

Global Health Education Program (G-HEP) 2021-2022

Building a support system for migrant health among urban communities during a pandemic through mutual understanding and collaboration by cross-disciplinary young professionals



Mahidol University
Faculty of Public Health



HGPI
Health and Global Policy Institute

Contents

■ ■ Global Health Education Program 2021-2022	1
■ ■ Program Points	2
Schedule of the overall program	3
Learning Component	5
■ ■ About the Global Health Academy (February 2021 – September 2021)	6
■ ■ Global Health Academy – Lectures & Group Work Schedule	7
■ ■ Speakers for Global Health Academy	8
■ ■ About the Global Health Academy Group Work	13
■ ■ Global Health Academy Group Work Members	14
Research Component	15
■ ■ About the Research Component (October 2021 – September 2022).....	16
■ ■ Guest Speakers for the Research Component	17
■ ■ Research Component Groups	18
Fieldwork Component	21
■ ■ About the Fieldwork (June 2022 – August 2022)	22
■ ■ Bangkok, Thailand Fieldwork Schedule	23
■ ■ Bangkok, Thailand Fieldwork Activities	24
■ ■ Tokyo, Japan Fieldwork Schedule	26
■ ■ Tokyo, Japan Fieldwork Activities	27
Advocacy Component	31
■ ■ Group Research Final Presentations Summary.....	32
■ ■ Group Research Abstracts	33
Pre-and Post-Program Analysis of Participants' Competencies	37
■ ■ About the Areas of Competency	38
■ ■ Pre - and post - program analysis of participants.....	39
■ ■ Participant's Feedback	42
Participants and Organizers	43
■ ■ G-HEP Participants - Japan	44
■ ■ G-HEP Participants - Thailand	48
■ ■ G-HEP Organizers.....	52
■ ■ About the Joint Organizers (HGPI)	55
■ ■ About the Joint Organizers (MUPH).....	56
Appendix	57
■ ■ Reading Guide	58
■ ■ Japan: an overview	59
■ ■ Thailand: an overview	60

Global Health Education Program 2021-2022

Health and Global Policy Institute (HGPI) and the Faculty of Public Health at Mahidol University jointly organized the Global Health Education Program (G-HEP), a program for university students and young professionals with a passion for global health.

Since 2010, HGPI has been hosting the Global Health Summer Program (GHSP), which gathers young professionals and university students in health-related fields. The program presents global health issues from a new perspective, encouraging participants to think critically about their roles and responsibilities as future global health leaders. The Department of Global Health Policy (GHP) of the University of Tokyo has also been offering the Global Health Leadership Program (GHLP) since 2010, which was later renewed to the Global Health Entrepreneurship Program (GHE) in 2014, conducting workshops on leadership and innovation.

From 2018, in collaboration with Mahidol University, we are strengthening our partnership with an enhanced focus on interactions among young generations from Japan and the world. Through the “Global Health Education Program (G-HEP)”, we hope to establish a global community of young leaders that can cooperate to push global health agendas forward.

In this year’s program theme, “Solving Health Issues for COVID-19 and Urban Migration,” the lecture series and group workshops drew upon experts and innovators in the field and guest speakers provided concrete tools as well as hands on feedback. The site visits brought participants into the field to meet with leaders, learn from the local population, and observe the environment. The aim of the program is to bring young people from diverse backgrounds in Japan and Thailand to deepen mutual understanding and cooperation through lectures, group work, field work, research, and advocacy to solve health issues for COVID-19 and urban migration, and to conduct human resources training and development for the future.

Dates

February 2021 – September 2022

Locations

Tokyo: Online, HGPI, and fieldwork locations around Tokyo

Bangkok: Online, Mahidol University, and fieldwork locations around Bangkok

Co-organizers

Health and Global Policy Institute (HGPI)

Mahidol University, Faculty of Public Health

Sponsored by

The Toyota Foundation

Program contents

- Lectures from global health professionals and academia of Japan and Thailand
- Fieldwork site visits in Tokyo and Bangkok
- Discussions between participations on global health issues
- Presentation to KOLs (Key Opinion Leaders) of Japan and Thailand

Program Points

1. Global Perspective

The global spread of Coronavirus Disease 2019 (COVID-19) has demonstrated that cooperation surpassing national borders and every discipline as well as changes to healthcare and social systems are needed so we can be ready for any pandemics that may occur in the future. Among those changes, measures for the movement of people across borders will be one key to success. Dangerous circumstances like the ongoing COVID-19 pandemic mean that the positions of migrants, who are often forced into unfavorable socioeconomic conditions, are made even more vulnerable. Bangkok and Tokyo are large cities that serve as home to many immigrants and as destinations for many migrants from neighboring countries, but those groups face shared issues such as access to healthcare and public information. We believe immediate countermeasures are necessary to overcome those issues.

