. Individual migration has increased. Factors that affect migrants' health in Viet Nam are poor working conditions, difficulty in accessing medical insurance and health care services, poor living conditions, and weak social networks amongst migrants, who are often under considerable pressure to earn greater income.

Finally, Dr Chavez provided a range of suggestions for discussion. The speaker noted that for internal migration there is a need to establish a mechanism to collect relevant and accurate data. In terms of international migration, it is necessary to keep pre-departure health examination profiles of migrants and conduct health examinations also of returning migrants. Also suggested were various points related to the completion of a legal framework, the re-

form of medical systems to meet the flexibility of health check demanded by migrants in Viet Nam, and enhancing inter-sector and international cooperation to meet the health care of migrants in Viet Nam.

PRESENTATION 4. TUBERCULOSIS CONTROL IN MIGRANT POPULATIONS IN WESTERN PACIFIC

Dr Cornelia M. Hennig - Program Officer (WHO in Vietnam)

The presentation of *Dr Cornelia M. Hennig* focused on the requirement for tuberculosis (TB) control in migrant populations and TB control implementation principles.

Dr Hennig began by providing an overview of TB, noting that it is a disease caused by bacterial infection primarily affecting the lungs. Although one third of the world's population is infected with TB, only five per cent of carriers become infectious. Those in vulnerable population groups who have limited access to health services are especially prone to contracting TB. Insufficient personal treatment in the private health sector and multi-drug-resistant TB pose a serious challenge to health in Viet Nam.

In the next section of her presentation, Dr Hennig covered the implementation of tuberculosis control for the migrant population, making the following suggestions:

- TB monitoring systems should be inclusive of the migration population.
- TB incidence/prevalence surveys should be designed in a way as to minimize bias if underestimating TB in the migrant population.
- Epidemiological data on TB should be analysed to determine the burden on migrants and propose appropriate care approaches.
- National TB control policies should promote universal and fair access to diagnostic and treatment services for all TB patients.
- Policies and guidelines on TB prevention and treatment should consider the specific needs of migrant groups.
- TB should not affect the legal status, employment contract or the right to access accommodation or lease agreement of the patient.

AFTERNOON PRESENTATIONS AND DISCUSSION

The afternoon session continued with an additional three presentations covering the following topics:

- Management of, and response to, domestic and foreign migrants by a local authority – the case of Ho Chi Minh City
- The risk of HIV infections at the Vietnam-Lao PDR border
- Frequent health problems of migrants evidenced in research by the ministry of labour, war invalids and social affairs

PRESENTATION 5. MANAGEMENT OF RESPONSE TO, DOMESTIC AND FOREIGN MIGRANTS BY A LOCAL AUTHORITY – THE CASE OF HO CHI MINH CITY

Mr Vu Dinh Son - Head of Health (Department of Labour, Invalids and Social Affairs Assembly, Ho Chi Minh City)

During his presentation *Mr Vu Dinh Son* outlined how migration flows evolved in the province, what health care issues migrants are faced with, existing law enforcement processes in place dealing with migrants' health care, as well as the difficulties, shortcomings and recommendations for solutions.

Mr Son provided statistics that indicate a continuous and increasing influx of migrants into Ho Chi Minh City. A large majority (85%) have migrated into urban districts, almost 90% of whom are working age and over half are female. The majority are un-trained and poorly qualified. Additionally, 30% work in unstable conditions.

According to Mr Son, the factors affecting the health of migrants in Ho Chi Minh City are unstable employment and housing, low income, low sanitation conditions and lack of social cohesion. Nearly half (41.5%) of all migrants don't have health insurance; most of whom rely on self-medication.

Regarding the enforcement of law regulations on the health care of migrants, apart from the general regulations, the City also implements a number of specific policies.

However, there are still many difficulties and shortcomings in the provision of health care services for migrants in Ho Chi Minh City. Mr Son noted that more than 60% of the migrant population have taken permanent residence in the city and have

stable employment, but have no household registration status which is needed to most effectively access health services and insurance. Special attention must be paid to the vulnerability of young migrants who are more likely to partake in high-risk behaviours and are therefore more vulnerable to HIV/AIDS. The speaker also urged the local governments and ministries to support the implementation of interdisciplinary solutions to improve social services and education for migrants.

PRESENTATION 6. THE RISK OF HIV INFECTIONS AT THE VIETNAM-LAO PDR BORDER

Mr Hoang Thi My Hanh - Researcher (Institute for Health Strategy and Policy, Ministry of Health)

During his presentation, *Mr Hoang Thi My Hanh* provided information on the research collaboration between the Institute for Health Strategy and Policy and the Center for HIV/AIDS Prevention of the Ministry of Health of Lao PDR. Furthermore she provided an overview of the respective environmental, economic and social characteristics as well as the HIV/AIDS situation at both sides of the border in three regions of the country: North (Dien Bien – Phong Sa Ly), Central (Ha Tinh – Bolykhamxay) and Southern (Kon Tum - Attapeu). She pointed out the high risk of HIV/AIDS infection for the population groups mobilized across the border and talked about the ability to control the situation of each country.

The presentation also proposed a number of interdisciplinary solutions regarding transnational cooperation (between Vietnam and Lao PDR) to enhance the ability to control and reduce the risk of HIV infections across the border.

PRESENTATION 7. FREQUENT HEALTH PROBLEMS OF MIGRANTS EVIDENCED IN RESEARCH BY THE MINISTRY OF LABOUR, WAR INVALIDS AND SOCIAL AFFAIRS

Mrs Nguyen Thi Bich Thuy- Director (Research Centre for Female Labour and Gender, Institute of Labour Science and Social Affairs, MOLISA)

During the presentation, *Mrs Nguyen Thi Bich Thuy* shared information and provided policy recommendations on the current health care situation of migrant workers in Vietnam.

According to research carried out by MOLISA, the majority of foreign workers in Vietnam are men, a quarter of whom are Asian. Most foreign workers relied on overseas medical treatment due to concerns about the quality of health services in Vietnam; only31% fully used health services within the country. Of foreign workers using entirely in-country medical services, 18.6% gave the services they received a positive review although more than 48% assessed health services to be satisfactory. Additionally, 40% of foreign workers participated in health insurance schemes and 42% participated in accident insurance.

Research carried out by MOLISA concerning the status of health care for migrants in the industrial zones revealed that 71.4%

of workers reported having used health care services. The majority of the migrants reported to be in good health prior to their departure. Due to poor working, living and housing conditions as well as psychological pressure, most of the migrants experienced health issues. Mrs Thuy provided a number of recommendations to address issues surrounding migrants' health, including raising awareness and creating a sense of responsibility for migrants to take care of their health. She suggested the implementation of reproductive health care programs in the industrial zones for both female and male workers, strict implementation of the regulations on health insurance for employees in all types of businesses and the mobilization of commune health centres to offer regular health checks for workers.

WORKSHOP CONCLUSIONS

Before the closing of the workshop, participants continued to discuss and share their views about the current migration situation, the difficulties and inadequacies in health care for migrants, and possible solutions.

Before the formal closing remarks, Mr Florian Forster, Chief of Mission, IOM Vietnam, and Mrs Vu Thi Minh Hanh, Deputy Director at the Institute for Health Strategy and Policy, Ministry of Health, co-organizers of the workshop, presented a summary of the workshop results:

During the workshop, participants agreed on the assessment of the current health care situation of migrants in Vietnam. The workshop participants also agreed on the various proposals presented for the near future to improve health care for migrants in light of the WHA, which include:

- Strengthening the multidisciplinary and multi-unit linkages between the ministries/ departments and their sub-departments through the establishment of working groups formed and maintained by stakeholders who include researchers, government officials from concerned ministries and departments as well as international organizations who can provide technical support and resources.
- Carrying out relevant studies focusing on different groups within the migrant community, especially addressing those who have limited access to health services in order to develop policy sensitive to migrants' needs. There should be close collaboration between the research units of ministries, departments, non-governmental organizations, and international organizations to provide information and evidence in a comprehensive manner.
- Collecting data sensitive to migrants and health. On a national level, data is currently only generated by the General Statistics Office (GSO) by law; therefore it is necessary to design a migrant-specific component within studies carried out by the GSO.
- Developing information technology applications in the management of the health sector that specifically ensure information regarding migrants' health is regularly updated.
- Increasing the responsiveness of the health care system and carrying out community awareness raising campaigns in order to inform migrants about health risks and how to access health care services.
- Simplification of the administrative procedures to increase migrants' access to public services in general, including healthcare.

(The workshop ended at 16:30 on 24 May 2013)

ANNEX 1: SPEECHES

OPENING SPEECH BY ASSOCIATE PROFESSOR, DOCTOR NGUYEN VIET TIEN, VIETNAM'S DEPUTY MINISTER OF HEALTH, MINISTRY OF HEALTH

- *Honourable Mr Florian Forster – Head of the IOM in Vietnam delegation!*
- *Honourable guests representing international organisations and national agencies in Vietnam!*

First of all, on behalf of Vietnam's Ministry of health, let me express a warm welcome to all delegates from International organisations and national agencies coming here to the **Conference on health policies for migrants in Vietnam**.

As you know, we are moving into the 21st century with advances in science and technology, communication, transport as well as increasing mobility and socio-economic development in all areas, which leads to an increase in resident mobility on a global scale. At present, on average 1 out of 35 people in the world moves.

In Vietnam, resident mobility has been increasing in the last decades, especially in Hanoi and other big cities. This is a consequence of economic reform and the resulting break-through measures in mechanism and institution in order to activate the mobility of the economy and the whole society.

Migrants have significantly contributed to economic development and cultural integration within the region. However, in the process of moving, migrants face many difficulties and challenges, as well as socio-cultural obstacles and financial restrictions in accessing health care services. Therefore, their needs for health care have often not been adequately met. Their right to health care, consequently, has also been affected.

In order to ensure basic rights for migrants including the right to health care, the United Nations issued the *International Convention on the Protection of the Rights of All Migrant*

Workers and Members of Their Families in 1990. Notably, in 2008 at the 61st session of the World Health Assembly, the member states approved the Resolution on "Migrants Health" based on the principles of maintaining health care rights and eliminating factors which prevent migrants from accessing prevention and treatment services, conducting intervention measures to reduce morbidity and mortality rate and limiting negative effects of migration process on the health of migrants. The Resolution requires commitment of all the member states in terms of the recommendations.

Following that, at the Global Consultation on Migrant Health in 2010, WHO called for more active actions on migrant health in the spirit of the Resolution on Migrants' Health.

In this context, I highly appreciate the efforts of the Health Strategy and Policy Institute, Department of International Cooperation – MOH, in cooperating with the IOM to organise this conference. I would also like to express sincere thanks to all the delegates representing ministries, sectors as well as international and local organisations for participation in the Conference.

At this conference, we expect your active contribution to the discussions around the main issues: the reality of migration in Vietnam and issues of health care for migrants, reality of health care for migrants in Vietnam…

We do hope that, on the basis of the legal frames and experience of different countries in the world, we will be able to come up with effective and feasible solutions for migrant health care in Vietnam in the near future.

To honourable guests and delegates, I would like to wish you good health. We hope that our conference will be very productive and successful!

Thank you!

WELCOME SPEECH BY THE CHIEF OF MISSION OF IOM

His Excellency Vice Minister Nguyen Viet Tien, Madam Vu Minh Hanh Vice Director of Health Strategy and Policy Institute, distinguished colleagues from Governmental and UN partner institutions, colleagues form research institutions, and ladies and gentlemen.

Migration and health are intertwined throughout all phases, routes, and patterns of migration and mobility. We meet here today for a workshop that brings together a multitude of stakeholders - for a second time since summer 2011 - to discuss migrants' health issues in Viet Nam in response to the Migrants' Health Resolution of the World Health Assembly which on the 24th of May 2008 – exactly 5 years ago! - called upon Member States to promote migrant-sensitive health policies and programs. Viet Nam has been, and continues to be, an active participant in the World Health Assembly. IOM is an active partner of the World Health Organization (WHO) and our respective member states in addressing this important issue. In Viet Nam, WHO and IOM cooperate closely on migrant health issues under the framework of ONE UN PLAN 2012-2016.

It is an honour and pleasure for IOM, and also for me personally, to have the privilege of cooperating closely with the Ministry of Health (MoH), and there specifically the Health Strategy and Policy Institute (HSPI), on this important topic.

Many individuals have proven critical in advancing the Migration and Health agenda, but of course more work still needs to be done. I especially would like to thank our partner with whom we have cooperated closely in organizing this workshop: the Health Strategy and Policy Institute (HSPI) and commend the strong support received from the International Cooperation Department of the Ministry of Health.

I would also like to pay tribute to the Government of Vietnam's on-going commitment to achieving the objectives of the Health of Migrants Resolution of the World Health Assembly in 2008.

Over the last 20 years, Viet Nam has seen rapid changes when it comes to migration. Due to rapid socio-economic development and historical reasons, Viet Nam has one of the most mobile populations worldwide. Mobility includes (temporary) migration of Vietnamese citizens abroad, an overseas diaspora of around 4 million people with a Vietnamese background, large scale internal mobility notably due to rural –urban migration dynamics in Viet Nam itself, and for the last few years, an increasing level of migration of foreign na-

tionals to Viet Nam. Although much of this mobility takes place through legal and organized channels, a large extent also occurs through irregular or spontaneous means.

A steep rise in the number of enterprises, factories, and industrial and processing zones has drawn many internal migrants from rural areas into urban agglomerations. Today, depending on the definition of 'migrant' we choose, we estimate as much as 30% of urban populations have a relevant migration background - relevant also in terms of health concerns.

External migration has increased too; a growing overseas labour market combined with the government's concerted efforts to escalate labour migration and a willing and able young labour force has led to a revolving regular labour migrant stock of around half a million Vietnamese women and men, in more than 40 countries worldwide.

Immigration to Vietnam is an increasing phenomenon due to the country's recent economic growth. Approximately 80,000 immigrants worked in Vietnam in 2012. An unknown number of irregular immigrants also enter the country in the search for work each year. It is important that both immigrants and Vietnamese nationals within Vietnam can access a similar level of healthcare.

Human and orderly, well prepared migration can offer many benefits. It leads to greater employment opportunities and increased income, can offer the potential of better schooling and education for migrants and their families, and also better quality health care in the better equipped urban agglomerations.

But on the other hand, especially when done outside of the legal channels, or when legal channels prove to be inadequate, migration can lead to more vulnerable situations, for example, a lack of legal and residency status, language and cultural barriers, or de facto limited access of migrants to health services. Therefore international as well as internal migrants often are exposed to a multitude of migration related specific health-related risks.

In Viet Nam, due to a lack of registration status and inability to register their households in urban areas, internal migrants often have restricted access to free public health services. Two-thirds of internal migrants do not have health insurance. Vietnamese migrants going abroad can face exploitation and increased vulnerability through illegal recruitment agencies, human smugglers and traffickers. Trafficking of women for sexual exploitation, domestic labour or arranged marriage can place them at greater risk from sexually transmitted infections (such as HIV), violence, which in combination with the isolation encountered abroad can often lead to serious mental health conditions.

