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เพื่อมนุษยธรรม

Health at the Border : ASEAN and the Roles of
Humanitarian Medicine

(Keynote Speech by Dr. Cynthia Muang)

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Health at the Border:
ASEAN and the Roles of Humanitarian
Medicine
6th August 2013

Thank you

- Society and Health Institute ,Bureau of Policy and Strategy, Ministry of Public Health, Royal Thai Government for the invitation to the conference
- Collaborating partners who have come to the conference

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Outline

- Changes occurring on the Thai-Myanmar border
- Health and health services on the Thai-Myanmar border
- Cross border collaboration
- ASEAN and the future situation for the clinic
- Inspiration and motivation to continue this humanitarian work
- Expectations hopes and concerns

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Changes on the border

- Economic growth and increased border trade
- Increase infrastructure: roads, second bridge, tunnel from Tak
- Approximately 500 factories
- Agriculture
- Special economic zones will be developed
- All requires labour – high dependency on Burmese migrant labour

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What is the Thailand definition of a migrant worker?

1. Displaced people living in temporary shelters
2. People who were born and live on the border- they are stateless. They may or may not have documents
3. Registered with work permit and necessary and health documents
4. People who are undocumented migrants

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Migrant Situation on Tak Border

- Expected increase in number of undocumented migrants
- In 2012, 302 (9.6%) out of 3,138 babies born in MTC had a parent/s with appropriate and adequate documents
- Language barrier when accessing Thai healthcare system
- Low-paid migrants cannot afford the cost of Thai healthcare

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Internally displaced people on the Thai Myanmar border – Myanmar side

- Hill tribe people, ethnic
- Migrant workers who have moved from other parts of the country.
- These people do not have household registration so do not have Myanmar ID
- Undocumented
- Their citizenship is not clear according to the citizenship law

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Health Situation in Myanmar

- Burmese government expenditure for health= 3.9% of the GDP
- Centralized control
- Numbers of registered health workers very low
- It is estimated that a further 600 midwives are needed just in Karen state
- Functioning primary posts, secondary and tertiary referral centres inadequate
- Discussions concerning accreditation for health workers and organizations taking place now

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Health Situation in Myanmar

- CBO/NGO work is either in vertical programs e.g. malaria or in education not comprehensive health care with the exception of Backpack, BMA
- High infant, under-5 and maternal mortality
- Chronic malnutrition

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Situation in Thailand- Health

- Only 1 million of approximately 3 million Burmese migrant workers registered- 500,000 still require their national verification to be completed
- 250,000 migrant workers estimated in MTC area
- Cost and language barrier to Thai healthcare system
- Thai MoH has said they are having trouble attracting and keeping doctor in Tak Province
- They need 63 doctors but only have 48
- They need 500 nurses only have 330

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Situation in Thailand- Health

- The Thai government has said they require 100 million THB more to cope with the health services for the four district hospitals- Mae Sot , Pho Phra, Umpang and Maeramat

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Thai Border Health Master Plan 2012-2016

Mission

- Develop a quality health service system
- Promote access to basic health care services
- Strengthen collaboration and participation of all partners and sectors

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Barriers for Burmese migrant workers to access Thai health care

- Cost
- Language
- No documentation
- Children who are undocumented who are working will not have a work permit

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Comparative Mortality Survey

Area	Maternal mortality (deaths per 100,000 live birth)	Infant mortality deaths per 100,000 live births
Eastern Burma (2008)	721	73
Burma (2008)	240	54
Thailand (2010)	48	12
MDG 2015 Target for Burma	50	28

- Resource: Diagnosis Critical, 2010

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What activities does MTC provide now ?

