



2<sup>nd</sup> InaHEA Congress  
Jakarta, Indonesia

# UNIVERSAL HEALTH COVERAGE IN 'ONE ASEAN': ARE MIGRANTS INCLUDED?

Ufara Zuwasti Curran

**RAMON LORENZO LUIS R. GUINTO, MD<sup>1</sup>, UFARA ZUWASTI CURRAN, MD<sup>2</sup>, RAPEEPONG SUPHANCHAIMAT, MD<sup>3,4</sup>, NICOLA S. POCKOCK<sup>4</sup>**

<sup>1</sup> UNIVERSAL HEALTH CARE STUDY GROUP, UNIVERSITY OF THE PHILIPPINES <sup>2</sup> NUFFIELD DEPARTMENT OF POPULATION HEALTH, UNIVERSITY OF OXFORD

<sup>3</sup> INTERNATIONAL HEALTH POLICY PROGRAMME, MINISTRY OF PUBLIC HEALTH, THAILAND <sup>4</sup> DEPARTMENT OF GLOBAL HEALTH & DEVELOPMENT, LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

**ASEAN Member Countries**



Myanmar



Laos



Philippines



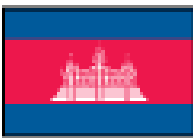
Vietnam



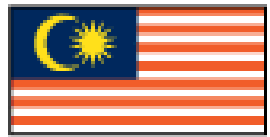
Brunei Darussalam



Thailand



Cambodia



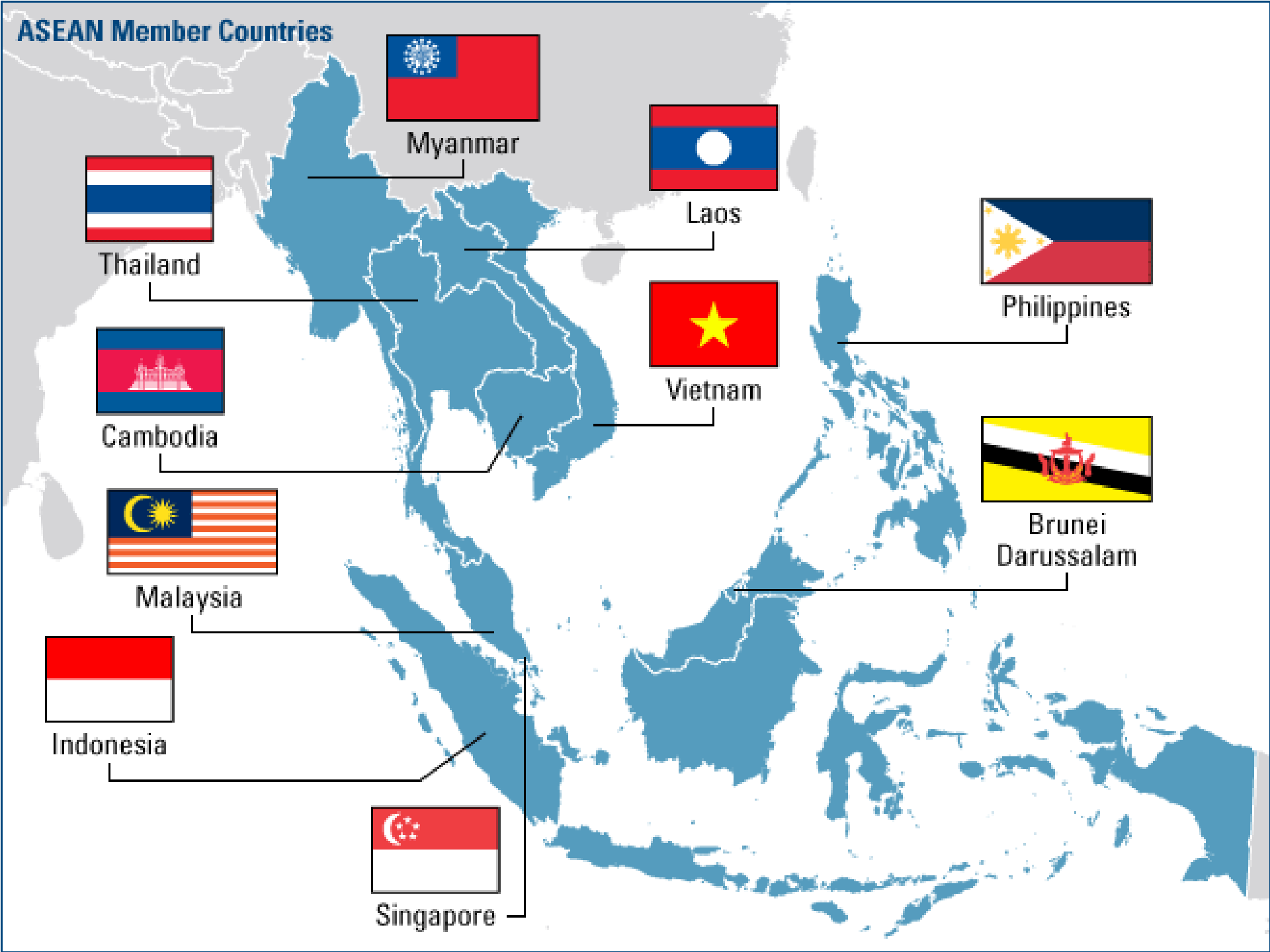
Malaysia



Indonesia



Singapore

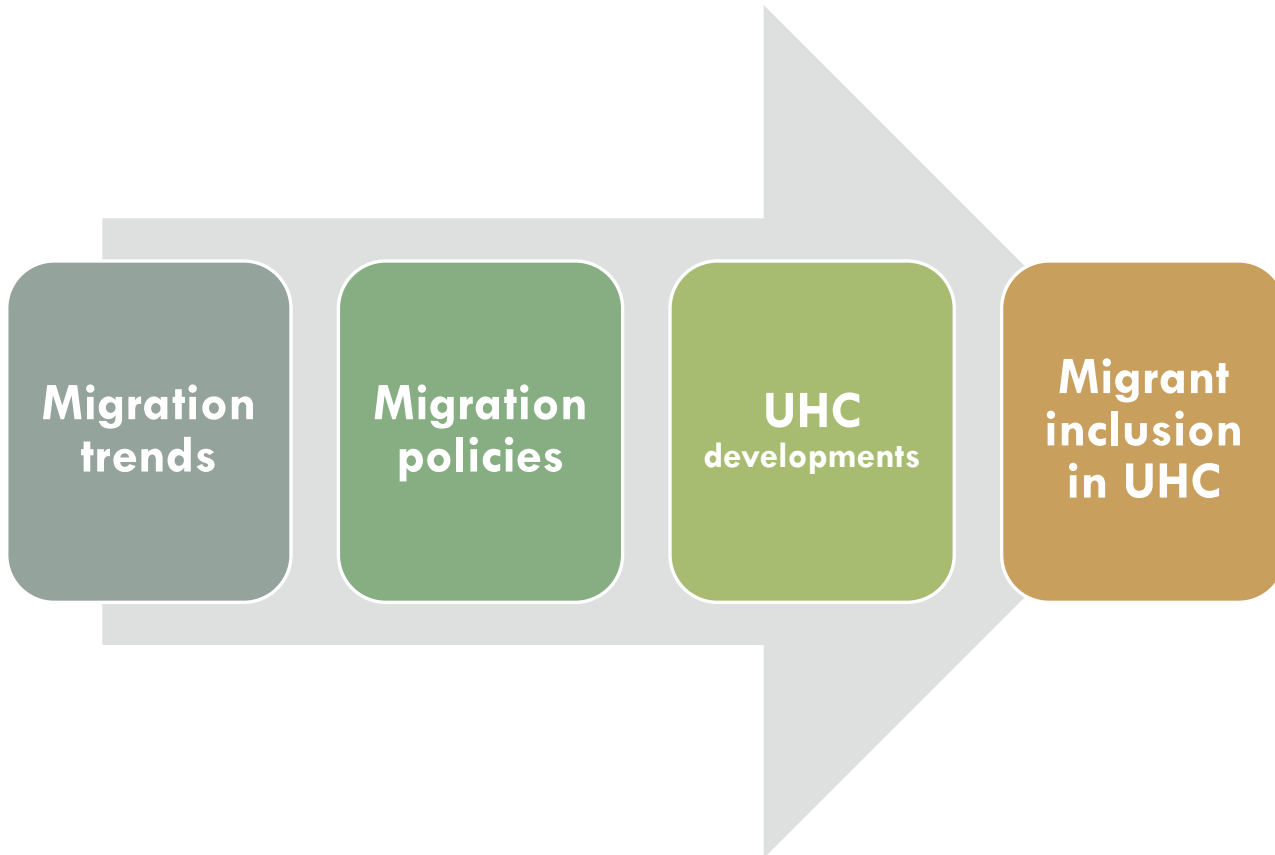


# BACKGROUND

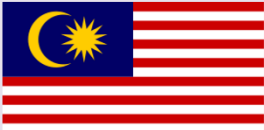












- The Association of Southeast Asian Nations (ASEAN) is gearing towards full regional integration by 2015
- Further increase in cross-border mobility of workers and citizens is anticipated