Besides HIV and mental health, close interlinkages also exist between migration and

tuberculosis, migration and malaria, and migration and pandemic diseases. Pandemic preparedness must also address the human mobility aspects and involve key migration stakeholders such as the immigration and border protection authorities, as well as mobile population groups.

As the World Health Assembly Resolution on the Health of Migrants clearly lays out, proactively addressing migrants' health promotes the well-being of all groups of individuals involved in the varied migration processes, including documented and undocumented migrants, and ultimately the general resident populations. Maximizing the benefits of migration whilst mitigating its negative effects will have a profound and lasting outcome to the social and economic development of the sending and receiving countries and regions as well as the migrants in question.

IOM's activities in partnership with the MoH/HSPI over the last 2 years under a small project entitled "Migration Health Capacity Support for Viet Nam" aimed at further raising awareness of the migration and health agenda and support for the efforts of the Government of Vietnam towards achieving the objectives of the Health of Migrants' Resolution of the World Health Assembly.

In the meantime we have conducted an internal literature review and a gap analysis, which have fed in shaping an upcoming Discussion Paper on "The Migrant Health Resolution – Reflections for Viet Nam". First indications stemming from that draft paper will be presented later today by my colleague Dr Nelyn Chavez. We hope to get from you here today further important input that will then be incorporated in the Discussion Paper to be published this summer. Further, HSPI and IOM will compile a report on today's workshop to be published in the near future which will include today's presentations and a summary of the hopefully insightful discussions which should also look forward and help identify further action to be taken in the coming years. You will all receive these documents; please kindly ensure that you have left your contact details with the secretariat of today's workshop.

Around the world, there is still much work to be done to fully recognize the importance of inclusive and equitable access to healthcare for migrants and put effective policies and programs in place. Today, with a productive and insightful workshop here in Hanoi, I am confident that we will take a good step towards this goal.

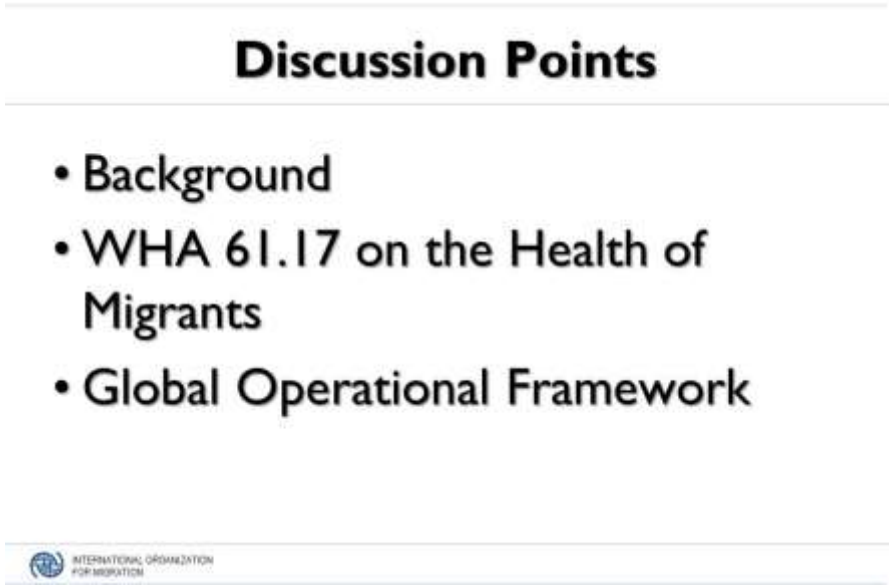
Once again, thank you very much for honouring us with your presence here today. I wish you successful and constructive deliberations; we very much look forward to the input and observations we will receive from you over the course of this workshop.

Thank you very much, xin cam on.

(Florian G. Forster, Hanoi 24.05.2013)

ANNEX 2: PRESENTATIONS PART 1

PRESENTATION 1. MIGRANTS' HEALTH RESOLUTION: OPERATIONAL FRAMEWORK

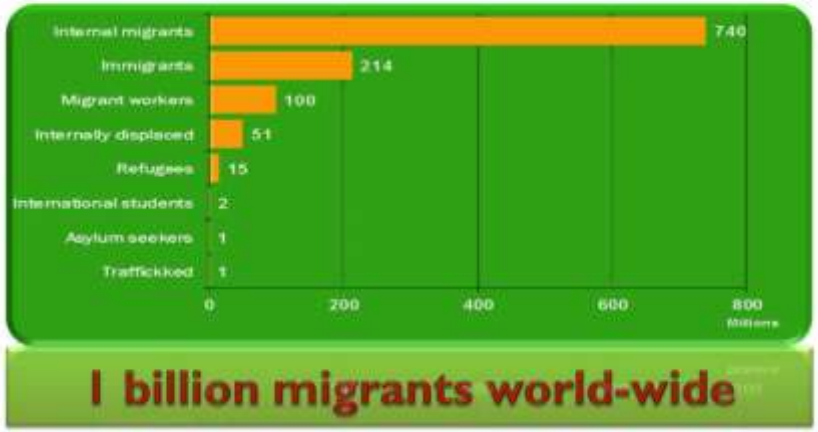


Situation and Policies on the Health of Migrants in Viet Nam
24 May 2013, Ha Noi, Viet Nam

BACKGROUND

INTERNATIONAL ORGANIZATION FOR MIGRATION

Global Migration Dynamics



INTERNATIONAL ORGANIZATION FOR MIGRATION

Global Migration Dynamics

INTERNATIONAL ORGANIZATION FOR MIGRATION

Migration patterns in Asia and the Pacific

- Internal and international migration is unprecedented throughout Asia and is likely to grow in the future.

Factors stimulating population movement:

- Increasing levels of political and economic cooperation
- Opening up of borders
- Rapid development of transport sector, leading to new socio-economic opportunities
- High demand for low-skilled and inexpensive workers in developed countries, especially those with aging populations and low fertility rates which needs migrants to maintain economic competitiveness
- Climate change and environmental degradation

INTERNATIONAL ORGANIZATION FOR MIGRATION

Risk factors for migrant health

INTERNATIONAL ORGANIZATION FOR MIGRATION

Working towards a paradigm shift

Traditional approach of exclusion:	Multi-dimensional approach of inclusion:
Security	Reduction of inequities
Disease control, quarantine, IHR '51	Social protection in health, health determinants, NCDs
National focus	Multi country & inter-sectoral

INTERNATIONAL ORGANIZATION FOR MIGRATION

Situation and Policies on the Health of Migrants in Viet Nam
24 May 2013, Ha Noi, Viet Nam

WHA RESOLUTION 61.17 ON THE HEALTH OF MIGRANTS

INTERNATIONAL ORGANIZATION FOR MIGRATION

World Health Assembly Resolution on Health of Migrants (WHA 61.17)

Calls upon Member States:

"to promote equitable access to health promotion and care for migrants"
"to promote bilateral and multilateral cooperation on migrants' health among countries involved in the whole migration process"

Migration, Global Health and Public Health

INTERNATIONAL ORGANIZATION FOR MIGRATION

Situation and Policies on the Health of Migrants in Viet Nam
24 May 2013, Ha Noi, Viet Nam

GLOBAL CONSULTATION OPERATIONAL FRAMEWORK ON THE HEALTH OF MIGRANTS

INTERNATIONAL ORGANIZATION FOR MIGRATION

WHA 61.17 Operational Framework Priorities

Monitoring Migrant Health

To identify key indicators useable across countries

To ensure the standardization and comparability of data on migrant health

To support the appropriate aggregation and assembling of migrant health information

To map good practices in monitoring migrant health, policy models, health system models[…]

Policy- legal frameworks

To implement international standards that protect migrants' right to health

To develop and implement policies that promote **equal access to health services for all migrants**

To promote coherence among policies of different sectors

To extend social protection in health and improve social security for all migrants and family members[…]

Migrant sensitive health systems

To ensure continuity and quality of care in all settings

To enhance the capacity of the health and relevant non-health workforce to address the health issues associated with migration

To ensure health services are culturally, linguistically and epidemiologically appropriate[..]

Partnerships, multi country framework

To establish and support migration/ health dialogues and cooperation across sectors and countries of origin, transit and destination

To address migrant health in global and regional processes (e.g. GMG, GFMD)

To develop an information clearing house of good

WHA Pillar: Monitoring Migrant Health

HIV and Mobility

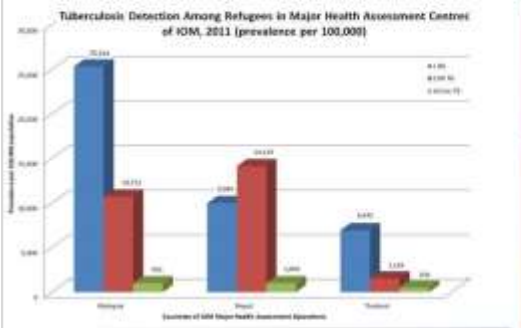
- 67% of HIV infections in Asia Pacific acquired during migration (UNAIDS 2011)
- 30% of all HIV new infection in Nepal were in migrants – 2009 (UNAIDS 2011)
- New HIV infections are becoming more common in partners of migrant workers (IOM, 2008)
- Majority of sex workers are migrants in the GMS, mainly moving between Thailand, Vietnam and Cambodia (AIDS Data Hub, 2009)
- High levels of IDU (and sex work) in Vietnam among young male migrant workers aged 16-26 years (AIDS Data Hub, 2009)
- Migrant workers have been found more common to engage in paid MSM than those who reside in their country of origin (AIDS Data Hub, 2009).

Malaria and Population Mobility

- Thai-Myanmar border, Myanmar, Southern Vietnam, Thai-Cambodian border since 2005
  - high population mobility; endemic in forested/rural areas
  - Hard-to-reach populations for education/treatment; seasonal and mobile workers
  - High potential to spread resistant parasites from one area to another
- Studies published in April 2012 of 3,200 patients along the north western border of Thailand near Myanmar from 2001 to 2010 indicated a steady increase in drug resistance from 0.6 percent of surveyed patients to 20 per cent after a decade (IRIN, Sept 2012)

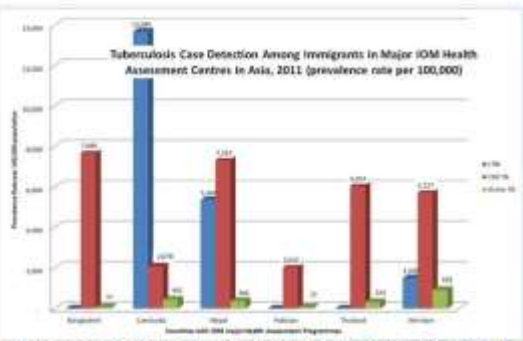
INTERNATIONAL ORGANIZATION FOR MIGRATION

Tuberculosis and Migration

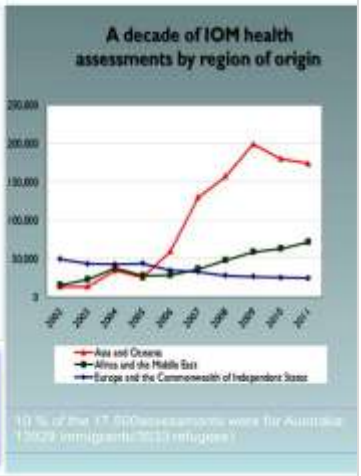


TB detection among Refugees, IOM major operations*, prevalence per 100,000

Tuberculosis and Migration - 3



TB detection among Immigrants, IOM major operations*, prevalence per 100,000



Health Promotion and Assistance to Migrants

- Study on Trafficking, Exploitation and Abuse in the Greater Mekong Sub-region (STEAM) (2012-13)
- Pakistan - Research on HIV related risks and vulnerabilities faced by Pakistani temporary contractual workers who work in Middle East (2011)
- Cambodia – Situational Assessment on the Health of Cambodia Irregular migrants (2012)
- Sri Lanka – National Research on Migration, TB and Malaria Surveillance Among returning Sri Lankan refugees, irregular migrants and other migrants (2012)
- IOM MPI Issue In Brief Series: Asian Labour Migrants and Health: Exploring Policy Routes

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WHA Pillars

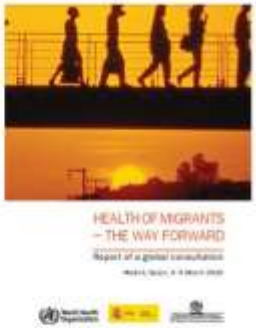
- Monitoring Migrant Health
- **Policy and Legal Frameworks**
- Migrant Sensitive Health Systems
- Partnerships, networks and multi-country frameworks

INTERNATIONAL ORGANIZATION FOR MIGRATION

Key international instruments with relevance on migration and health - I

2008 61st World Health Assembly Resolution 61.17 on the Health of Migrants

2010 Global Consultation on the Health of Migrants: the Way Forward



INTERNATIONAL ORGANIZATION FOR MIGRATION

Key international instruments with relevance on migration and health

2011 World Conference on Social Determinants of Health

2005 International Health Regulations

INTERNATIONAL ORGANIZATION FOR MIGRATION

Regional Policy Frameworks

JAN 2007	ASEAN Declaration on the Protection of the Right's of Migrant Workers, 12th ASEAN Summit, Cebu, Philippines
JUL 2010	Joint Recommendations from the Regional Dialogue on the Health Challenges for Asian Labour Migrants, Bangkok, Thailand
SEP 2010	Bangkok Statement on Migration and Development, from the Asia Pacific Regional Preparatory Meeting for the Global Forum on Migration and Development 2010, Bangkok, Thailand
APR 2011	Dhaka Declaration of Colombo Process Member Countries from the Ministerial Consultation of Labour Migrant Sending Countries in Asia, Dhaka, Bangladesh
OCT 2011	Joint Recommendation from the 4th ASEAN Forum on Migrant Labour, Bali Indonesia
MAY 2013	Asia Pacific Preparatory Meeting for the UN General Assembly High Level Dialogue on International Migration and Development, Oct 2013
OCT 2013	UN General Assembly High Level Dialogue on International Migration

Health of Migrants in the UN GA HLD on International Migration & Development

Four reasons to address migrant health:

- Healthy migrants contribute to positive development outcomes and reduce negative public health outcomes
- Migrants have a right to health, addressing health refocus the migration discourse on human development
- Enhancing health through the migration continuum promotes inter-country and multi-sectoral dialogue
- International dialogue to enhance safer and healthier labour migration, avoid discriminatory health practice and guarantee migration of health personnel does not affect development goals

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HIV – Related Policies

2010	**Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200)** - The **first international labour standard on HIV and AIDS in the world of work**, was adopted by governments, employers' and workers' representatives from ILO member States.
2012	**Asia-Pacific High-level Intergovernmental Meeting on the Assessment of Progress against Commitments in the Political Declaration on HIV/AIDS** (Bangkok) - assessed regional progress in the Political Declaration on HIV/AIDS and the MDGs, identified areas for regional cooperation, particularly in addressing policy and legal barriers to universal access to HIV prevention, treatment, care and support and promote multi-sectoral dialogues between health justice, law and order and drug control.
FEB 2012	**Asia Pacific Regional Consultation on HIV-related Legal Services and Rights** - progress made and challenges in establishing and scaling up HIV-related legal services. RTI International, the University of Sydney and Asia Pacific Network of People Living with HIV (APN+)
APR 2012	**Consultation on Migrants' Access to ART along the Migration Continuum in four Greater Mekong Sub-region Countries** - identify challenges and key steps towards improving access for migrants' access to ART.

