

Regional Consultation Series with GCM Champion countries in Asia and the Pacific

“Promoting Access to Health Services for Migrants, including in the context of the COVID-19 Pandemic”

28 October 2021, 13:30 -15:45 (BKK) / 14:30-16:45 (MNL)

Virtual

SUMMARY REPORT

I. Background

1. The first Global Compact for Migration (GCM) Regional Review for Asia and the Pacific held in March 2021 took stock of the progress made in GCM implementation in the region. To keep the momentum and follow up from the regional reviews and as part of several ongoing cooperation to advance the GCM in the region, the Ministry of Foreign Affairs in Thailand proposes holding the first Regional Consultation with GCM Champion Countries. This consultation is planned as the first in a series of consultations, co-organized with the other five GCM Champion countries in the region (Bangladesh, Cambodia, Indonesia, Nepal, and the Philippines) and the Regional United Nations Network on Migration for Asia and the Pacific.

2. Guided by the GCM, the 2030 Agenda for Sustainable Development (SDGs) and the United Nations Charter, this series aims to accelerate action towards safe, orderly, and regular migration.

3. The series comes at a timely moment in light of the COVID-19 pandemic and its adverse socioeconomic impacts and exacerbated vulnerabilities amongst international migrants and their families. The exchanges will also focus on the challenges and opportunities that have emerged in the wake of the COVID-19 pandemic, and on the impacts on migrants and migration processes and systems and the needs for including migrants in the efforts by countries to build back better, aligned to the one of the priorities reflected by the Network.

4. This GCM Champion countries led consultation series also provides an opportunity for countries in the region to discuss priorities, identify key challenges, lessons learned and good practices, and develop possible common solutions that will enable progress towards the implementation of the GCM in Asia and the Pacific.

5. The series will explore and analyze various themes surrounding migration, and their critical intersection with the COVID-19 pandemic. GCM Champion countries in the region may volunteer to co-host consultations on priority topics that align with the GCM objectives and relevant SDGs and invite expert panelists on the subject to share latest data and knowledge that can contribute to evidence-based policy recommendations. The identification of progress, challenges, opportunities, and recommendations will be captured through an outcome report that will be presented at the International Migrants Day on 18 December 2021, forms part of the peer learning and dialogues through the Migration Network Hub and is envisaged to contribute to the International Migration Review Forum (IMRF) in May 2022.

II. Objectives, Organization and Attendance

6. On 28 October 2021, the Ministry of Foreign Affairs (MFA) of the Kingdom of Thailand and the Department of Foreign Affairs (DFA) of the Republic of the Philippines, in collaboration with the Regional UN Network on Migration for Asia and the Pacific, convened an online regional consultation on “Promoting Access to Health Services for Migrants, including in the Context of the COVID-19 Pandemic”.

7. This consultation marks the beginning of “The Regional Consultation Series with GCM Champion Countries in Asia and the Pacific” under the theme “Accelerating Safe, Orderly and Regular Migration, including in the Context of the COVID-19 Pandemic” guided by the GCM and the 2030 Agenda for Sustainable Development (SDGs), initiated by six (6) GCM Champion Countries in Asia and the Pacific Region, namely Bangladesh, Cambodia, Indonesia, Nepal, the Philippines and Thailand, in collaboration with the Regional UN Network on Migration for Asia and the Pacific.

8. The related GCM Objectives were

- Objective 15: Provide access to basic services for migrants
- Objective 16: Empower migrants and societies to realize full inclusion and social cohesion

9. The related SDGs were

- Goal 1: To end poverty in all its forms, everywhere
- Goal 3: To ensure healthy lives and promote well-being for all at all ages
- Goal 5: To achieve gender equality and empower all women and girls
- Goal 8: To foster sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- Goal 10: To reduce in equality within and among countries

10. The purpose of the meeting was

- to accelerate progress in the implementation of the GCM through the discussion of key regional priorities, and
- to develop regional inputs for the International Migration Review Forum (IMRF) expected to be held in May 2022

11. About 200 participants from Asia and the Pacific region attended the consultation. Participants came from a broad range of sectors, including UN agencies, civil societies, academia, legal services, trade unions, migrants and diaspora organizations and governments.

