Report of Regional Workshop

Identifying Strategies and Policies to Improve Health Services' Access and Availability for Ethnic Groups and Vulnerable Populations in the GMS

12–13 December 2019, Vientiane, Lao Peoples Democratic Republic

Executive Summary

Background:

The GMS Health Security Project for Cambodia, Lao PDR, Myanmar, and Viet Nam (CLMV) aims to improve regional public health security by strengthening health security systems and communicable disease control (CDC) in border areas, in particular for migrants, ethnic minorities and vulnerable groups (MEV). Vulnerable populations include the rural poor, remote communities, women (and pregnant women in particular), and children.

There is a strong focus on ethnic groups (EG) in the project and an overarching objective is to proactively target EGs at increased risk of infectious diseases with CDC activities in border areas. There is considerable overlap between vulnerable populations and ethnic groups – for example, poor ethnic groups in remote areas - and the problems facing them are similar across CLMV.

EGs in CLMV typically have higher mortality rates and heavier burden of communicable disease than the majority population. Many traditional communities have extremely low vaccination coverage and migrants (particularly EG migrants) have higher levels of communicable disease like TB. Increasing mobility and affluence further raises the risk of communicable diseases and some ethnic groups and vulnerable are ill informed about these risks, or may have customs which obstruct prevention of diseases.

It is acknowledged by national governments that there is still progress to be made to achieve optimal health and service provision for ethnic communities.

The workshop presented an opportunity for GMS countries to review health services for ethnic and remote populations and to identify strategies and policies to improve access and service delivery.

General objective of the workshop:

To identify effective approaches to improving health status and access to services for ethnic groups and vulnerable populations in the GMS

Specific objectives:

- To identify barriers and challenges in providing optimal health care to ethnic groups and vulnerable populations
- To exchange information, experience, and best practices from GMS countries in service provision for ethnic groups and vulnerable populations
- To explore policies and policy frameworks for improving health services for ethnic groups and vulnerable populations
- To identify feasible strategies that can be implemented at the local level for improving health services for ethnic groups and vulnerable populations

Participating countries: Lao PDR, Cambodia, Thailand, and Vietnam, along with Lao mass organisations (Lao Front for National Development)

One hundred and sixteen (116) participants attended the workshop: Lao 111 (2-3 from each province, MOH Department DGs, Heads of specialist centres); Cambodia 5; Vietnam 2; Thailand 2; Myanmar 2; WHO 2; JICA 1; UNICEF 1; World Bank 1.

Presentations included:

Current health issues and situation for ethnic and remote populations in GMS countries – presentations by each country

Presentation on ethnic groups in Lao
Somlith, Deputy Director, Ethnic Department, Lao Front for National Development
Findings and analysis of research conducted in four districts in Lao PDR: August – September 2019
Anthony Bott and Sommay Mounsourisack

Sharing experiences and examples of service interventions for ethnic groups and remote populations: Case studies -

Availability of drugs for ethnic groups in Lao
Dr. Vongsy Phantavong, Food and Drug Department, MOH

Health care for mothers and children of ethnic minority people in Yen Bai Province, Vietnam
A/Professor Nyguyen Thi Hong Tu, Vietnam

Ethnolinguistic communities and health care accessibility
Dr. Viengsakhone Louangpradith, DHCR, MOH, Lao PDR

Innovative strategies to improve access and uptake of services for ethnic groups and remote populations -

HIV prevention among ethnic communities in Lao PDR
Dr. Phengphet Phetvixay, CHAS, MOH

Innovative strategies for health for all in Lao PDR
Dr. Viengsakhone Louangpradith, DHCR, MOH

Work groups:

Group 1: Ethnic Group policies
Group 2: Engaging ethnic populations
Group 3: Ethnic Group strategies at the local level
Group 4: Innovations for ethnic groups and remote populations' health

Conclusions and recommendations
Similar issues for ethnic groups in GMS:

Remoteness, access problems, higher rates of poverty, lower health indicators, lower education, Language barriers
GMS strategies:
Rural and infrastructure development, capacity building, UHC, increased health insurance, redeployment of staff to remote areas