WHA Pillars

- Monitoring Migrant Health
- Policy and Legal Frameworks
- **Migrant Sensitive Health Systems**
- Partnerships, networks and multi-country frameworks

INTERNATIONAL ORGANIZATION FOR MIGRATION

Migrant Sensitive Health Systems

- "Triple A-Q" factors - Availability, Accessibility, Acceptability and Quality needed for more migrant-sensitive health systems. E.g. Language services, culturally informed healthcare delivery, culturally tailored health promotion and disease control, and migrant-friendly support staff

Examples of Interventions:

Thailand – Healthcare security for illegal migrants - 1,300 Baht/year (present); Increased TB Case Detection in Vulnerable Populations in North and Northeastern Thailand through Community Mobilization and GXpert Technology (2012); Childcare Services and Psychosocial assistance at the Bangkok Immigration Detention Facilities (2009 – present)

Sri Lanka and the **Philippines** have developed insurance schemes for overseas workers to continue to contribute and have a certain level of coverage either for themselves or family left behind. (2010 – present)

Other Interventions:

Myanmar – Multi-funded community based Malaria, HIV & TB project for migrants and members of migration affected communities (2010 – present)

Pakistan, Nepal & Bangladesh – Strengthening the government's capacity to address the health of migrants through a multi-sectoral approach (2013-2014)

Sri Lanka – Strengthening of health service provision for the returning Sri Lankan refugees from South India (2011 – 2012); Technical cooperation strategy for the establishment of migration health unit for the Government of Sri Lanka (2012); Establishment of the health assessment for resident visa applicants (2012)

Cambodia – Increasing active TB case detection for returned irregular migrants at Poi Pet Border (2012)

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Tuberculosis

- **43rd Union World Conference on Lung Health**, Kuala Lumpur, Nov 2012.
  - Ensuring migrants' access to TB prevention, care and support, provide a platform for policy makers, public health professionals and migrant advocates to review and discuss barriers and solutions for TB programmes among migrants.
  - TB screening programmes – improve the health status of migrants and strengthen lab services in countries where pre-immigration screening occurs.
- **STOP TB Partnership: Human Rights and TB Task Force** – accelerate progress on access to TB diagnosis and treatment, for migrants and mobile populations e.g. IOM Active case finding of TB patients among cross-border migrants in Cambodia
- China - Among the best practices to improve TB care included financial incentives for poor migrants improved treatment outcomes, where high TB notification rate in migrants (17% (213 million) of total population). Policies such as free TB services, provision of transport and employer to ensure completion of treatment. As well as specific policy recommended for migrant populations.

INTERNATIONAL ORGANIZATION FOR MIGRATION

WHA Pillars

- Monitoring Migrant Health
- Policy and Legal Frameworks
- Migrant Sensitive Health Systems
- **Partnerships, networks and multi-country frameworks**

INTERNATIONAL ORGANIZATION FOR MIGRATION

Year	Regional Partnerships, Consultative Processes & Networks	Members
1996	**APC** (Inter-Governmental Asia Pacific Consultations on Refugees, Displaced Persons and Migrants)	Governments
2002	**Bali Process** (Bali Process on People Smuggling, Trafficking in Persons and Related Transnational Crime)	Governments
2002	**Joint UN Team on HIV** (formerly United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction (UNRTF))	Governments, NGOs, UN, IGO & CSOs
2003	**Colombo Process** (Ministerial Consultation on Overseas Employment & Contractual Labour for Countries of Origin in Asia)	Governments
2005	**Regional Thematic Working Group on International Migration including Human Trafficking**	Governments, UN & IGOs
2008	**Joint Migration and Development Initiative** – funded by EU, implemented by UNDP, IOM, ILO, UNHCR, UNFPA and UN Women.	UN & IGO
2008	**Abu Dhabi Dialogue** (Ministerial Consultations on Overseas Employment and Contractual Labour for Countries of Origin and Destination)	Governments
2012	**UN Research Institute for Social Development (UNRISD)** - 1963	UNWOMEN, Academe & Institutions
2012	**Asia-Europe Foundation (ASEF) Public Health Network**	Governments, Academe & Institutions
2012	**Asia Pacific Malaria Elimination Network (APMEN)**	Governments, Academe & Institutions
2012	**Asia-Pacific Leaders Malaria Alliance**	Governments, Academe & Institutions

Date	Regional & Multi-country Frameworks to address migrant health
NOV 2011	Regional Priorities from High Level Multi-stakeholder Dialogue on Migrant Workers' Health and Access to HIV services in the ASEAN Region, Bangkok, Thailand
Adopted 2004, renewed 2011	MOU for Joint Action to Reduce HIV Vulnerability related to Population Movement in the GMS to reduce HIV vulnerability and promote access to prevention, treatment, care and support among migrants, mobile populations and affected communities in GMS countries.
JAN 2012	Joint Statement of the Asia-Pacific High Level Intergovernmental Meeting on the Assessment of Progress Against Commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals, Bangkok, Thailand
2012	Strategic Framework and Action Plan for Human Resource Development in the Greater Mekong Sub-region (2013-2017) (ADB)
2012	Regional Framework on Tuberculosis and Migration in the Western Pacific Region (drafted)
2012	Consensus on Malaria Control and Elimination in the Asia Pacific Region (AUSAID)

INTERNATIONAL ORGANIZATION FOR MIGRATION

PRESENTATION 2. MIGRATION AND HEALTH CARE POLICY IN VIETNAM

CONTENTS

- Vietnam Migration profile
- Health vulnerability of migrants
- Health care policy for migrants

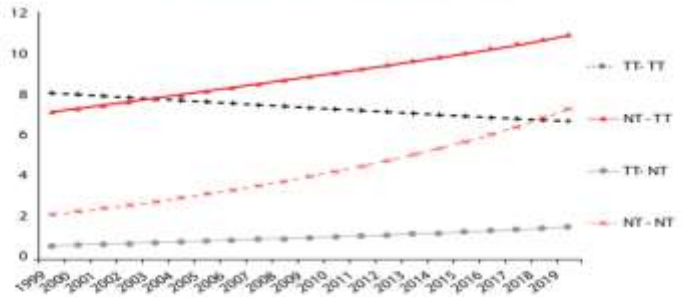
VIETNAM MIGRATION PROFILE

- **Data**:
  - Limited amount of data reflecting precise migration figures and categories.
  - Definition of "Migrant" in Censuses as" *someone who has a different place of residence at the time of the survey as compared to a designated date five years prior"* → Census figure excluded temporary and seasonal migrants and return migrants who had migrated less than five years (GSO 2011)

Number of internal and external migrants

	Migration type	Time	Recorded number	Unrecorded number (est)
1.	***Internal migration***	2004-2009	6,6 m (8,8% pop aged 5+)	12-16 million
2.	***External migration***			
	Contract based labor	2000-2010	736,270	Individual contract (3-5%)
	Marriage	2005-2010	133,289	Tourist-marriage ?
	Training	8 countries 2010	78,000	?
	Child adoption	2005-2010	5,000	Countries without bilateral agreement?
	Children/women trafficking/kidnapping	2004-2010	4,793	?
3.	Border cross mobility (China, Laos & Cambodia)		?	?

Forecast on % of migrants per population of receiving area by 2019 by urban/rural area



Source: GSO 2011. Di cư và đô thị hóa ở Việt Nam- Thực trạng, xu hướng và những khác biệt. Trang 27

VIETNAM MIGRATION PROFILE (cont)

❖ Internal migration

➢ *By migration type*

- Government led programs: to new economics zones, to avoid natural disaster, leaving land for public work… Not popular now
- Individual migration: increasing and popular

➢ *By socio-economic regions:*

- Changes compared to that in 2009 and before
- SE regions of net migration (migration number>emigration number) 2010 -2012):
  - South East region (Ho Chi Minh city and Binh Duong),
  - Red river Delta (Hanoi)
  - Central Highland (2012)

➢ *By provinces* (2010-2012): 15-17/63 localities having net migration

VIETNAM MIGRATION PROFILE (cont)

❖ Internal migration (cont)

➢ *By urban/rural area :*

	Rural			Urban		
	R-R	U-R	Total	U-U	R-U	Total
1995-1999	47%		47%	26%	27%	53%
2010	42.1%					
2011	40.2%	13.7%	53.9%	24.8%	21.3%	46%
2012	38.6%	9.9%	44%	29.6%	21.9%	51.5%

VIETNAM MIGRATION PROFILE(cont)

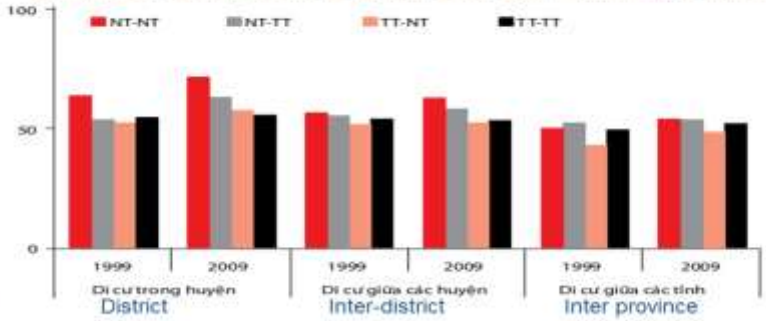
- **Internal migration(cont):**
  - *Concentrated at Industry Zones: in 2012*, among 1.8 million of workers at 179 industrial zones (59 provinces), 80% are the migrants, especially at the South East and Red river Delta area (Dept. of Economic zones management, 2013).
  - *Seasonal migration increase*: 1,3% households reported having seasonal migration in 1993, 6,15% (1998) and 11% (2006)

VIETNAM MIGRATION PROFILE (CONT)

- **Internal migration(cont):**
  - *Increase in female migrants*

% of female migrants by administrative unit type and urban- rural areas, 1999-2009

(Source: GSO 2011. Di cư và đô thị hóa ở Việt Nam- Thực trạng, xu hướng và



VIETNAM MIGRATION PROFILE (CONT)

- **Internal migration (cont):**
  - Increase in number of young migrants, especially 15-29 year old group (Census 1999 and 2009)
  - Migration for economic reasons: 70% (Migration survey 2004)
- **External migration**
  - Increase in rate of female migrants
  - Increase in number of young migrants

HEALTH VULNERABILITY

- Migration status/registration policy does not enable the migrant to access care by using health insurance including child health insurance
- Lack of access to information about health care facility network at arrival areas, especially highly mobility and temporary migrants
- Lack of knowledge about disease/health conditions of the arrival areas
- Being separated from the social support system
- No access to or ineffective access to preventive or curative care programs which are designed in line with residents of receiving area

HEALTH VULNERABILITY (cont)

- Poor living condition: clean water and sanitation
- Unhealthy behaviors: alcohol, tobacco
- No health insurance, limited capacity to pay
- Cultural barriers: language, stigma, discrimination
- Limited knowledge about rights or inability to self-protect or deal with employers' violations

HEALTH VULNERABILTY (cont)

Vulnerability to HIV and health productive

- Limited access to or separated from social support services
- Limited knowledge about STDs
- Low use of contraceptives among married female migrants compared to non-migrants
- Young urban male migrants or those living far from families engage in unsafe sexual behaviors with commercial sex workers or unsafe injecting
- Limited access to HIV preventive treatment and care

HEALTH OF MIGRANTS

- Migrants' health seems to be better than non-migrants due to migration's selection (Migration survey 2004).
- Health post-migration:
  - 88.6% of migrants self-evaluate their health better or the same to pre-migration (88,6%).
  - Female migrants, migrants aged 44-59 and those migrate to poor socio-economic area (Central Highland) self-evaluated poorer health after migration.
  - Reproductive health related conditions/diseases
  - Vulnerability to HIV

POLICIES ON HEALTH CARE FOR MIGRANTS

- **Legal foundation:**
  - Vietnam Constitution guarantees the right to the freedom of movement & residence, the right to access health services for Vietnamese citizens
  - VN signed and ratified some international declarations and conventions relevant to internal migration including the right to the highest attainable standard of mental and physical health (UN Vietnam, 2010).
  - Residence Law
  - Law on medical examination and treatment: the right to access care and to be subject to no discrimination based on social status
  - Health Insurance Law: Article 26, **Registration for health insurance-covered medical care services**

Item 1. If an insured works on a mobile basis or moves in a different locality, he/she may seek primary care services at a medical establishment of corresponding technical line in the locality where he/she works or resides under regulations of the Minister of Health.

POLICIES ON HEALTH CARE FOR MIGRANTS (tt)

- Legal foundation **(cont):**
  - **Health insurance law (cont)** Article 26 (cont)
    Item 2: The insured may change the registered primary care provider at the beginning of every quarter.
  - Law on HIV/AIDS prevention & control and related documents stated the mobility as one of the 7 target groups of HIV programs; Decision 38/QĐ-TTg, 2008 cooperation for the P & control of HIV at border areas
  - Labor Law: Social security and health insurance for labourers
  - Social security law: Social insurance for labourers on sick or maternity leave
  - State budget law
  - Circular 19/2011/TT-BYT on labourers' sanitation, health and occupation diseases

POLICIES ON HEALTH CARE FOR MIGRANTS

- **Legal foundation (cont):**
  - **Law 72-NA11** "The Law regarding on Vietnamese nationals working abroad under contract : Article 17,1e,1i: *the labour contract must be in line with legislation of Vietnam and of the receiving countries and include the following main contents: labour safety and protection, health care…*
  - Law on preventing and combating human trafficking (2011)
  - Law on adoption
  - **Circular no. 10/2004/TTLT-BYT-BLĐTBXH-BTC** guiding health examination and certification for Vietnamese working oversea

  => *Lacking of policy flexibility to protect rights and legal benefit of Vietnamese citizen during the migration process.*

POLICIES ON HEALTH CARE FOR MIGRANTS (cont)

- **Limitations:**
  - *Internal migration*
    - Budget allocation for curative and preventive care by the stable population scale of each locality=> The shortage of financial resources to implement health care activities for temporary migrants or those without resident registration
    - Regulation compliance of employers :
      + 66% of enterprises at industrial zones compliant with regulation on health insurance for labours (2008).
      + Employees working for enterprises with seasonal work did not receive health insurance coverage (2008)
      + There is no effective solution to deal with housing, working and living condition for labour at industrial zones (2013)
      + By the end of 2011, 15% enterprises had health workers; 22-25% labourers receiving regular health checks, less than 10% of laborers who exposure to high-risk polluted working receiving occupation disease checks

POLICIES ON HEALTH CARE FOR MIGRANTS (cont)

- **LIMITATIONS (cont):**
  - *Internal migration(cont):*
    - The migrants meet difficulties in accessing welfare and public health care services. They have to use expensive private services instead
    - Migrants visited health care facilities less than non-migrants (2004 Migration Survey); they use the services in cases of severe illness,
    - Results in a burden for the health care system at receiving areas, especially at big cities.
  - *International migration:*
    - The current data can not reflect the access to healthcare services of migrants at receiving countries
    - Lack of mechanisms to monitor the compliance of overseas employers towards health care related commitments.