12. This report aims to be a non-exhaustive summary of recommendations and key points raised in the meeting.

III. Opening

13. Hon. Enrico T. Fos, Assistant Secretary, Office of Migrant Workers’ Affairs, DFA, the Philippines, welcomed the participants. He recalled the meeting in March 2021, the first Asia-Pacific regional review on the implementation of the GCM. The dialogue series aims to discuss

access to health services, challenges and opportunities, including responses and experiences regarding COVID-19. The dialogue will cut across various themes around migration and analyze its impact on migrants and migration process.

14. Hon. Phuchphop Mongkolnavin, the Deputy Director General of the International Organizations Department, MFA, Thailand, welcomed the participants. This consultation marks the beginning of the regional consultation series since its adoption in late 2018. Within Asia and the Pacific, Thailand has worked together with GCM Champion Countries in the region, with active support from the UN Network on Migration to initiate this regional consultation series to keep the momentum flowing from the regional review of the GCM to the IMRF next year.

15. Hon. Phuchphop Mongkolnavin provided a brief overview of the objective of this Regional Consultation Series, which was to provide an opportunity for participants to take stock of progress made, share experiences and identify key priorities, gaps, challenges and best practices with a view to accelerating progress in the implementation of the GCM. This could also be a timely opportunity to address the impact of COVID-19 and dynamic on migration trend and management, with participation of government, private sector and society, in line with the whole of government and whole of society approach.

16. Hon. Phuchphop Mongkolnavin expressed his gratitude in organizing the first session together with the Philippines on the theme of promoting access to health services for migrants, which, he believed, reflected one of the key priorities in the region as both the source and destination for migrations. The theme also aimed to promote the right to health and GCM objective 15 and 16, the attainment of which would contribute to the achievement of multiple SDGs . More importantly, this consultation sought to encourage the use of the rights-based approach in all migration related policies.

17. He acknowledged that while several countries, including Thailand, have established schemes to ensure that migrant workers have health coverage, in reality, migrants faced a number of obstacles in access to health services, such as language, knowledge, financial and geographical barriers. The ongoing COVID-19 pandemic has exacerbated the vulnerabilities of migrants. In a situation where ‘no one is safe until everyone is safe’, more work is needed to be done to ensure that the health of migrants became an integral part of national public health strategies and to develop a more inclusive and stronger health system.

18. Thailand, as a volunteered Champion Country to promote access to health services for migrants, was pleased to share their experiences, particularly from the perspective of a destination country where the migrant workforce is an essential part of its economic engine. Thailand intended to partner with the Philippines, as a major source country, in order to have a completed picture of the situation from different angles. He believed participation of civil society would enrich the discussion and lead to substantive inputs for the IMRF.

19. Hon. Ms. Sarah Lou Y. Arriola, Office of the Undersecretary for Migrant Workers’ Affairs, DFA, the Philippines have welcomed the participants and shared introductory statements. She emphasized the importance of the regional review by recalling the previous exchanges that identified key challenges, good practices and developed possible common solutions as we prepare for the first IMRF.

20. Hon. Sarah Lou Y. Arriola echoed that this series comes in a very timely manner as the world is grappling with COVID-19 pandemic with international migrants and their families receiving the adverse socio-economic impact. Migrants working in domestic service and construction face issue of a lack of social protection and access to basic services while healthcare workers are subjected to health and safety hazards. The discussion will emphasize this question that the right to help is fundamental principal to migrants' rights.

21. The Philippines, for example, is home to over 10 million migrants scattered around the globe, and this impact articulates the importance of migrant protection, its bilateral and multilateral engagements and transparent migration. Migration is an integral part of national and international development, as supported by the 2020 World Bank report that the remittances of Filipino migrants account for 9.6% of the country's GDP. Meanwhile, migrant remittance flows become the largest source for external financing in developing countries and positively contribute to the development of their host countries. This contribution continues to highlight the critical role of upholding migrant rights at all stages of the migration cycle, which we can all achieve the close cooperation and coordination.

22. In line with the whole of government and whole of society approach, she encouraged all the participants to complete the work that has been started as we move closer to the bridging gaps in SDG themes regarding health and wellbeing of migrants. Amid the pandemic, the call for migrant health became louder than ever, echoing the UN Secretary General's message that 'no one is safe until everyone is safe', which is imperative for the governance issue of migrants, regardless of status of access to vaccination. Through the provision of well-functioning health systems and public health services, we can address the needs of migrants, which allows governments to protect the health of not just the host communities, but also the migrants as they contribute to social and economic development.