- Health services
- Education – CDC over 950 children
- Boarding houses
- Child protection – birth registration
- Burma based operation
- Health worker training

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MTC Health Services

- Medical services (Adult and Child)
- Reproductive and Child health. ANC/PNC, family planning, post abortion care, SGBV, normal delivery & emergency obstetric services, vaccination
- Laboratory & blood bank
- HIV/AIDS prevention and care
- PMTCT, VCCT, Home based care
- Social services & rehabilitation (Food & Nutrition, Prosthetics, Counselling)
- Others. Primary eye care and eye surgery, dental care clinic, Surgery (Trauma & non-Trauma)

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Inpatient and Outpatient Services



Surgery / Trauma



MTC 2012 Caseload Data

	2011	2012	% change
Total visits	150,904	148,561	-1.55
Total Admissions	10,692	12,440	16.34
Referral to IPD Mae Sot Hospital	709	595	-16.08%

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Admission Data 2011-2012

	2011	2012	%
Malaria	425	244	-43%
Pneumonia	276	365	32%
Delivery	3085	3504	14%
Neonatal	633	1017	61%
Post Abortion care	527	644	22%
Eye Surgery	996	1277	53%

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Reproductive Health



Reproductive Health 2011-2012

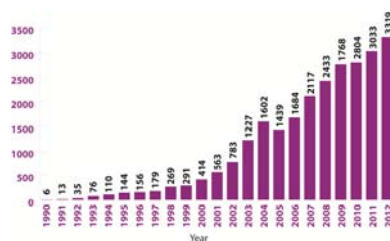
	2011	2012	% change
Antenatal client	5,737	5,098	- 11.13%
Family planning visit	9,625	9,357	- 2.78%
Clients using long-term / permanent FP methods	245	235	- 4.47%
Delivery admission	3,085	3,504	13.58%
Post abortion care	538	644	19.70%
Neonatal admission	633	1,017	60.66%

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MTC Number of Live Births



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School Health Outreach



Mae Sot Hospital & Public Health Collaboration

- Medical referral
- Midwife externship program
- Vaccination
- Communicable diseases surveillance and monthly report
- ARV and PMTCT
- 2011 Mae Sot Hospital team conduct external evaluation
- 2012- Safe abortion referral

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Top 5 referral admission cases and cost

Type of case referred	Number of cases in 2012	Average cost / case in 2012	Total cost (THB)
Delivery complications	176	14,656	2,579,454
Trauma e.g. head injuries and war casualties	115	5,492	631,566
Neonatal	67	16,951	1,135,685
Surgery (emergencies) e.g. appendicitis	49	22,048	1,080,361
Gynecology	46	9,005	414,232

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Referral costs

- Below are key reasons for MTC to start increased collaboration with MSH and Myawaddy Hospital. Our current donors are changing their focus areas and funding in the coming years is expected to decrease:
- 63% of referral cases from Burma- (incl. unofficial) referrals from Myawaddy Hospital
- 54% cases related to reproductive health and 19% injury related
- 0.8% of cases treated at MTC in 2012 and referred to Mae Sot Hospital -20% of Mae Tao Clinic health expenditure in 2012
- Total cost of case referrals was Baht 10.1 M in 2012

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Diseases under surveillance by Thai MoPH and WHO-2012

	Number of Cases		Total
	Thailand	Burma	
Watery diarrhea	996	499	1,495
Malaria	421	535	958
Dengue infection	293	141	434
Acute bloody diarrhea	144	72	216
Measles	118	43	161
Cholera	26	18	44
Suspect Meningococcal (Meningitis)	11	6	17
Total	2,011	1,314	3,325

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Cross border collaboration

- There is no formal cross border medical referral system between Thailand and Burma
- It is hoped that there may be a more formal process in the district level in the future

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Cross border collaboration

- There is no systematic data collection and sharing mechanism between Thailand and Burma
- There are now regular Ministry of Public Health meetings between Thailand and Burma at the local level eg Tak Province and Karen State Health Department
- There is the beginning of a surveillance system but it is not yet fully operational

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Cross border collaboration

- We have good collaboration with the Shoklo Malaria Research Unit who are now providing screening , treatment and health education for TB and Malaria on both sides of the border

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Good local level cooperation



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Success story

- Good cooperation between Umpang Hospital and local community health centre in the Karen state
- Provision of building
- Training of VHW and salaries for 3 VHW
- Provision of supplies
- Ongoing supervision and reporting system established