PRESENTATION 3. MIGRANTS' HEALTH RESOLUTION: REFLECTIONS FOR VIET NAM

IOM in Viet Nam

Resolution on the "Health of migrants"
Reflection on Vietnam

Presentation objective

Objective: To frame workshop discussion around the Resolution on the 'Health of migrants' and identify issues for further discussion and reflections.

Presentation contents

1. Background of migrant health
2. Resolution on the "Health of migrants."
3. Four pillars of migrant health
4. Migration in Vietnam
5. VN migration and social determinants of health
6. Pillar of migrant health in VN
7. Suggestions for discussion

1 Background of migrant health

Migration and health are intertwined throughout all phases of migration:

- **Pre-departure:** influenced by political and policy environment, environmental factors, diet and available food, cultural and traditional lifestyles
- **Travel and transit:** travel can be a risk environment if using irregular channels or informal arrangements
- **Destination and integration**: dramatic change, loss of social networks, poor knowledge of the culture and customs, and stigma and discrimination can lead to greater vulnerability

1 Background of migrant health

Social determinants of health particularly affecting migrants include:

- **Structural determinants** (general socioeconomic, cultural and environmental determinants)
- **Intermediary (or physical) determinants** (living and working conditions and social and community influences)
- **Individual determinants** (biological, genetic, lifestyle and behavioural):

2 Resolution on the "Health of migrants"

Social determinants affect migrants during all phases of migration and mobility, leading the World Health Assembly to endorse the Resolution on the "Health of migrants" in 2008

3 Principles of the resolution

Nine principles

- Migrant-sensitive health policies
- Equitable access to health
- Health information systems include migrants
- Improvement of health of all populations
- Gather and document information and best practices
- Raise cultural and gender sensitivity
- Train professionals on population movement
- Promote bilateral and multilateral cooperation
- Contribute to the reduction of the global deficit of health professionals

4 Four Pillars of Migrant Health

- Monitoring migrants' health
- Policy and legal frameworks affecting migrants' health
- Migrant-sensitive health systems
- Networks, partnerships and multi-country frameworks on migrant health

Based on the Madrid Global Consultation on Migrant Health in 2010 integrating the 9 principles

6 Migration in Vietnam

Internal migration:
- 6.6 million people changed their registered place of residence between 2004 and 2009
- 30% of urban populations are estimated to be internal migrants
- Significant majority of internal migration for economic reasons
- Increasing numbers of 'spontaneous' migration

International & labour migration:
- Increasing numbers of migrants to more countries
- Estimated 500,000 Vietnamese are living and working overseas
- Primarily semi-skilled work in construction and factories
- Less dependence on formal, official arrangements

Immigration:
- Growing economy is providing opportunities in Vietnam, but numbers are small and relatively unknown

7 VN migration & social determinants of health

Internal migration:
- Limited access to health services (insurance, location, time, residency)
- Poor living conditions (crowded, temporary housing; lack of access to clean water and sanitation)
- Weak social networks and considerable family pressure for greater income

Regular international migration:
- Limited access to health services to some labour migrants
- Poor language skills
- Heavy workloads with few holidays or leave
- Lack of negotiation options for better working conditions
- Irregular migrants far more vulnerable due to lack of legal support, exploitation by employers and avoidance of government health and social services for fear of being reported

8 Pillars of migrant health in VN - Monitoring migrant's health

Internal migrants:
•Lack inclusion in surveillance or health monitoring activities
•Lack of inclusion at destination in surveys or the census

International migrants:
•Results of pre-departure medical exams not collated into a migrant profile
•No post-return medical exams or data collected

8 Pillars of migrant health in VN - Policy and legal frameworks

Internal migrants:

Policies increasingly include migrants:

- Guidelines on health and HIV care for the transportation workforce (Ministry of Transport, MOH)
- HIV Law specifies migrants be included in health prevention
- ILO agreement on the delivery of workplace safety and health and HIV prevention, treatment and care to all workers and their families
- The Population and Reproductive Health Strategy includes migrants as a specific population group

8 Pillars of migrant health in VN - Policy and legal frameworks

Internal migrants:

•Two laws affect internal migrants - the law on residency and the law on health insurance

•Migrants are required to return home for insurance to support their care

•Without insurance, migrants often rely on private facilities

8 Pillars of migrant health in VN - Policy and legal frameworks

International migrants:

Policies on labour and cross-border migration address the health of migrants:

•Joint circular on medical exams for labour migrants (MOLISA, MOF, and MOH

•The Law on Vietnamese Guest Workers

•The 'Mechanism for Collaboration on Cross-border HIV/AIDS Prevention and Control'

•Declarations with ASEAN on human rights and rights of migrants

8 Pillars of migrant health in VN - Migrant-sensitive health services

Internal migrants:

•Have full access to health insurance in their place of residence, but informal-sector work makes insurance expensive and travel home impractical

•Models are in place - TB services for migrants in HCMC

•Have restricted access to healthcare services in their destination location

8 Pillars of migrant health in VN - Migrant-sensitive health services

International migrants:

•Government-arranged contracts include mandatory provision of health insurance

•Labour migrants are provided health care at worksites in destination countries; actual access varies from country-to-country and company-to-company

•Labour migrants returning to Vietnam are not provided specialised health services related to their time overseas

8 Pillars of migrant health in VN - Networks, partnerships & multi-country frameworks

•MOH has a network of partnerships with various international and national organisations

•The Government of Vietnam became an integral partner of the One UN Initiative

•Vietnam has been an active participant of various regional and international networks and consultative processes addressing migration and health

9 Suggestions for discussion - Monitoring migrant's health

- Migrants and mobile populations are incorporated into national and local data-collection activities
- Accurate, current data on migration and mobility trends and situation are the foundation for the development of laws and policies affecting migrants
- The experience on National Monitoring and Evaluation Framework for HIV Prevention and Control Programmes and indicators, and other surveillance are applied in incorporating migrants and mobile populations into national data collection

9 Suggestions for discussion – Policy and legal frameworks

- Frameworks and monitoring indicators are developed to determine the effectiveness of laws and policies
- Models and standards for migrants' health are based on good practices from Vietnam, the region, and globally
- One department at MOH have the responsibility for migration and mobility
- Advocate with the government to appoint one ministry to have overall responsibility and coordination for migration issues

9 Suggestions for discussion – Policy and legal frameworks

- A government working group on migration with all relevant ministries is established to review and plan for services and programmes
- Social protection and health policies are extended to include internal and international migrants
- National labour migration policies incorporate the health of migrants issue.
- Migrant-specific policies are developed to address the specific needs of migrants

9 Suggestions for discussion – Migrant-sensitive health systems

- It should be recognised that many migrants have no official residential status, but still require access to health care and preventative services
- Health insurance schemes are developed that are not dependent on residence
- Migrant-friendly facilities are included when renovating and replacing antiquated hospitals and health centres
- Migration and mobility are included in education and training for health workers

9 Suggestions for discussion – Migrant-sensitive health systems

- Health services are made accessible to migrants at migrant-friendly times and locations
- Migrants are incorporated into the health-care system as community health workers and advisors
- Committed efforts to address mental health, sexually transmitted infections, TB, HIV and other health concerns that may affect migrants should be developed
- Partnerships with private-sector service providers are set up to expand networks and share experience and information with services supporting migrants

9 Suggestions for discussion – Migrant-sensitive health systems

- Data on returning migrant workers are systemically collected to make their health profile and identify health needs related to their migration
- The national health insurance scheme includes an opportunity for labour migrants to contribute while working overseas

Suggestions for discussion – 9 Networks, partnerships & multi-country frameworks

- Migration health dialogues and cooperation across sectors and among key cities, regions and countries of origin, transit and destination are developed and strengthened
- Partnerships with the One UN, NGOs, and civil society organisations are further developed and strengthened
- Regional networks and consultative processes are utilised to gain greater leverage to advance health issues and strengthen protection

Suggestions for discussion – 9 Networks, partnerships & multi-country frameworks

- Local, regional and international migration dialogues and processes are used to support government efforts in coordinating and harmonizing policies and regulations
- Cooperation among ministries are strengthened to ensure migrant health matters are included in global and regional migration consultative processes
- The inclusion of migrant health needs in existing regional and global funding mechanisms are promoted

PRESENTATION 4. TUBERCULOSIS CONTROL IN MIGRANT POPULATIONS IN WEST OF PACIFIC REGION

Tuberculosis Control in Migrant Populations: Guiding Principles and Proposed Actions

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World Health Organization, Representative Office in Viet Nam

Content

- Rationale for TB control in migrant populations
- Guiding principles

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Why TB?

- TB: infectious bacterial disease, which most commonly affects the lungs
- One-third of the world's population is infected with TB
- Only 5 percent of infections develop into active disease that can be transmitted to others

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Why TB?

- Vulnerable populations
- Tailored TB control policies
  - –multi-drug resistant TB (MDR-TB)
- MDR-TB is a man-made problem

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Why TB ?

- high mobility of migrants
  - – Risk of transmission and treatment default
- lack of access to health care services
- propensity to inadequately self-treat in the private sector
- Note: TB is primarily transmitted within migrant communities

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Migrant Definitions

Internal Migrants	• Individuals who move within the borders of a country, usually measured across regional, district or municipal boundaries, resulting in a change of usual place of residence
Labour Migrants	• Individuals engaged in a remunerated (or student) activity in a state of which he or she is not a national, including persons legally admitted as a migrant for employment
Irregular Migrants	• Individuals who enter a country, often in search of employment, without the required documents or permits, or who overstay their authorized length of stay
Casual Cross-Border Migrants	• Individuals who move informally across porous borders into neighboring countries, usually over the span of days or weeks
Refugees	• Individuals who, owing to a well-founded fear of being persecuted, are outside the country of their nationality, and are unable or unwilling to return and have obtained official recognition of their refugee status

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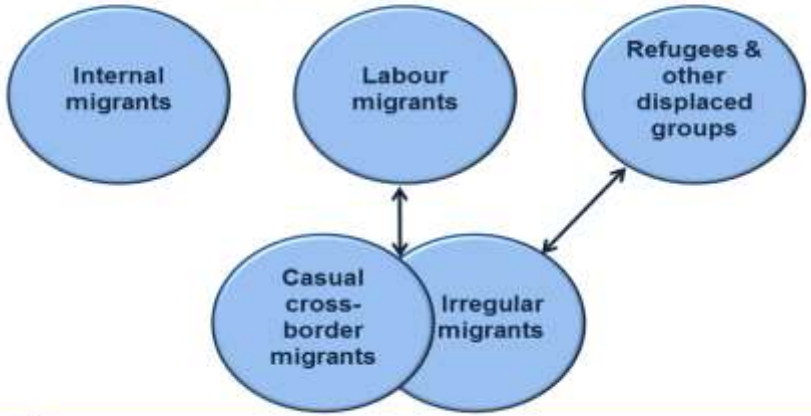
Overlap and movements between migrant populations



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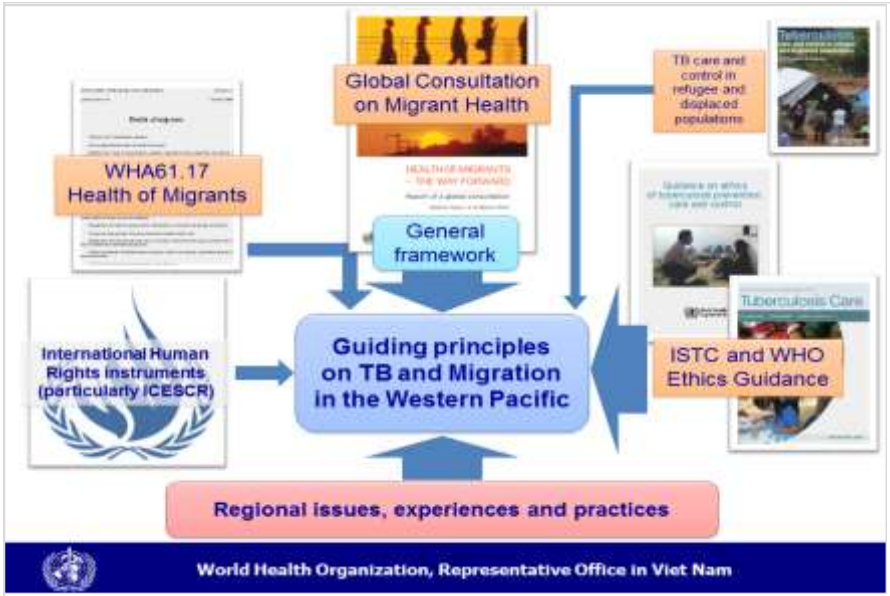
WHA61.17
Health of Migrants
Global Consultation on Migrant Health
General framework
TB care and control in refugee and displaced populations
International Human Rights instruments (particularly ICESCR)
Guiding principles on TB and Migration in the Western Pacific
ISTC and WHO Ethics Guidance
Regional issues, experiences and practices
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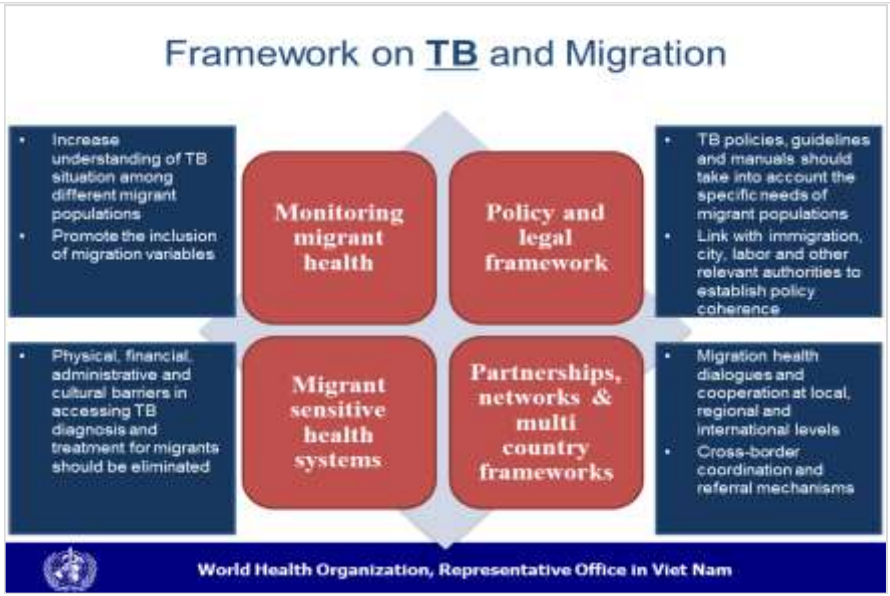
Framework on TB and Migration
Increase understanding of TB situation among different migrant populations
Promote the inclusion of migration variables
Monitoring migrant health
Policy and legal framework
TB policies, guidelines and manuals should take into account the specific needs of migrant populations
Link with immigration, city, labor and other relevant authorities to establish policy coherence
Physical, financial, administrative and cultural barriers in accessing TB diagnosis and treatment for migrants should be eliminated
Migrant sensitive health systems
Partnerships, networks & multi country frameworks
Migration health dialogues and cooperation at local, regional and international levels
Cross-border coordination and referral mechanisms
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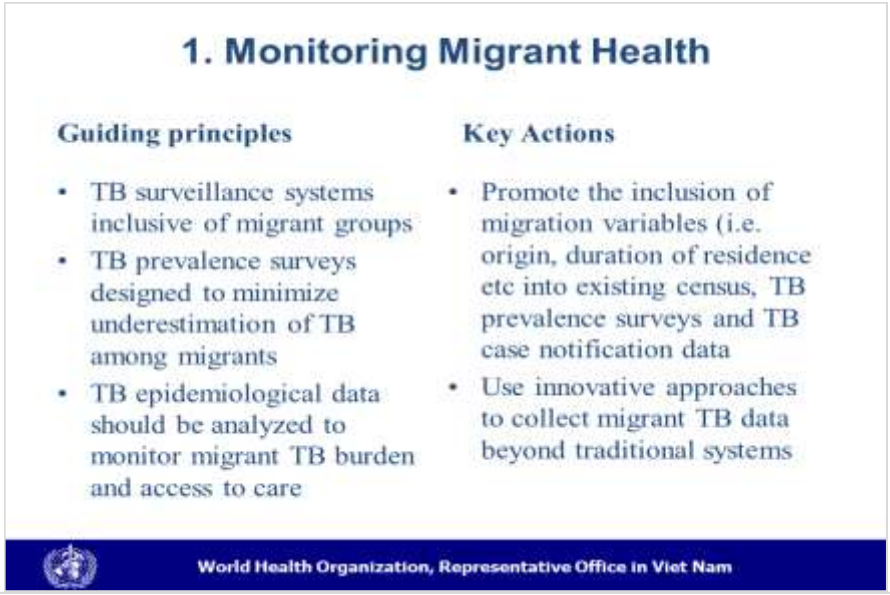
Guiding principles and key actions
World Health Organization, Representative Office in Viet Nam