23. The opening remarks have been followed by a short video presentation reflecting migrants' experiences in access to health services.

IV. Presentations on Access to Health Services for Migrants in the Context of COVID-19 Pandemic

24. Maeva Peek, IOM, has shared the overview of the situation in Asia and the Pacific Region. Globally, as of 26 October 2021, there have been 243,857,028 confirmed cases of COVID-19, including 4,953,246 deaths, reported to WHO. As of 25 October 2021, a total of 6,697,607,393 vaccine doses have been administered. COVID-19 has severely impacted the Asia-Pacific region, given the volume of the migration that occurs across the region regularly, the impact was felt uniformly so. Most of the Asia-Pacific region has had strong progress in the vaccine rollout, but this has been somewhat uneven across the region, which also has ramification for migration patterns, as some countries may want to impose different restrictions depending on their infection rates within the country. There is a huge discrepancy between countries' vaccination rate as well and the countries are at different stages of addressing the pandemic. Specifically, the Philippines has administered and confirmed 51 million doses of vaccines and Thailand has confirmed 63 million doses administered.

25. With regards to the impact of COVID-19 pandemic in the region, there have been lockdowns, border closures and business disruptions as countries stepped up measures to counter the spread of the virus. Migrants and displaced populations have been particularly affected as many migrant-dependent industries, including construction and domestic labour,

shut down and caused millions to lose jobs. Women broadly fared worse in the pandemic than men, as they work in sectors disproportionately impacted by government shutdowns and had to take on additional childcare and housework burdens. In the region, there have been increased reports of stigma and discrimination towards migrants at destination, transit, and home locations due to fears around COVID-19 transmission, which may lead to longer-term health access issues. The often-crowded living spaces where migrants and displaced populations reside present increased health risks while vaccination rates are still uneven. This gives important lesson to prepare for any general health threats or improving healthcare system and the conditions in which people live, to try to prevent a future pandemic. The complications for stranded and returning migrants require regional cohesion and harmonization of COVID-19 border restrictions.

26. She overviewed some projections for beyond 2021 migration patterns that will have changed, particularly for the Asia-Pacific region where so majority of countries depend on remittances. The economic implications do not only include cross border migration but also internal or rural-urban patterns that may have been disrupted due to the pandemic or as movement resumes. This raises calls to analyze what is happening in the wake of the pandemic not just in terms of health but also in terms of movement and mobility and be aware that prolonged travel restrictions by government in destination countries may prioritize domestic unemployment and to push more people into traditionally sending countries to take more irregular channels of migration. This calls for harmonization of coordinating restrictions and border protocols, in order to make sure that people are still encouraged to take regular channels when possible.

27. Dr. Hathairat Kosiyaporn, Ministry of Public Health (MOPH) Thailand, shared the host country's perspectives and experiences. Thailand is one of the key destination countries for migrant workers in Southeast Asia, hosting 3-4 million migrant workers, most of whom were legal/documented migrant workers recruited through the MOUs between Thailand and neighboring countries (Cambodia, Lao PDR, Myanmar). Alternatively, undocumented migrant workers may register for work permits at "One Stop Service Centers" run jointly by the Ministry of Interior, Ministry of Labor and MOPH. Both tracks required the applicants to pass health screening prior to the issuance of work permits. Migrant workers in formal sector were obliged to enroll in the Social Security Scheme, which provided them health coverage and other benefits similar to Thai workers. Those in informal sector, including their dependents, could buy Health Insurance Cards issued by MOPH, although this was not compulsory. The Health Insurance Cards were also available for purchase at certain public health facilities for all migrants and their dependents regardless of their documentation status. Nonetheless, in reality, a number of migrants still did not have any form of health coverage for a number of reasons, including fear arising from their undocumented status and lack of awareness about the availability of the scheme.