Improving health services for EGs:
Improving IEC/health education
Better targeting
Socio-economic development
Credit programs
Improved outreach/mobile teams
Recruiting/training EG staff
Better engagement with ethnic communities- Build Trust
Improving communication with ethnic communities
Inclusive strategies/participatory approaches
Use ethnic staff as peers

Identified strategies and interventions to improve health service access and utilisation for ethnic groups and remote populations:

At strategic level

Integrating MEV health services (MCH, TB, etc)
Improving human resources for health
Targeted CDC along with surveillance and response
Improving IEC and Heath Education (via BCC, assessing KAP changes)
Improved outreach and mobile teams
Improving communication systems for EGs
Investment for socio-economic development in ethnic minority, mountainous areas
Credit Program for ethnic minority households
Prioritising health care programs for ethnic minorities (CDC, NCD, etc)
Organizing mobile health prevention, care, and treatment teams
Increased IEC
UHC
Health Sector Reform
Communicable Disease Control and improved outbreak response
Improving health services (HR, equipment, capacity, access) across the board for vulnerable populations

At operational level

More extensive ambulance service
Health centers and district hospitals need to increase the number of local EG staff.
All health centers must have a gender mix of staff (men and women)
Service standardization in terms of hours and services for health facilities.
Village health workers (female) must be trained in assisted births (midwifery)
More training for VH/VHWs and more female VHV/VHWs
VHV and VHWs in the remote villages require wider range of skills
All health centers and district hospitals serving remote communities need a waiting house for pregnant women.
HC drug inventory management needs improvement. The more remote the community, the wider the range of medications needs to be stocked.
Health information – women must be specifically invited to attend meetings and trainings.
Invite all people over 18 years old
IEC and BCC materials field tested before use.
In meetings, staff must use basic non-technical simple language to explain
Improved outreach
Regular consultations and visits with ethnic villages and main stakeholders in the village
Recruitment of more ethnic staff as health worked and volunteers

Regional Workshop

Identifying Strategies and Polices to Improve Health Services' Access and Availability for Ethnic Groups and Vulnerable Populations in the Greater Mekong Subregion

I. Workshop Goals and Objectives

The GMS Health Security Project for Cambodia, Lao PDR, Myanmar and Viet Nam (CLMV) aims to improve regional public health security by strengthening health security systems and communicable disease control (CDC) in border areas, in particular for migrants, ethnic minorities and vulnerable groups (MEV). Vulnerable populations include the rural poor, remote communities, women (and pregnant women in particular) and children.

There is a strong focus on ethnic groups (EG) in the project and an overarching objective is to proactively target EGs at increased risk of infectious diseases with CDC activities in border areas. There is considerable overlap between vulnerable populations and ethnic groups – for example, poor ethnic groups in remote areas - and the problems facing them are similar across Cambodia, Lao PDR, Myanmar and Viet Nam.

EGs in CLMV typically have higher mortality rates and heavier burden of communicable disease than the majority population. Many traditional communities have extremely low vaccination coverage and migrants (particularly EG migrants) have higher levels of communicable disease like TB. Increasing mobility and affluence further raises the risk of communicable diseases and some ethnic groups and vulnerable are ill informed about these risks, or may have customs which obstruct prevention of diseases.

Remote and vulnerable populations who suffer from food deficit and malutrition are more susceptible to contracting new and emerging infectious diseases, and those who live close to rapidly developing hubs on transport corridor areas are potentially vulnerable to recruitment into sex work, and to cross border human trafficking. Under these circumstances they can become vulnerable to infection with HIV and other sexually transmitted diseases. Common health problems among EG and vulnerable groups include respiratory and diarrheal infections, dengue, helminth infections, fever, cough, and problems of pregnancy and accidents that require referral.