1. Monitoring Migrant Health
Guiding principles
TB surveillance systems inclusive of migrant groups
TB prevalence surveys designed to minimize underestimation of TB among migrants
TB epidemiological data should be analyzed to monitor migrant TB burden and access to care
Key Actions
Promote the inclusion of migration variables (i.e. origin, duration of residence etc into existing census, TB prevalence surveys and TB case notification data
Use innovative approaches to collect migrant TB data beyond traditional systems
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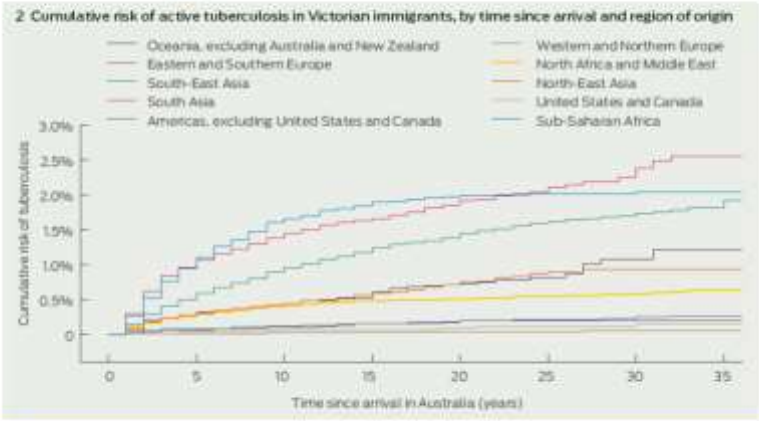
Australia: Collection of migration-related variables



2. Policy and Legal Frameworks

Guiding principles

- National TB Control policies should promote universal and equitable access to TB diagnosis and treatment for all TB patients
- TB policies, guidelines and manuals should take into account the specific needs of migrant populations
- TB should not affect the legal or contractual status of patients

Key Actions

- Advocacy and public education efforts to build support among the government and other stakeholders for migrants' free access to TB care
- Promote the availability of adequate resources for migrant TB policy development and implementation
- Establish links between NTPs and immigration/labour authorities to promote policy coherence on TB control and access to care in migrant populations

Japan: Free universal access to TB Care for migrant populations

- Tokyo:
  - Translator telephone service public health nurses
- Shiga pref:
  - HE materials, TB protocols for workplace

1998

- Medical examination
- Drugs and equipment
- Treatment, surgery
- Nursing
- Hospitalization

3. Migrant Sensitive Health Systems

Guiding principles

- Eliminate physical, financial, administrative and cultural barriers in accessing TB diagnosis and treatment
- TB screening, regardless of the location of screening, should not be discriminative against individuals with TB
- All TB screening programmes should offer **tailored** treatment options

Key Actions

- Focal points
- Raise awareness among all stakeholders on migrant's entitlements to free TB care
- Standards of TB care that address cultural and linguistic barriers & legal, admin and financial challenges.
- Establish links to ensure prompt treatment and continuity of care for migrants screened with TB

China : with Global Fund support

workplace TB screenings during routine employee physical examinations;

food and transportation subsidies (120 RMB/month);

health education workshops in the workplace;

designated health staff that focus exclusively on risk groups such as migrants; and

financial incentives for health providers who diagnose and treat migrant TB cases.

In some cities, even more far-reaching policies have been put in place, such as

- the provision of free medical services beyond TB care,
- local medical insurance coverage, psychological support, and additional care from patients' employers.

Infectious TB case notification:

32,300 in 2010 - 29,600 in 2011

4. Partnerships, Networks and Multi-Country Frameworks

Guiding principles

- Migration health dialogues and cooperation supported
- Cross-border coordination mechanisms established
- Cross-border referral mechanisms should be established at (sub) regional levels to facilitate smooth exchange of information continuity of TB care

Key Actions

- Encourage local, regional and international migration dialogues / harmonization of health policies
- Establish links between relevant authorities and health providers in origin, transit and destination countries to improve cross-border coordination

Australia / Papua-New Guinea: cross- border coordination & referral in the Torres Strait

- Clinical Coordination Group (CCG)
- Cross border communication officers
- AUS: Referral back of TB (and others)
- PNG: Build up health care system in Western Province

Special considerations for specific migrant populations

Applications for specific migrant populations

- **Internal migrants**
  - Assess TB burden
  - Continuity of care
  - Workers' health and job security
- **Labour migrants**
  - Coordination and policy coherence with immigration/labour authorities
  - Legal aspects; job protection
- **Casual cross-border migrants**
  - Referral and follow up arrangements
- **Irregular migrants**
  - Coordination and policy coherence with immigration/labour authorities
  - Advocacy and policy dialogue for discouraging counter-productive policies (e.g. compulsory reporting of irregular migrants to immigration authorities)
- **Refugees & other displaced populations**
  - Coordination with relevant authorities, international organizations and NGOs

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Internal migrants proposed key actions

- Advocate for the removal of institutional barriers that prevent internal migrants from accessing basic government services, including healthcare
- Establish cross-regional tracking and referral mechanisms to ensure continuity of care for internal migrant TB patients

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Viet Nam: Reform of Household Registration System

- **Internal migrants**
- **Issue:**
  - Residency registration policies limited access to health services to the official place of residence causing problems with continuity of care
- **Reform:**
  - Viet Nam's new 2007 Law on Residence lessened requirements for permanent registration

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Labour migrants

- Raise awareness among policymakers and key stakeholders on the health rights of labour migrants protected by international conventions
- Consider opportunities to provide TB care through migrants' place of employment
- Consider policy alternatives to repatriation of migrant workers diagnosed with TB after arrival.
- Conduct health education interventions on available health care resources in the destination country during the pre-departure phase

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Netherlands/Norway: Temporary legal status for irregular migrants with active TB

- **Irregular Migrants**
- **Issue:**
  - Fear of arrest and deportation deters many irregular migrants from seeking necessary TB care
- **Reform:**
  - Irregular migrants with active TB are granted temporary legal status during the full course of treatment to ensure treatment adherence

Philippines: Pre-departure health awareness materials and training for labour migrants

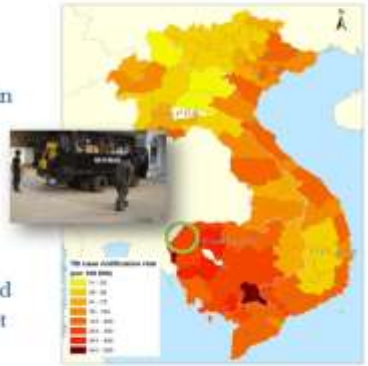
- **Labour migrants**
- **Issue:**
  - Labour migrants are often unaware of available health care resources in their destination country
- **Initiative:**
  - Audio-visual training and health materials for labour migrants were developed (with IOM)

Casual cross-border migrants

- Consider the development of local cross-country arrangements, where possible, to provide TB care for casual cross-border migrants
- Establish joint active case finding initiatives at key strategic border sites.
- Conduct health promotion interventions during the period after which casual cross-border migrants are captured in the destination country and processed for deportation

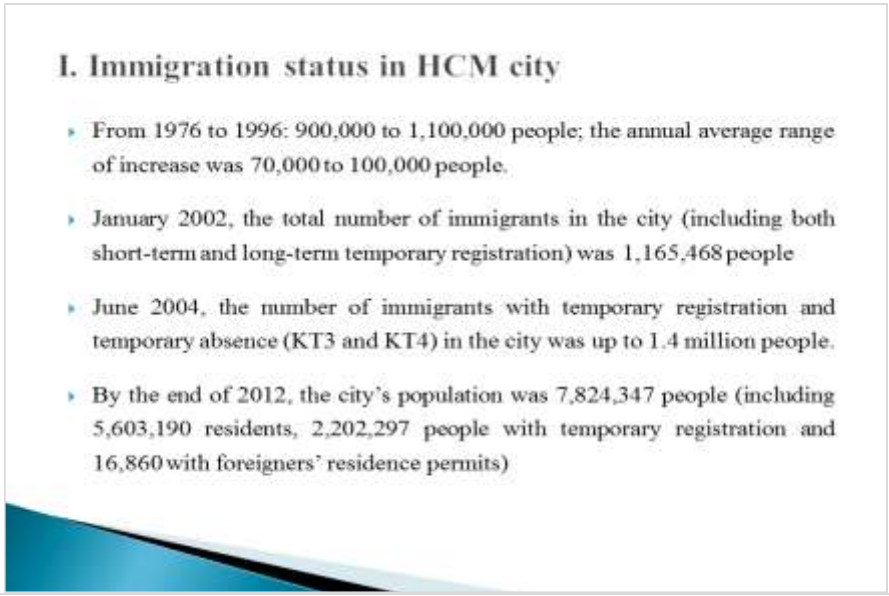
Cambodia: Active TB case finding in Poi Pet district

- **Casual cross-border migrants**
- **Issue:**
  - In 2010, close to 100,000 Cambodian casual cross-border migrants were deported from Thailand and Malaysia
- **Initiative:**
  - Daily TB screening of Cambodian migrants deported from Thailand and Malaysia to border district of Poi Pet (project by NTP, IOM, WHO)



ANNEX 3: PRESENTATIONS PART 2

PRESENTATION 5. MANAGEMENT OF, AND RESPONSE TO, DOMESTIC AND FOREIGN MIGRANTS BY A LOCAL AUTHORITY – THE CASE OF HO CHI MINH CITY



I. Immigration status in HCM city (cont.)

- Among 2,202,297 immigrants (accounting for 28.1% of the city's population) :
  - 85.4% in urban districts
  - 14.7% in suburban districts:
    - 291,155 people in Binh Tan district,
    - 212,101 people in Thu Duc district,
    - 202,422 people in Tan Phu district, and 174,126 people in Tan Binh district, etc.
- The number of immigrants of working age is 1,792,011 people, accounting for 89.95% of the total number of immigrants.
- The percentage of female immigrants is bigger than male immigrants (51.63% compared to 48.37 %).
- Migrant workers mostly work in professions which do not require high technical expertise in sectors such as footwear, apparel, construction, food processing and trade and services, etc.
- Nearly 30% of migrant workers are freelance as small traders, street vendors and "xe ôm", etc.

II. Healthcare problems

- **Social factors affecting health:** stable employment, adequate standards for living like stable accommodation with adequate facilities, adequate sanitation and a close social network (having KT3 or KT4).
- **Health policies for immigrants**:
  - 84.8 % of immigrants are identified to be in normal health
  - 85.5 % of migrant households have living standards above the poverty line so they choose healthcare plans for themselves such as self-medication for treatment or care and treatment at private clinics. A majority of them use public health services using health insurance (33.5%) and 41.5% of them never use health insurance.
  - The rapid increase in population and income lead to the increase of healthcare services which have increasingly expanded and have promptly met the needs of people, including immigrants.

III. The implementation of laws, policies and programs related to immigrants and specific policies and regulations of Ho Chi Minh city

- Migrants must put their efforts in their jobs and ensure they are well-aware of the policies of the Party and the State, especially the policies of their destination city.
- Migrants must fully abide by the local obligations where they reside.
- The Constitution and the Labor Code state that "Everyone has the right to freely choose their residence and place to work…" which has created favorable conditions for migrants to immigrate into the city.

III. III. The implementation of laws, policies and programs related to immigrants and specific policies and regulations of Ho Chi Minh city (cont.)

- The phenomenon of spontaneous migration to urban areas is an inevitable problem in the context of a developing country, causing uneven development between regions.
- An increase in labor force that will contribute to the socio-economic development of the city is a benefit .
- A drawback of migration is the increasing quantity of migrants that create both strain on the city's technical infrastructure and social problems that include labor-employment, health, education, household resource management and housing residence issues amongst more.

IV. The policies of Ho Chi Minh City relating to immigrants

- Labor – Employment policy: The city prioritizes the use of local labor.
- Housing and Residence policy: HCM City has implementing four housing programs as follows:
  - A gentrification and urban upgrading program
  - A housing program for low-income people, housing for industrial workers, retail installment housing or houses for leasing for all subjects, charity house.
  - A suburban housing program.
  - A program to develop residential and business houses for all persons in need

=> The above housing programs of the city are for all persons, inclusive of immigrants.

IV. The policies of Ho Chi Minh City relating to immigrants (Cont.)

- Health policies: To ensure adequate health care, until now, the provincial health sector does not have guidelines to distinguish which people are permitted to access to health care services, all people are taken care of and treated in the same way.
- Education policies: All students/pupils in HCM City can enroll in schools in the city, regardless of household residence.
- Additionally, there are housing programs for workers that prohibits the increase in price of house leasing, stipulates the price of electricity according to the price of the State, Vietnam bank has supported students with loans for tuition fees with no interest rate, it has also supported poor workers to stay at their working destination for Tet holidays, in addition to supporting the cost of train/bus tickets for workers to return to their home towns for Tet.