28. On top of the Health Insurance Schemes for migrants, MOPH had developed with a policy to promote "migrants friendly health service". The policy aimed to assist migrants to overcome practical barriers to access to health services, such as language and lack of information. Built on Thailand's long experience and the success of "Village Health Volunteer Programme", MOPH has established "Migrant Health Worker and Volunteer Programme" to provide support to migrants and navigate them through healthcare services at public health facilities. The Programme began in 2003 with collaboration between public and non-governmental organizations. Migrant Health Volunteers (MHV) worked in migrant communities to provide basic health knowledge and assistance to migrants in their native languages and at the same

time helped to coordinate between migrants/migrant communities and public health facilities. MHV received 20 hour training (on Thai culture, migrant related laws, health insurance schemes for migrant workers in Thailand, health communication skills, first aid, disease surveillance, and health promotion for basic communicable diseases and noncommunicable diseases) by local NGOs with training material provided by MOPH, before they started doing their work. Migrant Health Workers (MHW) were hired to work in public health facilities in areas with concentration of migrants. MHW received forty-hour training and were usually assigned to serve as interpreters, health assistants and health educators. During the COVID-19 pandemic, MHV and MHW played an important role in the control of the disease in migrant clustered areas by observing suspected cases, communicating COVID-19 information in the migrant communities, and coordinating active screening test, quarantine and treatment.

29. Thailand provided COVID-19 test, treatment and vaccines to everyone in the country regardless of their nationalities. For example, in the second wave of the pandemic in December 2020, during which clusters of infection were mostly found in provinces with high concentration of migrant workers, active screenings were conducted throughout the areas, including in migrants' workplaces and communities. All migrants with positive results were provided with treatment free of charge regardless of their health coverage schemes. The MOPH also covered the cost of treatment for migrants who do not have any form of health coverage. Nonetheless, at certain points during the pandemic, access to certain services was inevitably delayed due to i.e., lack of information in foreign languages at the beginning, the overloaded public health capacity at peak periods, limited vaccine supply and delay in the internal reimbursement process for vaccines for the uninsured (including uninsured migrants).

30. Dr. Kosiyaporn shared lesson learned that the keys to Thailand's success in enhancing access to health services for migrants were efforts to expand both entitlement and accessibility simultaneously. To increase the number of migrants entitled to any form of health coverage in Thailand, measures were introduced to allow for the change of status from undocumented to documented migrant workers. Thailand's firm commitment to the universal health coverage policy was the crucial driving force for migrant-inclusive health coverage and health service systems. The Migrant Health Worker and Volunteer programme has proven to be very effective in enhancing access by addressing practical pain points such as communication, language and cultural barriers.

31. bis Dr. Kosiyaporn further identified challenges that still remain. First, issues related to migrants in Thailand fell under responsibilities of many ministries and organizations, which sometimes resulted in inconsistent policy directions and gaps. Second, many workers in informal sector and their dependents still remain without any health coverage, contributing to difficulties in access to services, because the Health Insurance Card Scheme was not compulsory by law. The noncompulsory nature of such scheme resulted in the relatively low number of the insured, which, in turn, affected the financial sustainability of the scheme itself and the sustainability of the Migrant Health Workers and Volunteer Programme, which mainly relied on funding from the scheme.

32. H.E. Ambassador Alfonso Ver, recent Ambassador of the Philippine Embassy at Manama, Bahrain, shared his own experience with the focus on the Kingdom of Bahrain and Gulf Cooperation Council (GCC) countries. The ratio of the local population and migrants is almost half and half. Access is not a challenge for migrants in this region, especially for Filipinos, and testing and treatment are free across GCC countries. Tracing is done through their respective mobile apps, which are efficient and full of information not just for monitoring but also for

tracing. Vaccination rate is also reaching the 70% threshold of declaring herd immunity. One of the challenges arise from the current situation that many of Filipino migrants are travelling to go back home since they are vaccinated, however airport facilities and capacity are limited.

33. Dr. Joel Buenaventura at Department of Health, the Philippines shared the experience of the Philippines on providing assistance to and promoting access to health services for migrants and overseas Filipinos. The COVID-19 has challenged the national health systems, including the implementation of the universal healthcare.

34. There have been a lot of returning overseas Filipinos, so they had to monitor the cases among returning overseas Filipinos that were detected in points of entry. Due to the surge in the repatriation of overseas Filipinos, which recorded 1.6 million, various policies have been issued to ensure the necessary safety and protection of all arriving overseas Filipinos and foreign nationals. There has been an outbreak in the cruise ship and the Philippines supplies 25% of world seafarers, the Philippines has faced challenge at the start of the pandemic, which rendered them to institutionalize mechanisms to manage returning overseas Filipinos.