Remote populations (including mainly EGs) in GMS border areas can no longer be thought of simply in terms of disadvantage due to isolation; they are becoming increasingly less isolated but, at the same time, more disease-prone while being rapidly integrated into national and regional economic processes and the associated processes of social change. This transformation is largely a result of new roads opening up in previously isolated areas, attracting not only investment in mines, plantations, dams, logging and other enterprises and growing numbers of national and international cross-border migrants. Remote populations are beginning this process of integration from a disadvantaged position arising from lower education, lower incomes and fewer opportunities. Migrants, EGs and other vulnerable groups such as youth and pregnant women need special attention in any health system. Often, this does not transpire, in part because most health plans are disease-focused.

EG use of health services can be variable, due to cost factors, accessibility and cultural issues. Language and educational constraints, coupled with lack of empathy from some health care professionals, can cause reluctance to access services. Programs aiming to promote behaviour change under previous CDC projects (e.g. building and using latrines, drinking boiled water, removing disease vector breeding sites, hygienic management of animals, hand-washing, using bed nets, and acceptance of vaccination) have had some success but there are still significant barriers and problems

in elevating EG and vulnerable groups' health status and health access to that of the majority population.

It is acknowledged by national governments that there is still progress to be made to achieve optimal health and service provision for ethnic communities.

The main constraints to overall improvement for vulnerable groups continue to be access to services (due to remoteness, transport problems and wet season difficulties) and, additionally for EGs, entrenched cultural beliefs that act against optimal use of available health services.

The workshop presented an opportunity for GMS countries to review health services for ethnic and remote populations and to identify strategies and polices to improve access and service delivery.

General objective of the workshop:

To identify effective approaches to improving health status and access to services for ethnic groups and vulnerable populations in the GMS

Specific objectives:

- To identify barriers and challenges in providing optimal health care to ethnic groups and vulnerable populations
- To exchange information, experience and best practice from GMS countries in service provision for ethnic groups and vulnerable populations
- To explore policies and policy frameworks for improving health services for ethnic groups and vulnerable populations
- To identify feasible strategies that can be implemented at the local level for improving health services for ethnic groups and vulnerable populations

Expected outputs:

Identified polices, approaches and strategies for improved health status and health access for vulnerable populations in GMS countries

The workshop concept note, program and list of participants (from Cambodia, Lao PDR, Thailand and Vietnam, as well as NGOs and national organisations) are attached as Annexes.

II. Session 1: Summary of Opening Addresses

Dr. Sommana Rattana, Head of Administration, Department of Health Care and Rehabilitation, MOH, Lao PDR, welcomed delegates and presented an overview of the workshop and its objectives.

Dr. Bounfeng Phoummalaysith, Vice-Minister of Health, Lao PDR gave the keynote address and noted that the ADB supported GMS Health Security Project for Cambodia, Lao PDR, Myanmar, and Viet Nam (CLMV) aims to improve regional public health security of ethnic communities at high risk, in particular women (especially pregnant women) and children and vulnerable populations. He outlined how ethnic groups are at risk of contracting infectious diseases and they are often unable to access health services due to in remote rural environments. Ethnic groups across the GMS have common issues, he explained: low levels of education, low incomes, migration, poor, food insufficiency, difficult terrain, and inaccessibility in the rainy season. Ethnic populations have higher mortality rates, low immunization coverage, and some ethnic communities have customs and beliefs which obstruct prevention of diseases.

Dr Bounfeng noted that ethnic communities are experiencing social change and economic development like mining, plantations, logging, dam construction, other enterprises, and growing numbers of national and international cross-border migrants are potentially vulnerable to recruitment into sex work and to cross border human trafficking, with risks of infections with HIV and other sexually transmitted diseases. Common health problems of ethnic communities and vulnerable populations living in remote areas are respiratory infections, diarrhoea, dengue, helminthic and other parasitic

diseases, problems during pregnancy and delivery and accidents which require transfer to better well-equipped health facilities.