V. Existing problems and inadequacies

- Among immigrants living in HCM City, more than 60% of them are long-term residents who already have a stable job but are still grouped with people who have temporary residence. They want to "live and work in peace and contentment", however, very few of them have household registration in the city.
- Whether migration to the city is organized or spontaneous, it affects the development of the city. The positive side is that labor force increases, contributing to the socio-economic development of the city. However, the large number of immigrants puts a tremendous pressure on the technical and social infrastructure of the city.
- Immigrants have a right to buy houses. However, the link between housing and household registration concerns documents such as sovereignty, land use certificates, etc. This causes difficulties for other civil transactions.

V. Existing problems and inadequacies

- It is difficult for immigrants to access bank loans to buy houses because banks always require household registration documents. The retail installment housing program is mainly for people who already have household registration documents in the city.
- Of the 2 million+ immigrants in the city, many of them did not migrate to the city for living or employment but for other reasons (e.g. evading arrest warrant, debt hiding, gathering and disturbing public orders, trafficking of prohibited goods, etc.) making the city's security situation become more complex and difficult to manage.
- Regarding health care issues: the majority of immigrants are of both working and reproductive age so are vulnerable to sexual transmitted diseases, notably HIV/AIDS. People infected with HIV also lack access to health care services.

VI. Recommendations for local authorities and other relevant ministries

- In terms of the State administration, people who freely migrate or leave the city are managed by the in-charge State agency on the basis of declaration and registration of their "migration book". The "migration book" is considered as a compulsory and necessary condition to enforce rights and obligations of citizens in the area. The HCM City People Committee has promulgated the regulations to manage immigrants with attached measures and sanctions to provide the legal basis for the State administration about the declaration and registration for the "migration book", management of labor movements, management of residence of houses, inns, rented houses, management of recruitment, vocational guidance and training, arrangement and use of labor, household management for migrant workers in the area.
- In terms of health care: in addition to the policies and existing regulations, the health division of the city has expanded the voluntary health insurance services for immigrants in the area.

VI. Recommendations for local authorities and other relevant ministries (cont.)

- Regarding the issue of education – training: HCM City has policies to enhance funding for the education and training sector. It has also expanded socialization of education and training by preferential policies, allowing the recruitment of teachers who live outside of the city to teach at all school levels.
- Regarding labor and employment: The city has promulgated regulations to "remove the barrier of permanent residence" in the selection and contracting of labor so the labor market can operate according to the status of the market.
- Generally, migration is an activity which is consistent with the rules; it has and will have a great significance in affecting the socio-economic development of the country in general and HCM City in particular.

VI. Recommendations for local authorities and other relevant ministries (cont.)

- However, the issue of massive immigration into the city today along with many shortcomings have caused significant pressure on the socio-economic infrastructure of the city, whereby the most important point is that the quality of life of immigrants has not been guaranteed yet.
- Therefore, direct and indirect policies should be amended, renewed and implemented promptly with due attention from the city's leaders on this urgent immigration issue.

PRESENTATION 6. THE RISK OF HIV INFECTION AT VIETNAM – LAO PDR BORDER

ADB GMS CDC

JOINT- RESEARCH REPORT

"HIV TRANSMISSION AT VIETNAM-LAO BORDER AREAS: CURRENT STATUS AND SOLUTIONS"

CONTENTS

BACKGROUND

- HIV epidemics are expanding broadly, causing serious consequences on health, economic development and security of many countries.
- National HIV infection levels are highest in South East Asia, where there are disparate epidemic trends (WHO 2009)
- Cross-border mobility facilitates preconditions enabling the vulnerability to and risk of HIV infection among the mobile and local population (Chantavanich, S 2000, UNRTF 2007)
- Migrants and mobile populations are groups about which little is known and potentially require policy intervention to effectively address HIV vulnerability (Dang Nguyen Anh et al. 2008).

BACKGROUND

- The epidemic in Vietnam is growing rapidly; changes in epidemiology by regions and populations have been evidenced; new hot provinces are located at border areas.
- As a country bordering sentinel countries of HIV (Thailans,Cambodia Myanmar and Việt Nam...), Lao PDR is facing the trend of an increase in HIV infection among the mobile populations, both internaly and abroard.The first HIV epidemic in Lao is likely to come from regular mobile populations who crossed border to find jobs. They are infected with HIV, then transmit the disease to their family members (CHAS 2009)

BACKGROUND

- A severe lack of comprehensive information on trends of HIV among different mobile populations at border areas has been seen in many countries, also in Thailand (UNRTF, 2007).
- A shortage of sharing information and research findings among responsible institutions of regional countries.
- No research analyzing comprehensive risks of HIV transmission cross Vietnam-Lao border; Report *Mobility and HIV vulnerability in Vietnam: implications for HIV prevention programmers shows* less research at Viet-Lao border areas compared to Vietnam-China or Vietnam-Cambodia areas.
- No published data on the vulnerability to and risk of HIV infection among mobile populations at provinces of Điện Biên, Kon tum and Hà Tĩnh (on Vietnam side) and its bordering provinces of Phongsaly, Bolykhamsay và Attapư reprectively (on Lao side).

BACKGROUND

- Commitment on cross-border mobility and HIV vulnerability Reduction has been made regionally. However, it requires operationalization into coherent, collaborative and funded implementation plans at the national level and an enhancement of policy on mobility and anti-discrimination toward PLWHIV with inter-sectoral involvement (UNRTF, 2007).
- Decision 38/QĐ-TTg dated 08/01/2008 approved by Vietnam Prime Minister *regulating "cooperation for the prevention of HIV/AIDS at border areas"*
- The proposed research in line with the call for funding of RCU ADB GMS CDC as an operational study

OBJECTIVES

Overall objective:

To provide evidences on the risk of HIV transmission at border areas and recommend solutions for an establishment and enhancement of the collaboration for the implementation of interventions towards risk reduction among border localities.

Specific objectives

- To study risks of HIV transmission of high-risk groups at border areas;
- To identify intervention solutions to change knowledge, attitude and behavior of the high-risk groups and improve their access to preventive and treatment services towards a reduction in HIV transmission at Vietnam-Lao border areas;
- To improve capacity for research institutions conducting this study; and to establish a long-term cooperation in research and interventions implementation between stakeholders.

Research settings

Research subjects

- *Management groups at border areas*:
  - At provincial level: Leader of Provincial Committee/Center for HIV/AIDS prevention and control.
  - At border gate area: Leaders of responsible institutions including border police, border military, local authorities, quarantine stations, customers, HIV/AIDS committee/agency at district level, communal health stations.
- *High-risk group at border areas*: Commercial sew workers, clients, IDUs, Long distance truck drivers, freelance laborers…
- *Other groups at border areas*: managers of inn and entertainment establishments, privative health care providers, freelance migrant labourer

Study methods

- Design: a cross sectional study using qualitative approach.
- Behavioral indicators are used to study risks of HIV transmission among target populations including:
  - Frequency of sexual intercourse /day/week/month
  - Frequency of unsafe sexual intercourse /day/week/month
  - Structure of clients/sex partners
  - Places of service provision and mobile routes
  - Unsafe drug injecting frequency and mobile routes.
  - "Resonant" risks of each group.
  - Interactive relationship between risk groups .

Methods of data collection

- *Available and secondary data collection and analysis*
- *Observation*
- *Face- to face in-depth interviews: 409 interviews*
  - *At central level: leader of VAAC*; leader of CHAS/preventive Medicine and Hygiene Dept (Lao MoH).
  - *At studied settings: 90 interview with management groups;* 237 with high-risk groups and 80 with other groups
- *Sampling method:* snowball

FINDINGS AND DISCUSSIONS

1. Natural and socio-economic characteristics, the reality of HIV epidemic and the hot points at the study site
2. The risk for HIV transmission across the border from mobile groups
   - 2.1. Socio-demographic features
   - 2.2. Risk behaviour, awareness and accessibility to HIV/AIDS prevention and treatment services
   - 2.3. Action orbit
   - 2.4. Social network and sexual relationship
   - 2.5. Interaction among groups
3. The reality of HIV transmission control across the border at the study sites

Map of hot points in Dien Bien and Muong May

Map of hot points in Huong Son and Lac Sao

Map of hot points in Ngọc Hồi và Attapu

Level of risk for HIV transmission across the border among mobile groups at Tay Trang border gate

Mobile group	Flow	Place of residence before moving	Risk for HIV transmission across the border
Local people	***	Communes on both sides of the borderline	***
Building workers	*	Districts in the province	*
Freelance workers	*	Communes on both sides of the borderline	*
Prostitution and recreation services	***	On the Vietnamese side of the borderline	*****
Drug users	**	Areas on both sides of the borderline	****
Businessmen	**	On the Vietnamese side of the borderline	***
Road workers	**	On the Vietnamese side of the borderline	***
Military staff	**	On both sides of the borderline	***
Long journey drivers	**	Areas on both sides of the borderline	****

Level of risk for HIV transmission across the border among mobile groups at Cau Treo border gate

Mobile group	Flow	Place of residence before moving	Risk for HIV transmission across the border
Building and road workers	**	Provinces in Central Vietnam	***
Freelance workers, traders	****	Northern Central provinces	***
Prostitution and recreation services	****	Areas on both sides of the borderline	*****
Drug users	***	Areas on both sides of the borderline	****
Military staff	**	On the Vietnamese and Laotian sides of the borderline	***
Long journey drivers	***	Areas on both sides of the borderline	*****

Mobile group	Flow	Place of residence before moving	Risk for HIV transmission across the border
Local people	*	Communes on both sides of the borderline	*
Building and road workers	*****	Provinces in Central Vietnam and Tay Nguyen	***
Forest workers	***	Provinces in Central Vietnam and Tay Nguyen	***
Freelance workers	***	Provinces in Central Vietnam and Tay Nguyen	****
Prostitution and recreation services	****	Areas on both sides of the borderline	*****
Drug users	**	On the Vietnamese side of the borderline	***
Business people	**	On the Vietnamese side of the borderline	***
Military staff	**	On the Vietnamese and Laotian sides of the borderline	***
Long journey drivers	****	Areas on both sides of the borderline	*****

High-risk behaviours and possibility of accessing HIV/AIDS preventive and treatment service

- **Female sex workers**

***) Sexual behaviour**

- *Age of first sexual practice*: Vietnamese: From 16 to 25, but mostly under 18. Laotian: 13 to 25.
- *First sex partners*: Mostly having first sexual experience with boyfriends, some of them with husband or with sex buyer (selling virgin sex)
- *Current sex partners* Varied: Vietnamese, Laotian, Cambodian, Thai, Chinese and tourists from some other countries. Each FSWs has 2-3 ussual sex partners (boyfriends, usual sex buyers, bar owners…).

**) "…Sometimes we have customers from Western countries, but most of our customers here are from Laos or China. We are very happy to have a Westerner guys since they give more tips and they are very tender, while Chinese men are horse trading…"*

(FSW, 23 years old, massager at a hotel in Dien Bien city)

High-risk behaviours and possibility of accessing HIV/AIDS preventive and treatment service

Female sex workers:

- *Work experience*: Mostly from 1 to 5 years.
- Working location: Varied.
  - Laotian, 70% of FSWs do their work at hostels, 20% do at disguished bars and 10% at public areas.
  - Vietnamese : At hotels, hostels, massage parlors, karaoke bars, hills, squares, parks...
- *Coitus form*: Mainly vaginal sex. Having sex by hand (cheaper) and oral sex is not popular.

") "...If any massage customers requires, we have sex by hand right at the place and they have to pay 150,000 VND or 200,000 VND more. Some of my friends agree to do "blow –job" but the price must be 300,000 VND. I never do it. So nauseating..."

(A FSW who works as massager at Nuoc Sot area, Huong Son, Ha Tinh)

- *Frequency of sex work*: Depending on the "class" of the FSWs and working areas.
  - Laotian FSWs: 2 - 4 buyers/week.
  - Vietnamese FWSs: 2 ÷ 3 times/day, max. 7 ÷ 8 times/day.

High-risk behaviours and possibility of accessing HIV/AIDS preventive and treatment service

Female sex workers:

- *Safe sexual practices:*
  - *Having sex with buyers*: Highest rate of condom use (97% among Laotian FSWs and 80% among Vietnamese FSWs). Most of them don't know how to use condoms correctly.

") "... I never check the condoms. I think they are good because there are trade marks. I usually wait until the erection of my customter's penis and wear the condom.I experienced condom broken sometimes, maybe my customers tore it, or the guy removed too late, the penis was down so the condom stucked in my body. Many of my friends had to go to clinics to remove condoms from their body also. They said that the condoms are broken because we don't have enough lubrication or the customer's intromission is too strong. ..."

(FSW, 25 years old, Dien Bien city)

  - *Having sex with officers:* FSWs don't use condoms.
  - *Having sex with boyfriends, lovers, usual sex buyers : FSWs don't ussually use condoms*

") "... I have a terrible experience when one of my customers have gonorrhea, his penis is swelled and have pus. It was so stinking, but he still wanted to have sex with me. I feel awful until now. I can never forget that terrible smell..."

High-risk behaviours and possibility of accessing HIV/AIDS preventive and treatment service

Female sex workers:

- *Symptoms of STDs and behaviour of seeking health care services:*
  - Group of Laotian FSWs: Rate of STDs infection is rather high, Rate of FSWs who have leukorrhea is 24%.
  - Group of Vietnamese FSWs : Rate of experiencing itchy vagina and treatment by putting medicince inside vagina is 80%. The rate of having been STDs infection and treatment is high.
  - FSWs usually self medicate and get examined at private medical bases when they are infected with STDs.

") "... Whenever I got ill or have itchy vagina, I go to drug store to buy medicine and treat myself. If it does not get over, I go to see the doctor in private clinics. I don't want to have examination in public hospitals. So many procedures and so much time for waiting. In addition, my job is not good, so I don't want to be in public area, except when I got serious illness, then I go directly to the provincial hospital for treatment ..."

(FSWs, 28 years old, Nuoc Sot area, Huong Son, Ha Tinh)

High-risk behaviours and possibility of accessing HIV/AIDS preventive and treatment service

Female sex workers:

- *Awareness and possibility of accessing preventive HIV/AIDS prevalence services:*
  - FSWs have limited access to information of HIV prevalence prevention.
  - FSWs at the Vietnam-Laos border have limited awareness on HIV prevalence prevention
  - **") "... HIV can be transmitted via ferm, so we cannot be infected if we don't let the ferms go inside. Whenever I have sex with customers without condoms or the condoms were broken, I bend my body to force the ferms out, so I don't have to worry "*

(FSW, 20 years old, PleiKan town)

High-risk behaviours and possibility of accessing HIV/AIDS preventive and treatment service

Female sex worker:

*) Drug use behaviour

- *Rate of drug use among FSWs:* Not high and tends not to increase. Some FSWs and their customers use drugs before a sex act, (drinking Amphetamine or use of Heroin).
- *Forms of drug use*: Firstly they usually drink the complex drug pills (among Laotian FSWs) and smoke heroin (among Vietnamese FSWs) and then change to drug injection. The combination of the risks of HIV prevalence among this group is very high

High-risk behaviours and possibility of accessing HIV/AIDS preventive and treatment service

Group of injection drug users:

*) Behaviour of drug use

- *Starting time of drug use* : Mainly after 1990.
- *Age of first drug use:* From 16 – 39, many of them started to use drug at age of 18 – 25.
- *Reasons of drug use* : Mainly due to being induced or invited or being hurt mentally.
- *Foms of drug use:* Mainly through smoking, then a change to drug injection. The average time of changing from smoking to injection is about 1 year to 1,5 year.
- *Drug use location:* Changable and difficult to be dertermined. Some users travel to the other side of the border for drug use.
- *Frequency of use* : At least 1 ÷ 2 times daily, each time of drug use costs 50,000 đồng, average frequency is 3 – 5 times daily and max is 10 times daily.
- *Behaviour of using clean injecting equipment:* All of them have shared or reused injecting equipment without cleaning.