35. Poonsap Tulaphan of HomeNet, Thailand, shared domestic workers' experience in promoting access to health services. Since most domestic workers lived in the employers' homes, it was generally more difficult for them to reach out for their needs or access to healthcare. During the COVID-19 pandemic, the network conducted a survey on impacts of the pandemic on domestic workers in order to be able to identify and fulfill their specific needs. The findings showed that they faced challenges in access to testing, treatment, quarantine support and vaccines. On the other hand, their employment was subject to vaccination.

36. Roisai Wongsuban of the Migrant Working Group, Thailand, shared civil society experience in promoting access to health services. The number of workers registered with the Ministry of Labour has significantly dropped over the year, as the workers faced challenges from the cumbersome requirements for the document renewal, unexpected job termination, and suspension from work due to social distancing and disease control measures and restrictions. Migrants account for 10% of the total confirmed COVID-19 cases.

37. Migrant Working Group has been working with the Thai Red Cross to ensure that people without any documentation could access the COVID-19 vaccination. Even though the Thai government's vaccine rolls out plan covered the non-Thai population, only 18.4% of non-Thai's have been vaccinated (data as of 4 October 21). It was hard to know how many undocumented migrants there were in the country, a lot of whom may not have access to any information or vaccination. There was also a certain degree of vaccination hesitation among migrant population because many of them did not receive vaccination information in their own language. Migrants had to rely on employers to help them register for vaccination. They did not know that that they could get free treatment and compensation if they had allergic reaction from the vaccine.

38. Migrant workers in the formal sector had better access to treatment and compensation. When there was proactive testing in the community, migrants who had tested positive could get compensation, hence they tended to be more cooperative with public health authorities. Migrant workers in the informal sector were treated with no information and were subject to quarantine without any livelihoods support. In terms of testing and treatment, there was a certain degree of different treatment that prevents migrant workers to access quality healthcare

and safety net support. When workers spoke up about the COVID-19 situation at their workplace with the media, the journalist ends up getting subject to legal threats.

39. The establishment of migrant friendly COVID-19 best practices have been demonstrated in the region during the pandemic and these lessons could be applied to how we can move forward to ensure universal health access to migrants. COVID-19 hotline has shown great progress, which included conducting Active Case Finding among migrant communities to ensure that migrants and refugees are included in COVID-19 messaging and the rollout of vaccination programmes, which is critical in thinking of the resilience of health systems, for migration management, and for ensuring a human rights-based approach to programming in a sustainable way. The best practices also ensure human rights-based approach in a sustainable way moving forward.

40. The Kingdom of Saudi Arabia has declared reducing the requirements for mask and social distancing rules and attendance to Holy Mosques in Mecca Medina to those who are fully vaccinated. The UAE has declared they have beaten COVID-19 and opened up, inviting the entire world to Dubai Expo. Bahrain has started vaccination to 5-11 age group and started booster shots. In these countries, Filipino healthcare workers played a critical role. For instance, in clinical trials in the UAE where they conducted 15,000-17,000 clinical tests, many of the Filipino nurses led the operation of the testing center.

41. The policies were in parity with the locals in a non-discriminatory way. There have been webinars featuring Filipino doctors to convince people to get vaccinated. The Bahrain Ministry of Foreign Affairs has offered the biggest vaccination center to initiate a vaccination programme for Filipino undocumented citizens. This allowed them to have a portal for new registration and after three sessions, they had vaccinated 700 people. Additional undocumented workers, including those with visitor visa and those coming from another GCC countries and stranded, were all accepted, as they gave temporary national ID by applying through mobile phone or passport, without the fear of getting arrested.

42. The best practices have been found on the mobile applications, which serves as the first source of information. Through the information, migrants can access support of embassies, webinars, Ministry of Foreign Affairs and the government.