The Vice Minster noted that previously, the Lao Ministry of Health had a collaborative project with ADB in creating a programme aimed at the promotion of behaviour change under communicable disease control, for example building and using latrines, drinking boiled water, destroying vector breeding sites, hygienic management of animals, hand washing, using bed nets, and acceptance of immunization. These have had some success but there are still significant barriers and problems in elevating ethnic groups and vulnerable populations' health status and health service access. The Vice Minister noted that the workshop provided a good opportunity to identify challenges in providing optimal health care to ethnic groups and vulnerable populations and to explore strategies to improve ethic communities' health.

The Vice Minister welcomed delegates from Cambodia, Lao, Thailand and Vietnam as well as Lao personnel attending. Wishing successful outcomes, Dr. Bounfeng opened the workshop.

III. Summary of Session 2: Current Health Issues and Situation for Ethnic and Remote/Vulnerable Populations in GMS Countries

Each participating country (Cambodia, Lao, Vietnam and Thailand) presented their particular situation on ethnic groups' health and circumstances, based on a prescribed standard format:

- Demographics Brief overview of demographics of a) ethnic populations (number, location etc) and b) vulnerable populations (poverty level, socio-economic status etc) in the country
- Issues and brief description of main factors/ issues/ barriers affecting health service provision for EG and vulnerable populations
- Policies/strategies - official health policies/ strategies designed to target EG/vulnerable populations
- Status of implementation of EG plan or current EG strategies
- Improving EG/vulnerable health services Suggested practical/effective ways EG/vulnerable populations' health services can be improved in the country

Among the common main issues presented for ethnic groups in the GMS were:

Demographics

Higher rates of poverty for ethnic groups
Lower health indicators (IMR, Life Expectancy etc)
Lower education levels
Literacy lower
EGs often in remote areas with access problems
Lack of skills/training

Issues around EGs

Traditional/cultural beliefs
Lower rates of institutional deliveries
Lack of equipment and HR in health centres
Lack of infrastructure
Gender practices inhibiting women and health care
Lack of health education
Language barriers

EG policies and strategies

For Cambodia: rural infrastructure development; Health, Water, Sanitation projects; Rural Community Development; Institutional Capacity Development

For Lao: Law on Health Care, Quality of Healthcare, Health Sector Reform. Universal Health Coverage (UHC) Health for All

For Vietnam: The Grassroots Health Network (GHN); Village Health Workers; Health Insurance; Master plan on building and development of the GHC network guides investment in grassroots health care infrastructure, equipment, and service quality. MOH implements programs to:

- rotate specialist staff from higher level to lower level facilities;
- deploy doctors to remote and difficult areas.

Law on Health Insurance mandates initiatives such as free health insurance cards for ethnic minority and poor people

Package of health services to be provided by health centres reimbursed through health insurance

For Thailand: Investment in rural health facilities; Health volunteers; Health promoting hospitals; seamless health care networks linked to the referral system

Practical/effective ways EG/vulnerable populations' health services can be improved in the country

Cambodia

Integrating MEV health services (MCH, TB, etc)
Improving human resources for health
Targeted CDC along with surveillance and response
Improving IEC and Heath Education (via BCC, assessing KAP changes)
Improved outreach and mobile teams
Improving communication systems for EGs

Vietnam

Investment for socio-economic development in ethnic minority, mountainous areas
Credit Program for ethnic minority households
Prioritising health care programs for ethnic minorities (CDC, NCD, etc)
Organizing mobile health prevention, care, and treatment teams
Increased IEC

Lao

UHC, Health Sector Reform, Communicable Disease Control and improved outbreak response

Thailand

Improving health services (HR, equipment, capacity, access) across the board for vulnerable populations

IV. Summary of Session 3: Findings: Research on Ethnic Groups and Remote Populations – Lao 2019

Anthony Bott and Sommay Mounsourisack presented findings and analysis of research conducted in four districts in Lao PDR between August – September 2019

Background and goal of the research - to contribute to improving CDC in EG communities in border areas:

Identify issues and constraints
Identify KAP changes
Assist in identifying interventions

Field work in 16 villages across 4 provinces

Methodology
Key informant interviews
Focus groups (male and female groups)

Key theme areas
Health concerns; Health seeking behaviors; Access to healthcare; Perceptions of care