2. Issue Identification and Problem Solving

Over the course of approximately two years, this program aimed to help young people from diverse backgrounds in Japan and Thailand to deepen mutual understanding and cooperation. Through lectures, group work, field work, research, and advocacy, the knowledge and skills will be learned to solve health issues for COVID-19 and urban migration and to conduct human resources training and development for the future. Program participants made specific policy proposals and planned systems to help solve these issues. Working among diverse teams, participants were able to also compare domestic issues concerning healthcare systems in each of their countries.

3. Teamwork

The participants were divided into teams to work, learn, create, and communicate during the group work and fieldwork experience in Tokyo and Bangkok. Because of the intense pace of this program, communication and teamwork skills were essential.



Schedule of the overall program



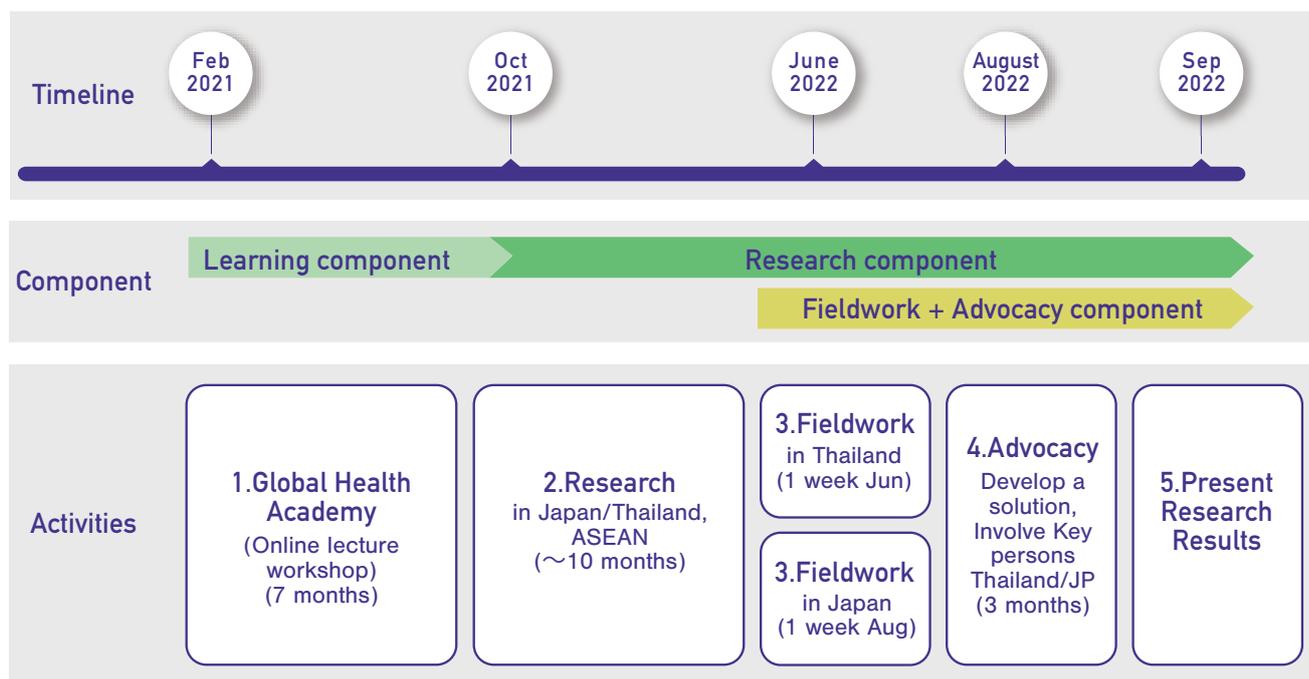
Schedule of the overall program

The Global Health Education Program (G-HEP) took place from February 2021 – September 2022 participants were engaged in four components over the year and a half. The four components of G-HEP include:

- Learning component (Global Health Academy)
- Research component
- Fieldwork component
- Advocacy component

We also aimed to assess the development of the participants throughout the program by a self-assessed evaluation form that we collected pre-and post-program. A summary of those results will be presented later in this report.