43. It was important to carry out surveillance since good surveillance will help them in providing assistance to migrants and especially those who are overseas and will ensure migrants with confirmed COVID-19 cases will not be left behind. This can be an innovative way of preventing COVID-19 cases among overseas Filipinos because they present the data both from the Foreign Affairs and from the Ministry of Health. There is a difference between the ones that are monitored to the International Health Regulation (IHR) and the Foreign Affairs, which hints the limitations of reporting to IHR because if there is no history of travel, it will not be reported to IHR, making this innovation of sharing data among two government agencies helpful.

44. The Philippines has established an institutionalized mechanism to manage returning Filipinos, including medical assistance and coordination, hotlines, and hospital command centers. There has been a subset of programmes that was interagency medical repatriation assistance programme, geared towards overseas Filipinos.

45. HomeNet and Network of Domestic Workers in Thailand (NDWT) provided health information through social media; shared food packages to NDWT team members; set up help desk to provide information on testing, treatment, quarantine support and alternative treatment; securing vaccines for migrant domestic workers (MDW) from Ministry of Labor; contacted Chulabhorn Royal Academy to secure alternative vaccine supply and coordinated with employers to pay for vaccines for 200 documented MDWs in Bangkok; cooperated with partners in Chiang Rai to get free vaccines for undocumented MDWs and their families; and received contact to get proposal for free vaccines from Ministry of Labour for both Thai and MDWs in Bangkok.

V. Recommendations

46. The importance of reaching out to communities and making them feel included within the general population and access to health has been reiterated. Echoing IOM Director General António Vitorino, only together for accounting for the needs of those most vulnerable and marginalized we can overcome one of the greatest challenges of our time, not only but also moving forward to any future public health threats.

47. To address inconsistencies and gaps in migrant related policies, there is a need to promote a whole-of-government and whole-of-society approaches. Comprehensive national policy on migration should also be developed, with sufficient and sustainable funding support for programmes underneath it.

48. Due to increased demand of Filipino workers in GCC countries to go back home during Christmas season, awareness of the limitations and the capacity of airlines and ramping up the vaccination efforts at the home country.

49. From the Philippines standpoint, health needs vary across migrant typology, so this must be understood in order to provide migrant-sensitive health services. There is a need to consider the various health issues faced by migrants across the migration cycle in both source and destination countries. There is a need for multi-sectoral, multi-stakeholder, whole-of-government and whole-of-society approach to tackle migration health due to the numerous stakeholders involved. Finally, mapping out of stakeholders and identification or establishment of a focal office for migration and health concerns is imperative.

50. For domestic workers, because of the nature of their work, it is hard for them to access any form of social security than other categories of workers. Therefore, joining support networks or organizations was important as it allowed them to get help easily and to get necessary contacts, suggestions or recommendations. Secondly, domestic workers should be allowed to enroll in the social security scheme. Thirdly, Cooperation between government ministries (i.e. the Ministry of Labour and the Ministry of Health) could help to enhance protection of domestic workers. Lastly, employers play a vital role in promoting good health of domestic workers.

51. Public information campaign in the context of COVID-19 pandemic should also be translated into languages used by /understandable among migrants and be distributed through various modes, including through volunteers in migrant communities or workplaces, in order to effectively reach out to migrant population.

52. They have to ensure the fundamental rights of the worker, otherwise, the worker will hardly fully cooperate with the COVID-19 control measures. It should have a measure to compel and examine working contracts upon legal standards and workers must have access to and understand contracts. The welfare department must examine working conditions to follow the working contracts.

53. Regarding factory management method, a manual of good practices in protection and control COVID-19 should be created for large factories. The state should have measures to oversee and examine the protection and control the pandemic in factory and dorm.

VI. Representatives of the GCM Champion Countries have shared the situation in their countries as follows.

54. Bangladesh is a country which sends workers abroad, and the primary challenge was managing migrants who got stuck in host countries and were unable to travel due to COVID-19 restrictions.

55. In Nepal, the pandemic has increased the difficulties in the lives of those who were already vulnerable in terms of their livelihoods and access to basic health services. Considering the fact that migration leads to significant economic gains for all countries, health concerns associated with migration needs special attention. Irregular migrants, victims of trafficking, children and elderly are most vulnerable groups of migrants. Many migrants, especially undocumented, lack entitlement to healthcare services, especially mental health and psychosocial services and the Nepalese government has begun to consider this.