Findings

No sign of higher incidence of NCDs
VHWs as first contact
Access issues due to remoteness, bad roads
Health practices increasing: EPI, nets, boiling water, deworming
Aware of HIV (but not all aspects), but not STIs, malaria (but less for dengue)
Health messages from health staff
Mostly satisfied with health services
Greater trust in modern health care
More use of latrines and knowledge of sanitation
Increasing use of government health services

Recommendations

Access

More extensive ambulance service
Health centers and district hospitals need to increase the number of local EG staff.
All health centers must have a gender mix of staff (men and women)
Service standardization in terms of hours and services for health facilities.
EPI (Outreach) teams provide "open clinic" services in communities rather than just delivering EPI then leaving
Village health workers must be trained in assisted births (midwifery)
More training for VHV, VHWs and more female VHV/VHWs
Establish surgical locum teams, who rotate through each district hospital on a monthly, weekly or case basis.
VHV and VHWs in the remote villages require wider range of skills
All health centers and district hospitals serving remote communities need a waiting house for pregnant women.
HC drug inventory management needs improvement. The more remote the community, the wider range of medications need to be stocked.
Mosquito net treatment training needed. Mosquito repellant
Plantation workers constitute a special high-risk group.
Information
Health information – women must be specifically invited to attend meetings and trainings.
Invite all people over 18 years old.
IEC and BCC materials field tested before use.
In meetings, staff must use basic non-technical simple language to explain.

Perception of service

All health center staff must receive EG sensitivity training and understand EG livelihoods and lifestyles

Provincial and district health officers should arrange participatory evaluations in EG communities regularly

V. Summary of Session 4: Current Experiences with Ethnic Groups and Remote Populations

Three case studies sharing experiences and examples of service interventions for ethnic groups and remote populations were presented:

Availability of drugs for ethnic groups in Lao: *Dr Vongsy Phantavong, Food and Drug Department, MOH* on:

IEC on safety in medicines in main local languages

Outreach to EG communities about safety and quality in medicines

Increasing access and availability of medicines in remote areas via the National Medicine Policy National Medicine Policy targets EG and remote populations

Ethnolinguistic communities and health care accessibility*: Dr Viengsakhone Louangpradith, DHCR, MOH, Lao PDR* setting out:

Issues: remoteness, low uptake of services, low EPI, low health knowledge.

Recommendations: Emphasize more on health information through mass media Enhance MCH program goes more widely, improve access, publicize broadly about health insurance, concerned ministries/agencies work more closely with EGs.

Health care for mothers and children of ethnic minority people: Vietnam*: A/Professor Nyguyen Thi Hong Tu, Vietnam* presented research on:

- *Health care for mothers:*
    - The rate of children giving birth at home is quite high.
    - Proportion of ethnic minority mothers receiving adequate antenatal care is low.
    - Percentage of EG mothers being vaccinated against tetanus is relatively high.
    -
- *Health care of children:*
    - The rate of newborns being breastfed early is high (80.4%).
    - Percentage of children (> 18 months) who are properly weaned is low (67.9%).
    - The percentage of children fully immunized is high (96.9%).
    - Rate of malnutrition among children under 5 years old is still quite high (30.2%)

Conclusions

- Strengthen communication and better organize maternal and child health care programs, especially the malnutrition prevention program.
- Strengthen communication to help ethnic minorities to give up harmful customs and practices are not good for maternal and child health care.
- Use this case study in disease prevention services for ethnic minorities

VI. Session 5: Innovative Strategies to Improve Access and Uptake of Services for Ethnic Groups and Remote Populations

Day One final presentations were focused on potential innovations for ethnic health access and service delivery

HIV and Health Education HIV prevention among ethnic communities in Lao PDR: *Dr Phengphet Phetvixay, CHAS, MOH* set out optimal approaches:

- Use ethnic peers as much as possible
- Engage ethnic women in the community as peers, educators and facilitators
- Use local languages in all IEC and health education materials
- Use local personalities or high-status individuals
- Avoid text if possible- rely on visuals
- Enlist support and commitment from village chiefs and elders

