



# **DEVELOPMENT OF MIGRANT HEALTH PROGRAMME IN VIETNAM**

***Prof Nguyen Dinh Cu***

**Ha Noi, 7-2020**

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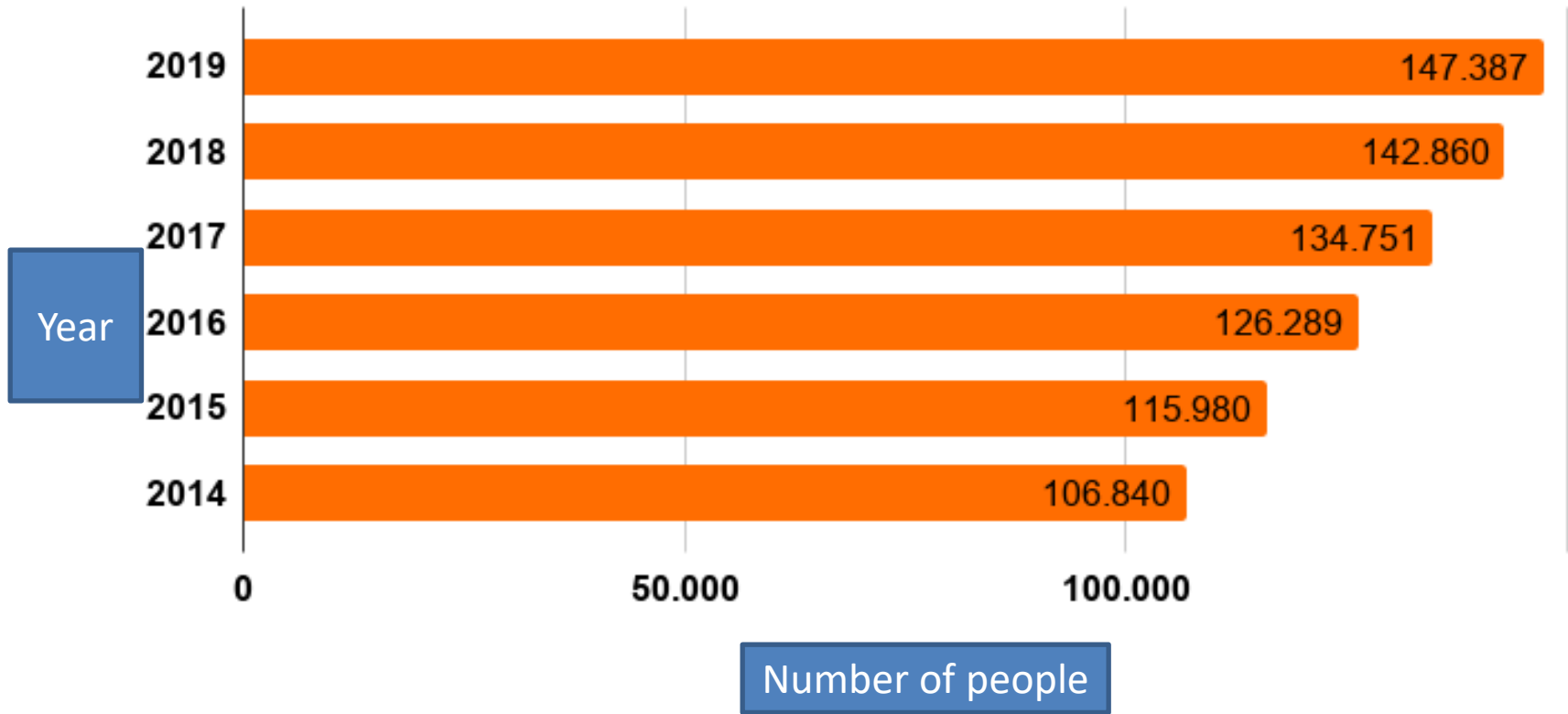
# **PART 1: THE NECESSARY OF DEVELOPING THE MIGRANT HEALTH PROGRAMME**