56. Regarding migrants' access to health services, Bangladesh has a mobile application which helps migrant workers, with 0.6 million people registered, to get vaccinated and has 10 dedicated medical centers with the help of the Ministry of Health (MoH), so that expats can get prompt COVID-19 certificates. Its motto has been to vaccinate migrant workers who returned prior to and during COVID-19 so that they can safely return to their host countries. Finally, an office under the MoH has been helping to manage quarantine of 7 days for migrant workers from Bangladesh moving to the Republic of Korea.

57. Indonesia has expanded presence of health services for population at the beginning of COVID-19, enhanced surveillance capacities at points of entry and encouraged receiving countries to open basic health services to Indonesian migrant workers abroad. Indonesia, as a transit country, has also employed and implemented an inclusive migrant health policy to support vulnerable migrants who are travelling to or transiting from Indonesia. Refugees arriving to Indonesia during the pandemic were given COVID-19 tests, and refugees and asylum seekers have been included in vaccine programmes after the areas they've resided have reached 70% vaccine rates. In government run asylum seeker and refugee camps, basic hygiene kits have been given to them. Hopefully with collaboration with destination countries, Indonesia is expecting to enhance the cooperation between nations to enhance the access to health services for migrants.

58. Government of Nepal is working to develop a national strategy to implement the GCM's strategies in order to implement safe migration.

59. The Philippines has launched a campaign based on 5 Rs – Relief, Repatriation, Recovery, Return and Reintegration – which has been associated with cycle of migration. The Philippine

government via its embassies and consulates around the world, has been aiding distressed overseas workers via department of foreign affairs and helping with extended medical assistance, food and visa extensions for workers overseas as relief measures. Regarding repatriation, 426,000 Filipinos have been brought home via the government and have shouldered the financial fines for migrant workers who potentially faced a fine for breaking their contract. Regarding recovery, Filipinos have benefited from Thailand's COVID-19 vaccine programme and hopes to discuss the acceptance of vaccine certificates in the future. However, only properly documented workers have access to health services, which leaves irregular or undocumented workers vulnerable. Migrant dependents should also be included. Regarding return, Filipino workers have been safely returned to home villages. Finally, regarding reintegration, hope that during the IMRF, all stakeholders learn from the pandemic to strengthen migration policies and programmes to ensure safe and orderly migration in the future.

60. Finally, Thailand shared addition views. Firstly, right to health is a fundamental human right to be enjoyed by every human being. The provision of health services should be guide by rights-based approach, in order to ensure that all migrants can access to healthcare and services regardless of their legal or immigration status. Our efforts should also be guided by SDG Goal 3 particularly through the promotion of universal health coverage for all. Different countries may have different ways to achieve this and to provide health coverage for migrants. As for Thailand, to enhance participation in the Migrant Health Insurance Scheme, the scheme was designed to be affordable, easily accessible and delinked from immigration status. In practice, there is the need to address fear to seek treatment through the establishment of appropriate protocols for collection and protection of patients's data and obligation of reporting to authorities by service providers on regular status of their patients. Lastly, civil society can play an important role in bridging communication gaps and assisting migrants. Hence, Government should continue to open up for more space to engage with civil society in policy design and implementation. The Thai government has worked with UNHCR, IOM, Thai Red Cross and Civil societies to start vaccinating refugees and irregular migrants.

61. Nicole Hoagland, IFRC/RCRC Global Migration lab has welcomed that many states have responded to call for vaccine equity and expanded their COVID-19 vaccine plans to include migrants. Recent research surveyed 52 countries and its findings revealed that a lack of info on where and how to access vaccines, language barriers, uncertainty over eligibility, complex registration process, fear of deportation and vaccine side effects were key COVID-19 vaccine health barriers identified amongst migrants. For instance, Maldivian Red Crescent issued vaccination registration cards to support migrants without documentation.

VII. Lessons Learned and Recommendations

62. With migration itself, the health of migrants needs to be addressed via a whole of government approach. To ensure no one is left out, there is a need to promote awareness of COVID-19 mainly amongst irregular migrants and civil society can play a significant role in bridging communication gaps between migrants and host governments.

63. We need to see faster and equitable supply of vaccine and more locally led action to successfully reach migrants and policy must also translate into practice and need to be guided and informed by migrants' health needs.

64. As exemplified by the Philippines and Indonesia, establishing a Migration Health Unit in the Department/Ministry of Health to promote human and orderly migration in the future could be considered. Migrant Health Desk which functions as a Migrant Health Secretariat has been established within the Ministry of Health and Sports in Myanmar. It plays the role of a permanent coordination hub on establishing and implementing the national migrant health policy. Furthermore, trying to work with the government and the whole of society can allow us to think about how to establish migration health policy.

VII. Closing Remarks

65. Ms. Pia Oberoi (OHCHR) on behalf the Regional UN Network on Migration for Asia and Pacific extended appreciation to the Ministry of Foreign Affairs of the Kingdom of Thailand and the Department of Foreign Affairs of the Republic of the Philippines for opening the Regional Consultation Series and also bringing together the Champion Countries in the region for a fruitful and inclusive collaboration.

66. The vibrant discussions were critical pathways in identifying key challenges and lessons learned and developing possible common solutions in the sphere of migrant health, as well as towards accelerating GCM implementation and contribute to the preparation for the International Migration Review Forum in 2022.

67. Interventions made by various stakeholders during the session were also noted and the Regional Network looked forward to continuing engagements with all stakeholder groups in the forthcoming consultations as well.

68. Ms. Oberoi highlighted the importance of ongoing collaboration with and among Champion Countries, and why they are crucial in carrying forward the Global Compact for Migration and the 2030 agenda for Sustainable Development that go hand in hand towards the 360-degree vision of international migration.

69. She remarked that Champion Countries have a key role in demonstrating support for the GCM and the SDGs, serving as powerful voices to foster effective implementation towards safe, orderly and regular migration, especially amidst challenges by the ongoing COVID-19 pandemic that have set back progress and exacerbated adverse socio-economic impacts on migrants and families, societies and country.

70. The leadership of GCM Champion Countries across the Asia-Pacific was well recognized, and she reiterated that the Regional Network on Migration for Asia and the Pacific stands ready to continue to support and integrate migration as a core, cross-cutting priority area that is required to achieve the Global Compact for Migration and the 2030 Agenda for Sustainable Development.

AGENDA

Time	Topic/Speaker	Moderator
13:30 – 13:45 (15 min.)	Welcome and Introduction Hon. Mr. Phuchphop Mongkolnavin	Hon. Enrico T. Fos, Assistant Secretary, Office of Migrants'

	<p>Deputy Director General of Department of International Organizations, MFA, Thailand.</p> <p>Hon. Ms. Sarah Lou Y. Arriola Undersecretary, Office of the Undersecretary for Migrants' Workers Affairs, DFA, The Philippines.</p> <p>Short VDO presentation reflecting migrants' experiences in access to health services</p>	Affairs, DFA, the Philippines
13:45 – 14:30 (45 min.)	<p>Session 1: Access to Health Services for Migrants, in the Context of COVID-19 Pandemic</p> <p>Overview of the Situation in Asia and the Pacific Region. Presentation - Maeva Peek (IOM)</p> <p>1. Host Country's Perspective and Experience Ms. Hathairat Kosiyaporn, International Health Policy Programme, MOPH, Thailand.</p> <p>2. Origin Country's Perspective and Experience Ambassador Alfonso Ver Philippine Embassy, Manama, Bahrain.</p> <p>Dr. Joel Buenaventura, Bureau of International Health Concerns, Migrants Health Unit Department of Health, the Philippines.</p> <p>3. Representative from private sector/civil society experienced in promoting access to health services</p> <p>Poonsap Tulaphan, HomeNet Thailand (Foundation for Labour and Employment Promotion)</p> <p>Roisai Wongsuban of the Migrant Working Group (Thailand)</p>	Moderator: Nilim Baruah (ILO)
14:30 – 14:45 (15 min.)	Discussions from the floor	
14:45 – 15:30 (45 min.)	<p>Session 2: Exchange of Views on Recommendations for IMRF (open floor for comments)</p>	Moderator: Dr. Nenette Motus (IOM)
15:30 – 15:40 (10 min.)	Engagement with private sector, trade unions, civil society, migrants and other related	

	stakeholders' efforts to enhance access to health services for migrants	
15:40 – 15:45 (5 min.)	Closing Remarks Pia Oberoi (OHCHR) on behalf of the Regional UN Network on Migration for Asia and the Pacific	