For health system innovation: *Dr Viengsakhone Louangpradith, DHCR, MOH* gave an overview of strategic approaches:

- Reform strategies must be completely inclusive
- Marginalized groups to be targeted and receive particular focus
- Train and recruit additional Ethnic Group staff
- Identify areas with poor service coverage and services/staff strengthened
- Outreach to extend service delivery to poorer, remote and Ethnic Group areas
- Commitment to serving all the population - inclusiveness
- Country presentations, case studies and other presentations are set out in Other Annexes

4 Workgroups: Day Two

Day Two involved workgroups. Four workgroups were organized covering:

Group 1: Ethnic Group policies
Group 2: Engaging ethnic populations
Group 3: Ethnic Group strategies at the local level
Group 4: Innovations for ethnic groups and remote populations' health

Each workgroup had specific tasks and guidance based on the technical aspects of the topic.

After intensive discussion in groups, with facilitation from organizers, findings were presented.

VI. Presentation of Groups' Findings:

Group 1: Strategies and interventions to improve health service access and utilisation for ethnic groups and remote populations

Policies

Increase health insurance
UHC
Development of better disease control strategies for MEVs in border areas
Improved CDC: Train and recruit additional Ethnic Group staff. Capacity building providers
Improve IEC/health education/ Risk Communication avoid text
Redeploy staff to remote areas
EG community engagement
Capacity building/training/recruitment of EG

Group 2: Engagement and Participation

Health system

Rotate specialists from higher level to lower level
Deploy doctors to remote/difficult areas
Invest in building Community Health Services in Ethnic areas
Health Insurance
Mobile health prevention care & treatment teams
IEC
Health network & Health volunteer
Self-help groups
Health promotion & prevention is first priority

National engagement: Government level

Long term plan: Education, Empowerment, Rural development
Networking and use of NGOs
Consultation mechanisms between ethnic groups and Government
Develop infrastructure in EG communities (roads etc for access, water, electricity)
Promote gender equality
Develop infrastructure: electricity, water supply, communications channels
UHC
Health for All

Local government engagement

Creating consultation base in community
Local infrastructure development
IEC
Training programs for EG

Group 3: Ethnic Group strategies at the local level

Facilities and policies

1. Improve commune health station as first point for health care by:
- Facilities meeting the national standards
- Capacity building for health staff aim of 95% commune health stations have doctor
- Improve qualifications of village health workers (VHWs) by re-training

2. Provide free health insurance for EG and poor people

Practical ways to strengthen direct service delivery and health service outcomes for ethnic groups

1. Improve the health services available for EGs and poor people by mobile teams as outreach for approaching EGS and poor in remote areas.
2. Using internet and Mobile phone for IEC activities and care consultations by health workers in remote areas
3, Outreach teams, treat patients, IEC and EPI

Resource and local policy requirements to improve local services for ethnic groups and remote populations

Strengthening health financing for EGs
Free health insurance for EGs and poor provide free health insurance cards for EGs and poor.
Promote credit programs for EGs and poor to improve living conditions and income.
Training for EG staff
Recruit more EG health staff

Group 4: Innovations for ethnic groups and remote populations' health

1. Human resource for EGs

Every HC should have medical EGs (Women 1 Person/HC and Man 1 Person/HC in remote area;

Villages should have VHV; VHW - Improved knowledge for Health Promotion

Improved infrastructure of HCs

2. Mobile teams
3. Information/data
   - Family file and reporting system (DHIS2)
   - VHV reports from EGs in remote area
   - Community surveys
4. Outreach service activity
5. Improve communications: radio and posters etc in ethnic group language
6. Regularly assess quality and perceptions of service

VII. Conclusions and recommendations

Similar issues for EGs in GMS:

Remoteness, access problems, higher rates of poverty, lower health indicators, lower education, language barriers
GMS strategies:
Rural and infrastructure development, capacity building, UHC, increased health insurance, redeployment of staff to remote areas

Improving health services for EGs:
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At operational level

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Recruitment of more ethnic staff as health workers and volunteers