## **1.1 Migration in Viet Nam: diverse & large-scale + *Millions of internal migrants yearly***

**Table 1: numbers of internal migrants**

<b>Census (years)</b>	<b>1999</b>	<b>2009</b>	<b>2019</b>
<b>Population (million)</b>	<b>76,3</b>	<b>85,8</b>	<b>96,2</b>
<b>internal migration in the 5 years prior to the Census (million)</b>	<b>4,482</b>	<b>6,725</b>	<b>6,4</b>

**+ *Increasing tendency of migrant workers abroad***



**+ From 2016 to now: >1 million of Vietnamese migrant workers working abroad**

**+ Currently: >190.000 Vietnamese students abroad**

## **1.2 Migration continues increasing**

### ***1.2.1 Characteristics of Vietnamese Population***

- + Large scale, in 2019 is 96.2 million people
- + Young population, median age about 32, dynamic
- + Viet Nam is in dividend demographic period
- + A low proportion of urban population, appx 34.5% 2019
- + High proportion of rural population: 65,5%, low productivity, low income and much non-working time.
- + uneven population distribution, Red River Delta density is 10 times higher than the Central Highlands

***Characteristic of population structure is potential for large migration***

## ***1.2.2 Socio-economic characteristics***

- + The percentage of labours in agriculture, forestry and fishery is decreased but still high, about 35,3% in 2019
- + Investment flows concentrate in Ha Noi, TP HCM, Ba Ria Vung Tau, Binh Duong & Bac Ninh
- + Varied income between regions

In 2019:

Southeast VN: 5,7922 mil/person/month

Midlands and northern mountains: 2,4522 mil/person/month

***Therefore, migration and migrant health have been important, long-standing issue of Viet Nam***

### **1.3. The policies and laws in Vietnam have concerned about migrant health early**

**Resolution 95/CP issued by the Government Council dated 12/03/1990 on the policies of building new economic regions**

***+ Resolution 82/CP issued by the government Council dated 12/3/1990 on mobilizing and recruiting laborers to work in state-run forestry farms in economic regions***

***+ Health insurance laws (2008; 2014)***

***+ Resolutions 20-21/TW of the 6<sup>th</sup> general conference, the 12 course, 2017 on strengthening protection, care, and health promotion for population in the new situation.***

+ Decision 1092/QĐ-TTg dated September 2, 2018 issued by the Prime Minister on approving the Health Program of Viet Nam

Viewpoints: “Implementing a comprehensive principle in the protection, care and improvement of the people's health; every citizen should be managed, monitored and cared for continuously throughout life. ”

Determination: “The Health Program of Viet Nam is a comprehensive program to connect program and projects in the related fields to focus on achieving prioritized health goals.”



+ *The Labour Laws 2019*

+ *Decision 659/QĐ-TTg issued by PM dated 20-5 -2020 approved “Programme on care and improvement of workers' health and prevention of occupational diseases in the period of 2020-2030 ”*

## **1.4 International documents related to the health of migrants**

+ In 2008, the World Health Assembly - WHA issued Resolution 61.17 on "Health of migrants." In 2013, the Health Policy and Strategy Institute, MOH and IOM Viet Nam organized a Workshop on this Resolution. **However, up to now, Vietnam has no Migrant Health Program.**

+ 05/2017, World Health Assembly Resolution 70.15 on Promoting health of migrants and refugees, as member states of UN, Viet Nam committed to implement the Resolution 70.15

+ Developing Migrant Health Programme will facilitate Viet Nam to enhance capacity of integration and cooperation in the field of migrant health with the countries in region and global

## **1.5 Recommendation from scientific research on migrant and migrant health**

Viet Nam has some studies on migration, but direct studies on relation between migrant and health is limited. However, all studies also had recommendations relating to migrant health

**+ *Institute of Population and Social Issues (National Economics University), 2004***

**Conducted research project “Migration & health” funded by UNFPA. It gave 15 recommendations, in which young migrants especially was paid attention:**