High-risk behaviours and possibility of accessing HIV/AIDS preventive and treatment service

Group of injection drug users :

*) Sexual behaviour

- *Rate of users who have ever had sex act :* Most of them.
- *Age of first sex act:* Young (about 20 years old).
- *First sex partners*: Mainly are schoolmates, girlfrends or FSWs.
- *Safe sexual behaviour* Usually very low. All of them don't use condoms when having sex with their spouses and rarely use condoms when having sex with FSWs.
- *Awareness and possibility of accessing HIV prevention and treatment service:* Higher than the FSWs since this group is the targeted by several projects. Limited possibility of accessing HIV/AIDS treatment services

High-risk behaviours and possibility of accessing HIV/AIDS preventive and treatment service

Long-distance drivers:

*) Sexual behaviour

- *Age of first sexual act :* About 20 years old.

*) "... I am 29 years old , and I am married. I have had sex with FSWs since I was 20 years old. Now I still go with them both in Laos and Vietnam. I always choose Vietnamese FSWs, even when I am in Laos because I cannot speak Laotian. ..."

(Driver who transports fruits at the Cau Treo port)

- *Curren sex partners :*
  - Spouse: Most of the married men usually have sex with their spouse.
  - FSWs: Many of them usually have sex with FSWs.
  - Girlfriends or lovers: In addition to their girlfriends or wives, some people have some other sex partners.

*) "...I don't have sex with FSWs because I have a lover in Laos. We meet each other every week when I go there and wait for clearance of wood importation procedure. We have sex twice a week..."

(Driver, who transports woods at Bo Y Port, Kon Tum)

High-risk behaviours and possibility of accessing HIV/AIDS preventive and treatment service

Long-distance drivers:

- *Frequency of buying sex :* Once, max 3 - 4 times a week

  **) "... In the season, we drive through the border very often and have money, I go with FSWs 3 - 4 times a week, maybe today in Vietnam, the next day is in Laos or even Thailand...."*

  (Driver at the Cau Treo Port, Ha Tinh)
- *Number of FSWs that a long haul driver have ever had sex with :* Max. About 100, average is tens and least is 10.
- *Safe sex behaviour:*
  - With spouse: Don't use condoms.
  - With girlfriends, lovers: Don't use condomes.
  - With FSWs : Most drivers use condoms when having sex with FSWs

**) "... I always use condoms when I have sex with FSWs. I have to protect myself. I have the girls wearing them for me. I think it is not necessary to check the condom's quality, because they are the MOH's product...."*

(Driver, who transports woods at Bo Y Port, Kon Tum)

High-risk behaviours and possibility of accessing HIV/AIDS preventive and treatment service

Long-distance drivers:

- Symptoms of STDs and the possibility of accessing HIV/AIDS preventive and treatment services: Number of the drivers who have symptoms of STDs is not high. They can easily acess treatment services when they are infected.

  **) "...I have been have problem with my "discharge pipe" (STD) as I was drunken and had sex with FSWs without condoms. I had to spend a month in Quy Nhon hospital for treatment. It costed much money, times and I was so worry that I could transmit it to my wife..."*

  (Driver, who transports woods at Bo Y Port, Kon Tum)
- Possibility of acessing information about HIV/AIDS prevention and prevalance is very limited

  **) "... We spend all day in the truck cabin, no TV, no radio as the waves is not stable. Even at the parking center there are no TV. Bars and entertainment areas have TV, but we are not there all day..."*

  (Driver, who transports woods at Bo Y Port)

High-risk behaviours and possibility of accessing HIV/AIDS preventive and treatment service

Long-distance drivers :

***) Drug use behaviour:**

- The number of drug users is not high. The popular drug use form is heroin smoking, some people inject.

  **) "... I have been transporting goods from Laos to Vietnam for 5 years. Two years ago, some of my friends advised me to use heroin to keep awake during night driving, so I tried and became addicted. I have to inject drugs twice daily when we stop the truck..."*

  (Driver at the Cau Treo Port, Ha Tinh)

High-risk behaviours and possibility of accessing HIV/AIDS preventive and treatment service

Other mobile groups

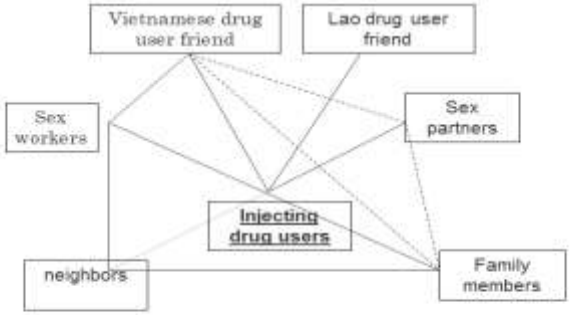
- *Sexual behaviour*, especially sexual practice with FSWs is similar to the group of long haul drivers but with lower frequency
- *Behaviour of drug use:* The rate of drug use among the group of civil construction workers and road construction workers is higher than that among the long haul drivers.

Operation in terms of sexual intercourse and drug injection of mobile groups

IDU
CSW
Others (LD driver, construction worker…)

Social and sexual relation network

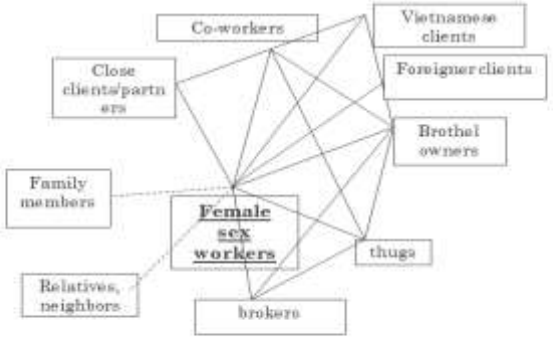
- **Social relation network**
  - Injecting drug users



Notes: _____ Regular relation
---------- Intermittent relation

Social and sexual relation network

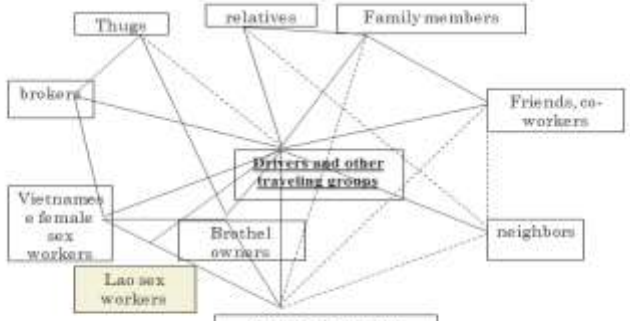
- **Social relation network**
  - Female sex workers



Notes: _____ Regular relations
---------- Intermittent relation

Social and sexual relation network

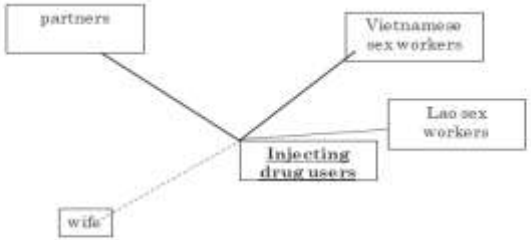
- **Social relation network**
  - Long-distance truck drivers and other traveling groups



Notes: _____ Regular relation
---------- Intermittent relation

Social and sexual relation network

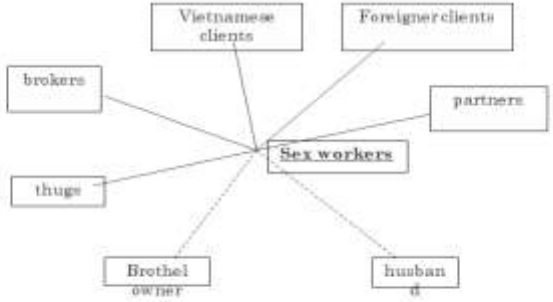
- **Sexual relation network**
  - Injecting drug users



Notes: _____ Regular relation
---------- Intermittent relation

Social and sexual relation network

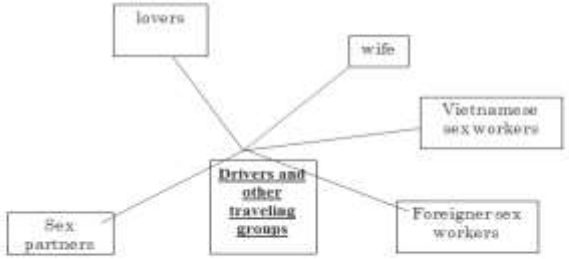
- **Sexual relation network**
  - Female sex workers



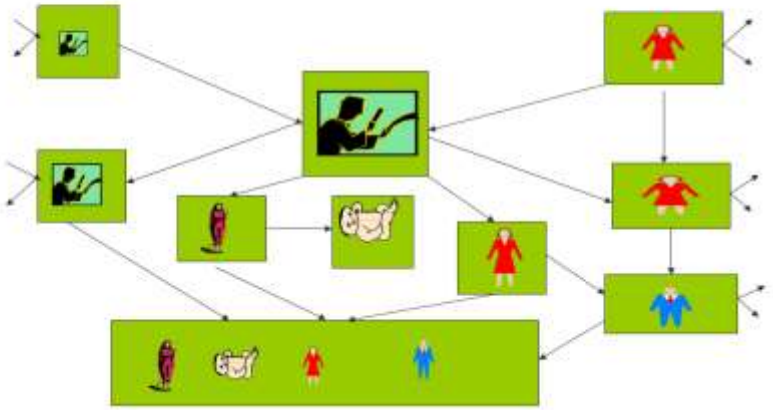
Notes: _____ Regular relation
---------- Intermittent relation

Social and sexual relation network

- **Sexual relation network**
  - Long-distance truck drivers and other traveling groups



HIV transmission risk from high risk group to community



Interrelations with vulnerable groups

- Relatively close relation between sex workers and long-distance drivers, workers in building sites etc.
- For other traveling groups, the relation with sex workers is intermittent owing to mobility, in addition to sex workers also frequently travelling between areas.
- Relation between IDUs with sex workers is not regular on the Vietnam side; in Laos, as most IDUs are young and the common intake routes being oral administration and inhalation, relation with sex workers is relatively close.

Situation of cross-border HIV transmission control in survey areas

- In Vietnam side border area:
  - Local authorities and responsible agencies having made considerable efforts in increasing control measures to prevent and eliminate social vices;
  - In recent years, Vietnam – Laos border area has become a point of strong attraction to migration flows;
  - Hot spots of prostitution and drug abuse increasingly emergent. Potential HIV transmission risk factors in the area are on the increase.
  - Education on new HIV infection only focuses in urban areas.
  - Mitigation interventions not carried out in sync on large scale;
  - Delivery of consultancy, tests and STD treatment, HIV/AIDS treatment is limited;
  - Lack of cooperation between responsible agencies and local governments on both sides of the border in prevention and detection, care and treatment of HIV/AIDS.

Situation of cross-border HIV transmission control in survey areas

- In Lao border area:
  - HIV/AIDS control education outreach to communities;
  - However, HIV/AIDS control in these areas is challenging;
  - Health staff's awareness, especially in districts, about HIV/AIDS control very limited;
  - Surveyed provinces not capable enough to provide STD curative care and HIV screening and testing;
  - Some mitigation interventions among sex worker groups along Laos border but largely limited to education;
  - Cooperation in HIV/AIDS control with Vietnamese local governments and authorities is still forgone.

Comments and Conclusions

- This is the first study on HIV/AIDS transmission risks in the border area with the cooperation of researchers from both countries using the same tools, approaches and target groups.
- Vietnam – laos border in recent years is seeing strong changes both in terms of economic and social development and communication and trade from both sides and is becoming highly appealing to migration from other areas.
- Hot spots of social vices especially entertainment sablishments in disguise are increasing emerging around the border.
- Sex workers operating around the Vietnam – Laos border are often of higher ages, with longer career experience and extensive working experience in different areas.
- Cross-border HIV transmittion risk is highest among sex workers, especially Vietnamese sex workers, long-distance drivers and workers in construction sites, etc.
- Locals living along side the border are also a potentially high risk group as well as potential carrier of HIV/AIDS across the border.

Comments and Conclusions

- Access to HIV/AIDS prevention information of traveling groups in V ietnam – Laos border limited=> awareness on infection routes and HIV control very vague
- Risk of STI and STD infection among sex workers, especially Vietnamese sex workers in Laos and street prostitutes very high given challenages in access to medical services on both borders, particularly in laos.
- Access to HIV/ARV testing and treatement of traveling groups in borders very difficult;
- HIV infection preventive inteventions only in early stage and small, disperse scale, on some specific groups;
- Absence of cooperation between the two countries in outbreak control, monitoring and preventive, care, treatment of HIV/AIDS
- Cooperation between researchers of both countries limited

Recommendations

Mutal Cooperation

- Sufficient resources and time for better preimplementation preparation
- Cooperation from the start among both researcher groups in developing outlines, selection of survey area and timing;
- Study results to be publicly disseminated to other areas.
- Replication of study needed in other Vietnam – laos border areas.