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MTC contribution to the health workforce in the Eastern States of Burma

- MTC is a teaching/training facility for health workers
- We have three levels of training
- In 2012, CHW TOT conducted – EHOs can now conduct basic health worker training in their respective communities using standardised curriculum, so the number of health workers is increasing but advanced training is only available at MTC

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MTC contribution to the health workforce in the Eastern States of Burma

- MTC hosts between 120-200 clinical interns every year for HW training from different ethnic states
- Specialised training (e.g. EMOC, medic & lab) is essential to strengthen local health systems as access to govt. referral centres is difficult (cost & distance) and NGOs only offer vertical programmes and/or no clinical service
- Continued curriculum standardisation and task shifting is essential to continue strengthening existing ethnic health network

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Midwife training



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Task Shifting

- There are not enough doctors or highly skilled nurses
- The doctors are not connected to the community
- They often only stay 3 years as part of their training commitment
- In order to fill the skill shortage some tasks have been given to the midwives- basic emergency obstetrics

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CBOs and NGOs Collaboration

- Basic and Advanced Health Worker Training
- Laboratory training (6 months)
- Midwife training (10 months initial and 10 months follow-up)
- Health promotion activities
- School health assessment
- Reproductive outreach education and family planning

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MTC Strengths

- Strong linkages on both sides of the border and into all ethnic areas
- Long working relationship with MSH
- MTC bridges the referral gap between Myawaddy Hospital and MSH (esp. EmOC and Neonatal)
- Increasing capacity to deal with emergency obstetric care and neonatal cases
- Coordinate with migrant communities and public health authorities on infectious disease control and disease surveillance
- Well-regarded by clients, multi-language and culturally appropriate

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What is our role

- Assist in cross border referrals between the two hospitals
- Assist in cross border collaboration between the communities
- Train health workers
- Strengthen the primary health care system by capacity building

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Our Partner organizations

- Backpack Health worker team
- Burma Medical Association
- Committee for Protection and Promotion of Child Rights
- Suwannimit Foundation

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ASEAN

- More trade and movement across the borders
- Greater economic development
- Increased movement of migrant labour
- The experts opinion on this – will be a greater possibility for exploitation especially for undocumented workers
- Thailand wants to be a medical hub for private hospitals

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Motivation and inspiration

- Since my early days I felt there were many people who were less fortunate than myself.
- All people should have equal opportunity to protect their human dignity and rights.
- I was fortunate to be able to go to university and was driven by the needs of the people around me.
- This continues to drive me as the people we see in the clinic deserve to have the opportunity to receive health, educate their children and have documents that prove their parentage and origin.
- These documents will also provide them with access to health, education and protection.

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Inspiration at MTC

- MTC staff are from the same community who we serve
- We are encouraged to continue this work as there is an ongoing need to protect the rights and dignity of the vulnerable people we see every day.
- We are encouraged by those around us who have the same vision and values i.e. our civil society partners

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Border Health Master Plan 2012-2016

- This plan strongly empowers the local community
- We hope there will be a Burmese Border health Master plan as well to assist the local communities
- We as MTC with our partners are willing and able to assist with this plan
- We welcome further cooperation and collaboration with both Thailand and Myanmar
 - to strengthen local health services
 - to provide a holistic approach to health and welfare
 - To provide access to primary health services
 - To encourage participation of all relevant stakeholders

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Our hope for the future

- Mae Tao Clinic is a centre for the community where they can connect and learn from each other.
- They can continue to empower themselves through networking with Burmese and the Thai community.
- The people should be able to create a safe and productive environment where people can continue to collaborate to fulfil their aspirations.

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Our hope for the future

- We would ideally like to encourage donors to give equipment to Myawaddy Hospital
- We would be delighted to build the capacity of the medical staff
- This would enable some of the caseload that is crossing to Thailand to remain in Burma

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Our hope for the future

- The border area is very unique and diverse.
- This means cultural and economic diversity.
- There is a lot of opportunity if we create a safe and productive environment for young people

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Thank you once again for this
invitation to participate in your
conference

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