“Reproductive health protection and care agencies should guide and encourage migrants, especially among young people, to use condoms for family planning and to prevent STIs. When implementing the EPI program, attentions should be paid to mobilizing parents who have just moved to areas to have children under 5 getting vaccination. ”

*(11<sup>th</sup> recommendation)*

+ *Viet Nam Academy of Social Science, in 2009*

Conducted the research “Assessment study on research materials and interventions on migration policies”, funded by UNFPA

+ The study offered 6 recommendations, including a recommendation underlines inter-sectoral cooperation in addressing migrant health issues

+ The 5<sup>th</sup> recommendation: “strengthening reproductive health and prevention of HIV/AIDS for migrants” and “to do it, it is needed to have synchronous coordination of inter-sectoral and organizations but not just government or health sector”

+ *GSO, 2015*

Studied and published the study “National Internal Migration Survey: Major results”. The Study provided 10 recommendations, including national data system on migration and migrant health

**The 10<sup>th</sup> recommendation:** the government should include a national internal migration survey in the list of national statistical surveys

+ *Study conducted by MOH, IOM, WHO in 2019*

“Situation Analysis on Migrant Health in Vietnam”

Recommendations are presented on the 5<sup>th</sup> chapter

Vietnam needs to have "A ministry or working group at the national level should be designated as the person responsible for dealing with migrant health related issues"

"The Government of Vietnam needs to develop a national framework to promote migrant health and involve migrants in the Prevention and Management of Infectious and Non-communicable Diseases and Psychological Health."

## **1.6 International experiences**

+ Sri Lanka, in 2009: enact migrant health policies, establish NSC (national steering committee,) and MHTF (migrant health task force), migrant health unit/secretariat – attach in MoH)

+ Philippines, in 2014 established Philippine Migrant Health Network. Developed the Philippine Strategic Plan for Migrant Health 2016 -2022

# **PART 2: RECOMMENDATIONS ON ACTIVITIES FOR DEVELOPMENT OF THE VIETNAMESE MIGRATION HEALTH PROGRAM**

## **Activity 1:**

Establishing **the Migrant Health Working Group at central level** (Ministry of Health)

## **Activity 2:**

- + Strengthening IEC on migration and migrant health
- + Diversify media channels to communicate on migration and migrant health
- + IEC objects:
  - ❖ Policy making and planning organizations
  - ❖ Service providers
  - ❖ Migrants and the public

## **Activity 3: Develop the migrant health programme in Viet Nam**

(Need to have opinion of ministries and social civil, representative of migrants and submitted to MOH for approval)

### **PART 3: RECOMMENDATIONS ON THE CONTENT OF THE MIGRANT HEALTH PROGRAMME IN VIET NAM**

#### **3.1 The necessity of the programme**

(selection, complementation from Part 1)

#### **3.2 Basic of policies of the Party and the laws of the State**

(1) The policies of the Party

(2) The laws of the state



## 3.3 Points of View

### (1) Position of the Programme

The migrants are at a higher risk of health than non-migrants. Protection, care and promotion of the health of migrants are socially important and humanitarian; is a basic factor for poverty reduction to improve the quality of life for migrants and their families; at the same time, it is a solution to leverage on the golden population structure and sustainable development of the country.

### *(2) The content of the programme*

Migrants should be closely monitored and managed; be provided with complete medical information; have access to a diverse, non-discriminatory and easily accessible system of protection and health care; get supports when needed.

### ***(3) Human resource for the Programme***

Protecting, caring and improving the health of migrants requires the participation and cooperation of inter-sectors and multi-levels; many stakeholders, especially the proactivity of the migrants themselves and the coordination under a unified Program.

### ***(4) Finance for the Programme***

Diversify funding sources for migrant protection, care and health promotion. The State encourages and supports investment in this field

### ***(5) Methods***

Migration and migrant health need to be integrated into socio-economic development plans, especially the Health Plan.

## 3.4 Targets by 2025

- (1) 100% migrants are monitored with health and registered with medical registration
- (2) 100% migrants are provided with adequate information in the destination countries regarding protection and health care
- (3) 100% of migrants are granted health insurance cards, medical care when they are sick and get supports when necessary
- (4) Improve the rate of migrants who rate "good" and "very good" to health to 40%; reduce "Weak" and "Very weak" to 3%
- (5) Review and finalize appropriate policies on health care and protection for each migrant groups (domestic, overseas workers, international students, ...). Signing bilateral agreements on health protection for migrants with 100% of the countries receiving labors and students from Viet Nam.

## **3.5 Solutions and missions**

### ***3.5.1 Promoting studies on the health of migrants, especially services on protection, care and management of migrant health, providing evidence for intervention and policies***

- a) Studies on determining health problems of migrants
- b) Studies on detecting barriers to reproductive health care
- c) Review and study the gaps of policy in the field of health protection and care for each group of migrants
- d) Research and propose solutions to resolve/remove policy gaps

### ***3.5.2 Communication on migrant health, policy and resource mobilization***

Base on studies' findings:

- a) Behavior change communication to protect, care for and promote migrant health (no smoking, no alcohol abuse, proper nutrition ...)
- b) Communicate and advocate to change policies, increase resources to protect, care for and enhance migrant health
- c) Diversify communication channels suitable for each group of subjects (migrants; agencies, policy makers; service providers, etc. focus on using social networks; online exchanges).

### ***3.5.3 Strengthening inter-sectoral leadership, direction and coordination. Build local migrant health working groups***

- a) Integrating migration and migrant health issues into local development plans (Socio-Economic-Environment)
- b) Complete and supplement the policy on migrant health
- c) Establishment of a Migrant Health Working Group at provincial/municipal level (Department of Health)
- d) Establishment of a Migrant Health Working Group at district level (District Health Center)
- e) Establishment of a Migrant Health Working Group at commune/ward level (Health Station)

### ***3.5.4 Registration and monitoring the health of migrants***

- a) Monitoring health monitoring for migrants
- b) Regularly check the health status of migrants

### ***3.5.5 Diversify the migrant health care network***

- a) Develop psychological counseling support services for migrants
- b) Develop and apply standards to ensure adequate living standards for migrants (housing, electricity, water, ...)
- c) Develop healthy recreational facilities for practice corners for migrants
- d) Develop health information systems, online health advice (Uber and Grab forms)

e) Develop local health systems with taking into account the needs of the migrants

g) Encourage the supply of fresh foods; strengthen food safety inspection

### ***3.5.6 Resources***

+ State budget; Programs, Projects, ..

+ Mobilizing voluntary contributions from the community, especially businesses that employ migrant workers and agencies that send workers to work abroad

+ Health Insurance Fund, ...

+ Contributions of the people

+ International aid, ...

+Effective use of resources



### ***3.5.7 International cooperation in advancing migrant health***

+ Strengthening cooperation with international organizations such as IOM, WHO, UNFPA, ... and countries in the region and worldwide to exchange experiences and mobilize technical and financial supports to implement the migrant health programme

## **3.6 Scope, subjects, time**

❖ ***Scope:*** nationwide

❖ ***Subjects***

Targeted populations: migrants who migrate less than 5 years

Involving subjects: Agencies, organizations, social civil, organizations, enterprises; families, schools, ...

❖ ***Time (2020-2025): specific plan for each year***

## **3.7 Organization of implementation: agencies and tasks**

- + Ministry of Health
- + Ministry of Planning and Investment
- + Ministry of Labour, Invalids and Social Affairs
- + Ministry of Information and Communication,  
Media agencies
- + Ministry of Public Security
- + Ministry of Finance
- + Ministry of Agriculture and Rural Development
- + Research Institutes
- + CSO
- + People's committees at all levels

**Thank you very much!**