Recommendations

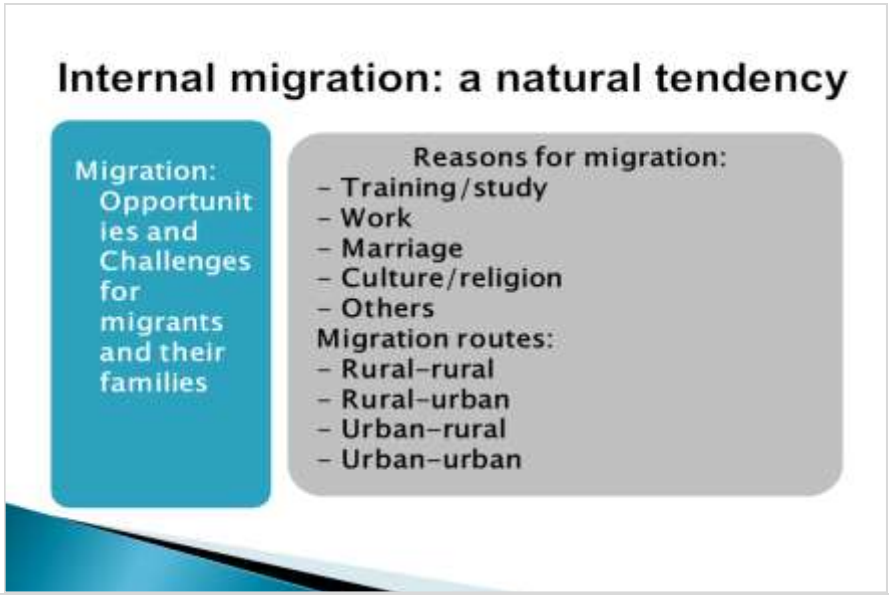
Selected measures to increase cross-border HIV transmission control

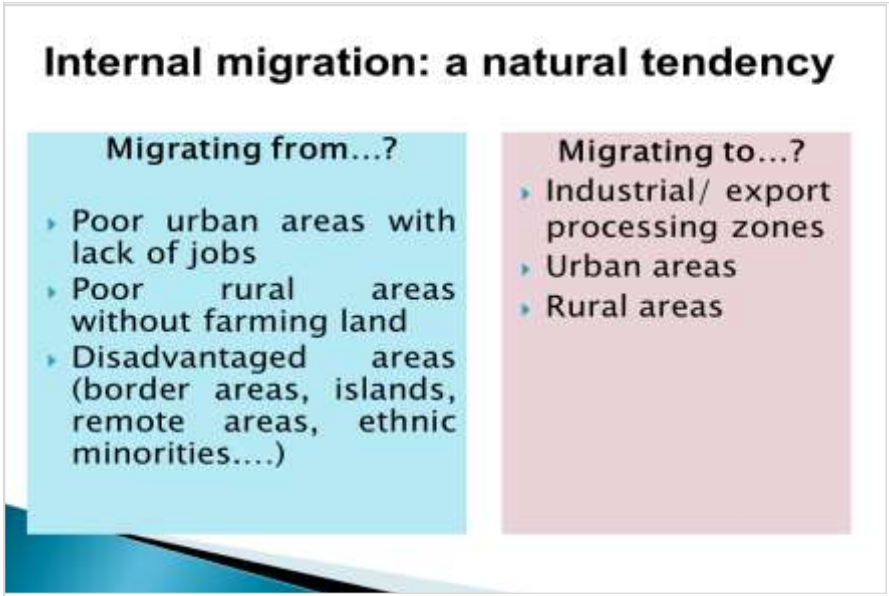
- Provide more resources to increase education and mitigation interventions for mobile groups who are vulnerable to HIV/AIDS on both the borders.
  - Goups of commercial sex worker peers should be formed at hot-spots
  - Provide outreach education, distribution of materials, condoms, comment boxes at border gates;
  - Broadcast on radio plays, music integrating HIV/AIDS control education for longhaul drivers
  - Increase resources for education and mitigation at border-adjacent communities
- Increase capacity for medical staff delivering HIV/AIDS prevention and curative care on both border sides

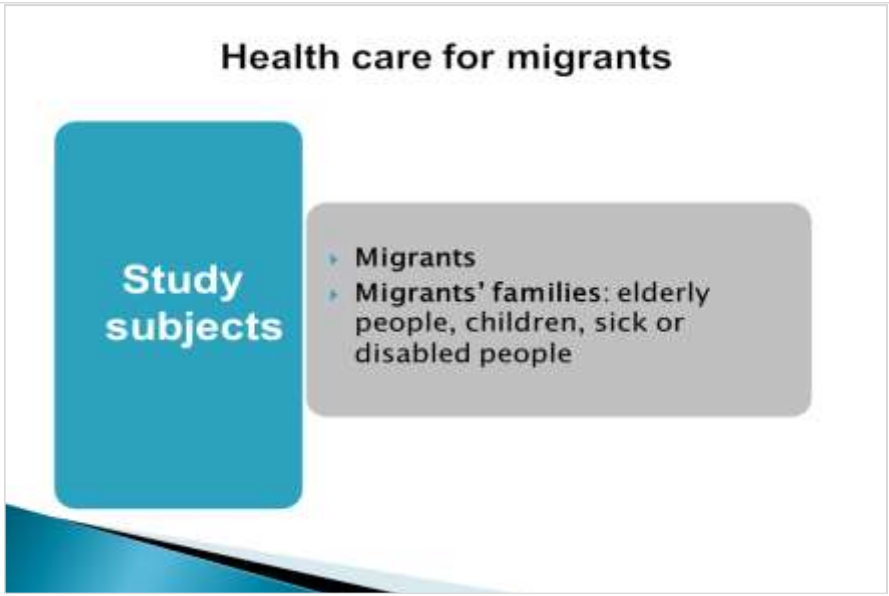
Recommendations

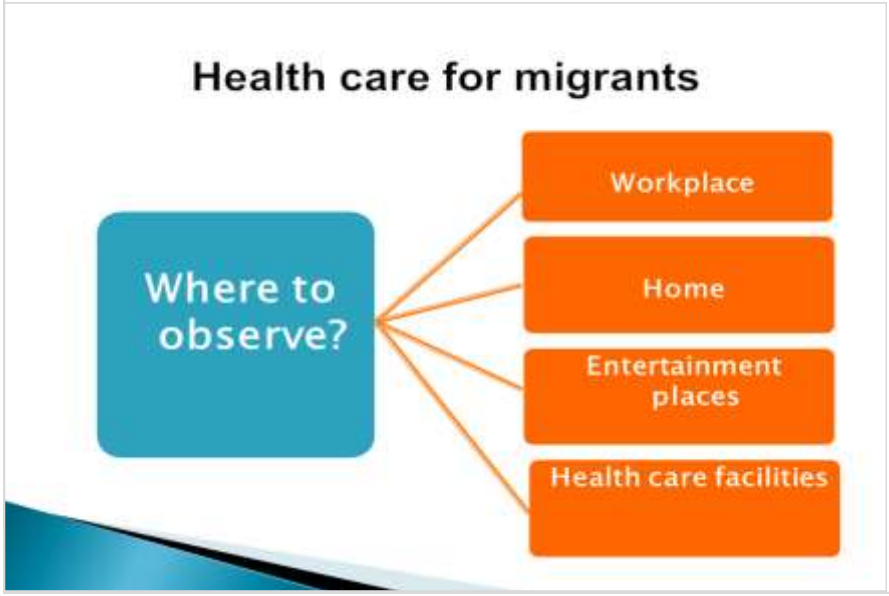
- Increase equipment provision to updgrade local capacity to provide STD diagnosis and treatment;
- Increase resources to upgrade and expand HIV voluntary consultancy and testing;
- Provide more resources to improve HIV testing capacity for vietnamese side provinces to support Lao neighboring areas in need;
- Increase cooperation between both countries to provide in sync measures to control HIV transmission via border, including:
  - Cooperation in education and communication;
  - Cooperation in STD regular medical examination and care;
  - Cooperation in HIV/AIDS consultancy and testing and ARV therappy;
  - Cooperation in updating outbreak surrveillance data

PRESENTATION 7. FREQUENT HEALTH PROBLEMS OF MIGRANTS EVIDENCED IN RESEARCH BY THE MINISTRY OF LABOUR, WAR INVALIDS AND SOCIAL AFFAIRS




Internal migration: a natural tendency
Migrating from…?
Poor urban areas with lack of jobs
Poor rural areas without farming land
Disadvantaged areas (border areas, islands, remote areas, ethnic minorities….)
Migrating to…?
Industrial/ export processing zones
Urban areas
Rural areas


Health care for migrants
Study subjects
Migrants
Migrants' families: elderly people, children, sick or disabled people


Health care for migrants
Where to observe?
Workplace
Home
Entertainment places
Health care facilities


Health care for migrants
How?
Access to health care services at the destination
Labour safety and hygiene at the workplace
Risk for diseases due to social evils in the community and the workplace

Studies on migration conducted by the Institute of Labour and Social research during 2009-2013 period

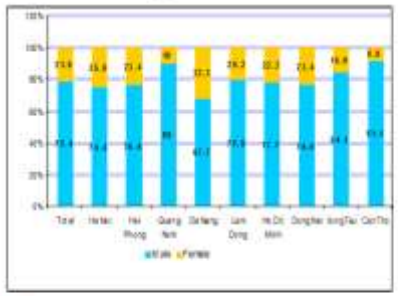
- Managing overseas workers in Vietnam: Scientific and reality basis. (National project being conducted in 2012-2013)
- Working and living reality of migrant workers at industrial-export processing zones in Vietnam (Ministry project – 2011)
- Quick assessment of migration and human trafficking accross Vietnam-China border (ILO – 2011)
- Social-economic effects of WTO integration on rural female workers including migrant workers (UNWOMEN – 2010)
- Vietnamese workers on labour export contracts (WB and ILO)
- Situation of Vietnamese women in foreign marriages (UNHCR. 2011-2012)

The studies above have mentioned at different levels the issues of migrant health care

Some findings on migrant health care from the studies of the Institute of Labour and Social research

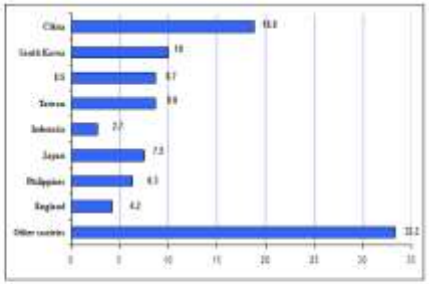
Survey with 2.500 overseas workers in Vietnam in 2012

Overseas workers by gender



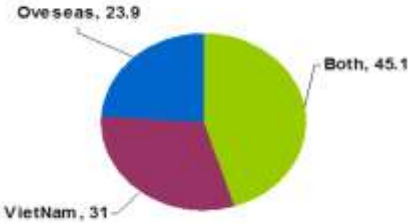
Males account for 78.4%

Overseas workers by nationality



The majority is of Asian nationalities

Where to access health care for overseas workers?

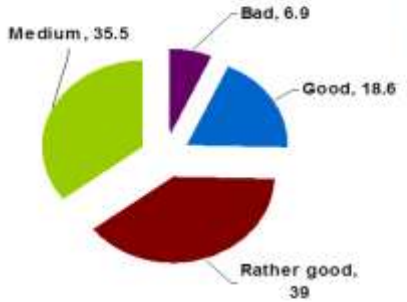


45% access health care services both in Vietnam and overseas, depending on the level of sickness and time available

✓ **23.9% access health care services overseas due to concerns of quality of health care system in Vietnam or requirements of health insurance services**

31% only access health care services in Vietnam, including both Vietnamese and international hospitals/clinics

Assessment of health care services in Vietnam

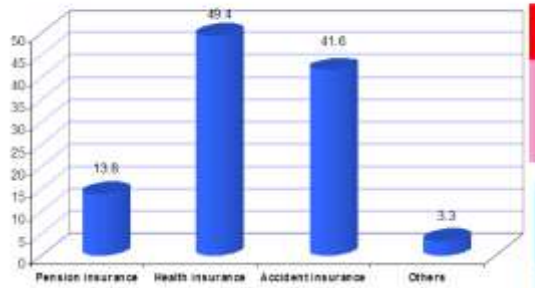


Good: 18.6%

Average: 40%

Working and living mostly in big cities with developed health care systems. most overseas workers assess health care services in Vietnam as Good or Rather good

Participation in health insurance



Overseas worker groups having health insurance:

- Workers with long-term contracts
- Managing staff
- Key technical staff

Overseas worker groups not having health insurance:

- Workers on short-term contracts (less than 6 months)
- Workers on business service provision contracts

- 50% have health insurance
- 40% have accident insurance
- Insurance fee: 2/3 paid by the employers

Participation in health insurance by business types

	Health insurance	Accident insurance
Businesses operating under Business and Investment Laws	51	40
Overseas bidders in Vietnam	43.1	41.6
Representative offices, branches of economic, business, finance. Banking, insurance, science-technology, culture, sports, education, health organisations	52.3	43.9
Socio-political, socio-occupational, social and non-government organisations	66.7	66.7
Culture, sports, education, health organisations established by authorised local agencies	57.9	50.4
Legal agencies operating in Vietnam according to Vietnamese Constitution and Laws	100	100
Business Associations established according to Vietnamese Constitution and Laws	11.1	11.1
Business households and individ...	21.1	10.5

Migrant workers at industrial – export processing zones

Development of industrial zones in Vietnam – 2010

	Indicators	Unit	Nationwide	Bac Giang	HCM City	Can Tho
1	Number of Industrial zones licensed	Industrial zones	260	5	16	11
2	Number of Industrial zones functioning	Industrial zones	174	3	13	6
3	Area of natural land	hectar	43.500	1.400	3.614	546
4	Number of projects investing in Industrial zones	projects	8.746	117	1.206	120
5	Registration capital	Million USD	74.835	911	5.386	1756
6	Implementation capital	Million USD	30.000	323	3.500	696
7	Labour employed	1.000 people	1.600	17.5	255.8	34.4
8	**Migrant labour**	%	70%	21%	75%	-

Source: Reports of [illegible] of Industrial zones in Bac Giang, Ho Chi Minh City and Can Tho. Research team, 2011

Migrant workers at industrial zones

	Province/City	6 months -/2011	2010	2009
1	Bac Giang	17.534	15.491	9.966
2	Hồ Chí Minh City	255.855	249.812	244.579
3	Can Thơ	34.440	31.550	31.347
	Nationwide	**1.600.000**	**1.500.000**	**1.300.000**

- Number of migrant workers at industrial zones tends to increase
- Occupations involving migrant workers: textiles, Shoe making, electronics assembly, food processing, etc.
- 41% of migrant workers havent been trained
- Age group of18-29 accounts for nearly 80%
- Young unmarried workers account for 53%

To save money, migrant workers have to limit to the maximum all paid services, including health care

Service type	Used
Supermarket. market	**97.1**
Kindgarten	17.0
Primary school	11.1
Secondary school	0.0
High school	0.0
Vocational units	2.9
Health care services	**71.4**
Culture house	14.6
Theatre. cinema	20.6
Sport centre	6.9
Parks	31.1

Working 10-12 hours a day, living in poor conditions

Cheap kindergarten at industrial zones: questions of hygiene and safety for children (Picture: One private pre-schooling service near an industrial zone, Hai Duong)

Migration, social evils and diseases/infection

- Loneliness, lack of support from families and society make young migrant workers vulnerable to social evils: prostitution, drug abuse and crimes
- Risk for diseases/infection
- Migrant workers at the border area

Conclusions

1. Current situation of migrant health care

- Most migrant workers are young and of good health at the departure
- Hard work, 10-12 working hours/day
- Poor living conditions
- Limited access to health care services due to lack of money
- Lack of family support and poor mental life leading to social evils and diseases

2. Studies on health and health care for migrants

- Most studies on migration cover health care issues to some extent, but none have a systematic and in-depth view.

Recommendations

1. Further study on health situation and health care needs of migrant workers (by gender, age group, nationality, level of education, economic situation, job, reason for migration, legal/illegal migration, etc.)
   - Health situation of migrant workers
     - ✓ Health prior to and post migration
     - ✓ Factors affecting health and health care for migrant workers
     - ✓ Attention to high-risk groups
   - Health care needs of migrant workers
2. Study on the reality of health care system for migrants
3. Study on migrants' accessibility to health care system