- Health rights of migrants still need to be addressed by countries in the region
- Transition to universal health coverage (UHC) in ASEAN countries provides an opportunity to examine migrant inclusion and healthcare access

# METHODOLOGY

- Review of literature covering five out of ten ASEAN countries



# RESULTS

	RECEIVING COUNTRIES			SENDING COUNTRIES	
FEATURES					
Country	<b>MALAYSIA</b>	<b>SINGAPORE</b>	<b>THAILAND</b>	<b>INDONESIA</b>	<b>PHILIPPINES</b>
UHC model	Two-tiered system (tax-financed public sector, private health insurance for private services)	'Multiple layers of protection' (government subsidies, medical savings, voluntary contributions)	Tax-based (payroll taxes for employed; general taxes for poor, informal sector, and civil servants)	Social health insurance (mixed sources: voluntary premiums, payroll taxes, and subsidies from general taxes)	Social health insurance (mixed sources: voluntary premiums, payroll taxes, and subsidies from general taxes)
Achieved UHC for citizens?				Rolled out in 2014; deadline set in 2019	Ongoing; deadline set in 2016
Migrants included?					
Health protection in migration and labor policy?	Private health insurance mandatory for legal migrants; Workmen's Compensation Act guarantees disability and death benefits	Private health insurance mandatory for low-/semi-skilled workers; Work Injury Compensation Act guarantees disability and death benefits	Comprehensive Compulsory Migrant Health Insurance offered to legal migrant workers as well as undocumented migrants	Separate Compulsory Migrant Worker Insurance Program offers some health protection, but low population coverage and implementation gaps remain	In addition to SHI for outbound migrants, government-run life insurance & compulsory private migrant insurance offer disability, death, & medical repatriation benefits

# CONCLUSIONS & RECOMMENDATIONS

## **Spark regional dialogue on migrant health**

Expanding discourse beyond border restrictions for infection control; exploring bilateral and multilateral mechanisms

## **Include undocumented migrants**

Broadening the discourse from 'ASEAN workers' to 'ASEAN citizens'; aligning migration and labor policies with UHC goals

**Make UHC truly 'universal'** Redefining beyond the basis of citizenship and reimagining across national borders to ensure genuine migrant inclusion

THANK YOU



LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE

