The health care situation of Burmese migrants in Thailand - Access to HIV prevention, treatment and care

An interview with Brahm Press, working for Raks Thai Foundation, a member of CARE International

While financial investments in the Greater Mekong Subregion led to better infrastructure and connectivity between the countries, it also led to greater mobility of people searching employment opportunities outside their home-countries. Thailand as the main receiving country within the Greater Mekong Subregion hosts almost 1.5 million registered migrants. The number of unregistered migrants is estimated by different agencies and researchers to be at least as high or higher. Almost 80 percent of migrants living Thailand are from Myanmar, followed by migrants from Cambodia and Lao PDR. Migrants in Thailand are especially working in the fishing and fish processing industry, agriculture, construction and manufacturing with women often working informally without social security benefits in different sectors.
Higher mobility of people within the Greater Mekong Subregion does not only lead to an increase of economic benefits, the risk of transmission of communicable diseases also increases, HIV being one of these diseases. While the national HIV prevalence rate in Thailand decreased to 1.3 percent, there are still certain vulnerable groups, which see higher prevalence rates and HIV risks. Even though reliable information on the prevalence on HIV in migrants within the Greater Mekong Subregion is still limited, studies suggest that HIV risks can be connected to occupations with high mobility, certain geographic areas and specific patterns of drug use and sexual behaviour.
Another fact that bears a higher risk of HIV infection is the limited access to prevention, treatment and care services. Migrants in Thailand often face one or more of these above living conditions and therefore count among the vulnerable groups facing higher HIV risks. Furthermore those migrants who are staying in Thailand undocumented do not have access to health insurances and therewith face additional health risks.
Raks Thai Foundation, a member of CARE International is a local non-profit organization, which has been operating in Thailand over 30 years (including its time as 'CARE Thailand') and is among other sectors, working in the area of health and HIV prevention and care. Through its joint work with government authorities, academic institutions and other regional and local stakeholders, it has access to and works with so called 'at risk groups', including migrant populations from Myanmar in particular. This interview has been conducted with one of the Raks Thai's staff members from Bangkok, who has been working with migrants in Thailand for over 15 years. Background of the interview are the ongoing changes within Myanmar, the political opening and the increasing mobility between the neighbouring countries, which led to the question how these factors affect health care and especially HIV prevention, treatment and care in Thailand as the receiving country of mobile populations in particular.

Please tell a little bit about who you are and what area you work in
I have been working in the area of migration in Thailand for 15 years, with a focus on migrants from Myanmar. I have been to Myanmar twice, and to the border areas a number of times. Through my work I am also in contact with the Joint United Nations Initiative on Migration, Health and HIV in Asia (JUNIMA), a regional initiative, and the Mekong Migration Network. A lot of discussion about Myanmar and how to link to it has come up in the NGO community within the last 2 years. Everybody was used to working

with Myanmar in a certain way, back then given the political situation but now there seem to be new rules in cooperation.

What changed?
Before people from Myanmar were very paranoid and scared to speak openly, even on the Thai side. This was concerning all matters on the political systems and politics. People with HIV living in Thailand were also concerned that information could get back to their home-country and reveal their status.
Burmese, in comparison to other migrants have a strong network, whereas Cambodians and Laotians for example are more individualistic. This is a strength and a weakness at the same time. It is positive as Burmese migrants have strong community networks, but it is negative because the gossip and news about persons living with HIV spread very quickly, and the stigma is very strong within the Burmese migrants communities. It of course also depends a lot on how you got infected. Older women for example most likely got it from their husbands, younger women might be suspected to be sex workers. The way men got infected is not that much questioned, so the stigma is definitely stronger on women.

Was your project designed on the background that Myanmar is opening up?
No, HIV and migration has been a prominent issue since the last 15 years. At the peak of political repression HIV was also seeing a peak. That had different reasons: 1. Little knowledge was present among the communities, for example in Mon state. When migrants returned to their community from working outside the country, they either infected their partners at home due to a lack of knowledge or came home to die as there was no treatment available at the time. 2. Increased drug-use and limited HIV prevention programmes were worsening the situation. In Myanmar, NGOs were suspect and were only allowed to work in certain areas, at the same time the government did not spend money on HIV/ Aids. This left a huge gap in HIV/ Aids prevention, treatment and care programmes. Myanmar has one of the lowest health budgets world-wide. The health system has been neglected for decades, and there was no testing available. When the Global Fund, an international financing institution that fights Aids, Tuberculosis and Malaria, came out, Myanmar had a grant revoked. Even though new money was available for HIV programmes, Myanmar was still isolated.

How and when did this attitude concerning health programmes change?
A consortium of governments put together funds under the 3D (three diseases – HIV, tuberculosis and malaria) provided funding for the gap that the Global Fund left. Just recently the Global Fund has come back to Myanmar. It is working within Myanmar, Save the Children is the principal recipient (PR) and they are working with another consortium of NGOs (including for example IOM, Malteser and others).

How is the medical situation for people living with HIV/ Aids in Myanmar?
It is still difficult, even with the Global Fund being active. Antiretroviral (ARV) is available, but treatment is geographically limited, so ARV is only available in so called township hospitals. This means that people living in more remote areas sometimes have to travel for hours or a day to get the treatment. There are also limited testing facilities. Another point, which makes it more difficult to determine how the actual situation looks like is the fact, that there is and was no holistic surveillance done from the official side. Only recently surveillance was undertaken, the outcome was a surprisingly low rate of HIV/ Aids prevalence. So the quality and honesty of the information can be questioned.

Also such surveillance does not reflect that prevalence is higher among certain societal groups, such as sex workers or people who inject drugs, or certain geographic areas.

How does migration affect health issues and HIV/ Aids prevention, treatment and care?

We took a cross-visit to Myanmar in 2013 to meet with NGOs working on HIV. To give you one example from the visit and the information we gathered: In one community in Mon State every family there had a member who migrated to work in Thailand. This situation is a double-sided sword: outmigration brings money back into the communities so the families benefit, but it also often brings HIV, as many of the returnees get infected within Thailand. So prevalence is higher in these groups and these communities. ARV is accessible to some of these work migrants at home, yet there is an issue of continuation of treatment if people are going back and forth, especially if they return to Thailand for work.

Another example from Mae Sot: many people from the Burmese side come to Thailand to get treatment. The border regions of Myanmar are most neglected from the government side concerning support for health services and HIV/ Aids treatment and care. Remote areas do not have the same resources as in the central areas, so people cross the border and get treatment in Thailand. This in turn means that hospitals on the Thai side are burdened with undocumented migrants wanting services.

Did this situation increase since the opening of Myanmar?

No, the influx was not that visible and people are still coming to Thailand as usual and at a steady rate. Today around 3 million migrants are living in Thailand, 80 percent of them are from Myanmar. Trends are still present, but diminishing, because of the slow improvement of conditions (politically and economically) in Myanmar itself. If things improve in Myanmar, then you will see a shift in migration to Thailand. (That or things get economically bad in Thailand, or both.) There was and is not an overnight change regarding the opening of Myanmar, also will not prospectively until the constitution is rewritten. There is still a lot of tension within the country (for example concerning Rohinya, China's and India's as well as the US' influence, connections to North Korea…). This means that political reality is still very unstable, which makes outside investors reluctant to go in headlong.

What will change concerning the ASEAN plans to allow freedom of movement of labour from 2015 onwards?

One has to take into consideration that the new freedom of movement of labour only applies to skilled labour, unskilled labour will still live under the same conditions. There will not be any major influx, especially concerning the unskilled labour. Yet there might be some movement this year by business owners who are building up factories in Myanmar, as there is also freedom of investment and goods. Maybe in 2016 we will see some changes in migration patterns to Myanmar instead of outgoing migration only. Thailand is still the main destination country, but more Burmese are starting to go to Malaysia and other destinations. Thailand might diminish in its ranking as number one destination country prospectively.

How does migration affect medical programmes in Myanmar and the receiving countries?

Myanmar is developing slowly but one of the strategies is to build local health centres. These will be built on different levels with township hospitals (largest hubs) and district

hospitals. That is the current work being undertaken, as far as I understand. This will again take a lot of time, because universities in Myanmar closed for so long that there is currently not enough skilled health personnel available. Usually NGOs help to fill the gap and step in. But until recently they were limited in their freedom to become active and they still are to some degree (geographically). One core aim of many NGOs is that local people are trained. Yet some NGOs, for example International Organization for Migration (IOM) already fear the danger that there is a parallel development in health care from the NGO side to the official side, meaning that the Burmese government does not invest and improve the health care system on basis of their own financial means.

What are the challenges you see and what are the possibilities (political wise and civil society wise)?
More civil society organizations are currently opening up, so there is the possibility that civil society will blossom, if there is no political repression again. Laws just changed to make it easier to open up foundations. Changes are going on, but the situation is still very unstable for civil society organizations.
On the political level we see increased cooperation. Before Myanmar used Thailand as a proxy health system. Now, meetings between the two countries on cross-border referral systems for migrants living with HIV are taking place, so there is a recognition of this issue from the political side. There is also a regional Global Fund proposal on Malaria, which is going to be implemented on a cross-border level. As there is going to be a huge challenge concerning drug resistance projects, these have to take place cross-border. Malaria and Tuberculosis are especially going to be an issue in all the border areas because people are crossing back and forth and there are concerns over growing drug-resistance.

Are you cooperating with political agencies as well? If yes, what is the opinion and action from the Burmese side in the health sector, facing migration (outgoing and incoming)?
The Ministry of Health is THE entity in all countries, which should take responsibility because they have the obligation to treat people and provide for health services. NGOs are social connectors, who lift people to the services. They are the outreach arm in health. These two have to work together. It is yet at an infant stage.

And the Thai side?
Tuberculosis and Malaria are prevalent on a smaller scale than HIV. Tuberculosis programmes and projects are already successful and there is a lower rate among society. These projects and programmes have a strong social support system, which ensures that migrants take their medication.
Concerning the HIV referral systems, the responsible government agencies are working towards becoming more formal. Last year November there was meeting between the Thai and Burmese side to start discussions on referral. Mainly technical aspects have been discussed on each side, but there is no official agreement yet. Also concerning ASEAN it has to be said that member countries cooperate, but they do not work standardized or coordinated. So there is not suddenly going to be an ASEAN health card for example. From the NGO side, Mekong Migration Network has put forward ideas about portable insurance.

Who is most at risk from Myanmar?

Undocumented migrates are most vulnerable to health risks because their work conditions are unmonitored. There has also been a change in the health insurance in Thailand: all migrants are allowed to purchase health insurance, including even undocumented migrants. This is actually a good move forward, yet the way this policy has been promoted was and is very unclear and not yet functioning well.
Concerning HIV: fishermen still have the highest risk behaviour. Forced labour and trafficking is also an issue in this respect. People who work on boats, and make it to land have the highest risk as there are alcohol and sex workers available. In many cases migrant workers who work in 'at risk' settings and occupations may become couples, and the sense of intimacy and intoxication can lead to inconsistent condom use. Over time they may change partners and that is how it spreads. Yet female migrants work in the fish processing industry, and some have partners who work on boats currently or previously. Again, low condom use among intimate partners plays a major role in HIV transmission.

Are there specific places in Thailand, which have a huge migrant community?
Yes, Mae Sot, Mahachai, and also Chiang Mai. In the South it is Ranong, Pangnga, Suratthani, and Songkhla, which are the pockets with a high concentration of migrants. Health services in some of these locations are provided in a migrant –friendly way. Yet the national government has no policy in place to make services as such (migrant friendly) accessible and available on a nation-wide level. A migrant health strategy is in place, yet it has not been endorsed by the national government yet. Health services operate in this way that they only take migrants who are registered in the specific area into account, so health care centres are reluctant to go and overspend on migrant health if undocumented migrants want to access services. NGOs play a big role in this, acting as a bridge between migrants and services to overcome poor policies.
The strategy of the Global Fund project called PHAMIT, with Raks Thai as the PR working with several other NGOs is bringing together the migrant communities and migrant health workers and assistants. Migrants are trained to work in the health care system. This is yet an informal system and arrangement. On the political official side there is not much money spent on this kind of strategy, so NGOs fear that the government will not do burden-sharing together with the NGOs. Yet on the other side, if NGOs did not support these supportive activities, such as the Migrant Health Workers, it would make health providers' work that much more difficult. The feeling is that government's responsibility is not yet stable in this regard, and it has to be monitored. Thus this problem goes back to the core issue, which is the general migrant policy of Thailand. This assumes that the migrants are only temporarily staying in Thailand and therefore does not give them the full rights. Migrants have to pay their health insurance themselves because the government cannot use government funds to provide services to migrants. With the opening of Myanmar there was increased cooperation in formalized migration between Thai and Burmese officials such as with the Nationality Verification Process. Yet one has to understand that the migrant health insurance and the social security for Thai people are different. Migrants with passports were supposed to have social security, the same as Thai people, but that did not work out.

So what is your outlook?
Prospectively and with the potential of greater movement in the Southeast Asian region the issue of migrants AND health will become and needs to become a higher priority among officials. If it does not, then we will see drug resistance and limitations on uptake of ARV, in part because of irregular drug intake that accompanies high mobility.

Understanding of prevention is low and this is a problem. The situation changes faster than systems can adapt on both sides, the Thai and the Burmese. Political changes in Myanmar were quick, yet the developments in the health care systems are a lot slower. The ability of the health care providers to deal with these prospective challenges is a whole other issue.

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