The timeline below illustrates the length of each component and activities that were held.



*Speaker and participant bios in this report are current at the time of the program and may have changed.



Learning Component



About the Global Health Academy (February 2021 – September 2021)

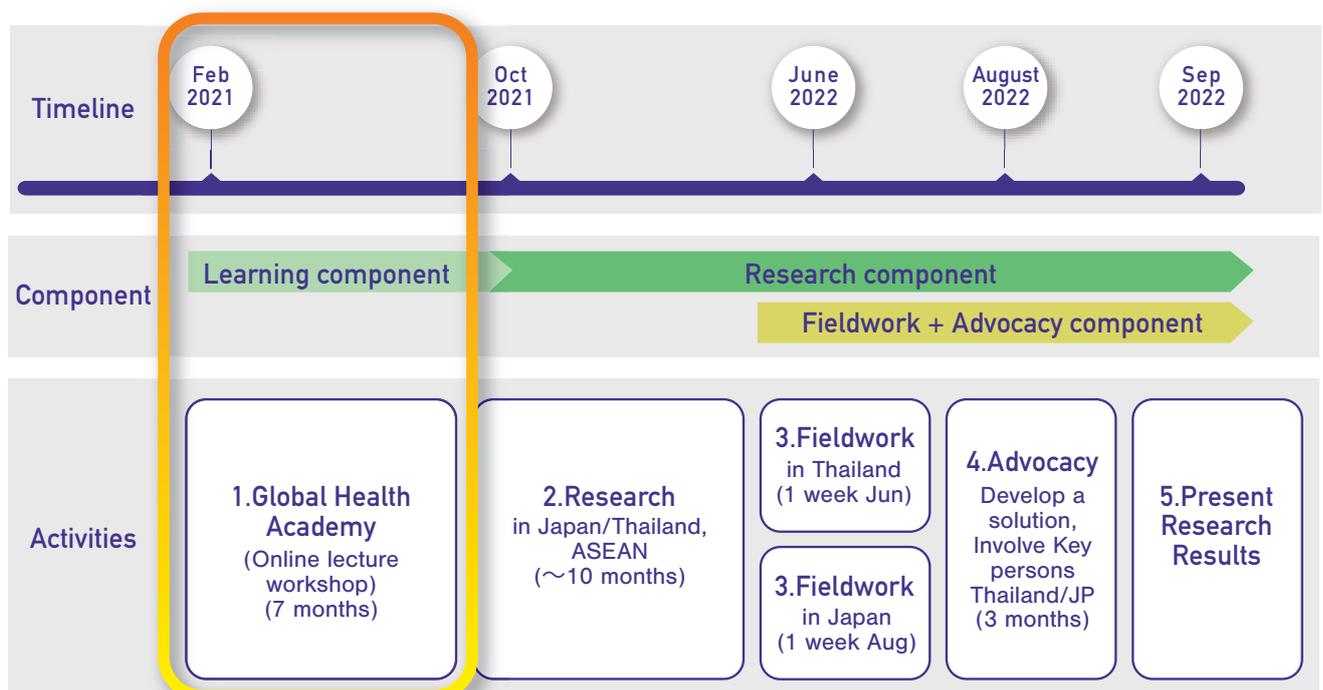
The **Global Health Academy** is the learning component of the G-HEP program. This component which consisted of eight lectures given by experts in the field of global health and health policy took place from February 2021 – September 2021. The lecture themes were selected to provide participants with a foundation of the situation in both countries as well as an overview of global health research and theory.

Global Health Academy Lectures:

- 1) Thailand's Health System and COVID-19
- 2) Japan's Health System and COVID-19
- 3) Community Health
- 4) Health Technology
- 5) Global Health
- 6) Migrant Health
- 7) Policy Recommendations and Advocacy
- 8) Quantitative and Qualitative Research

In addition to the lectures, every other week, group work activities and discussions were held around the lecture themes and suggested readings.

The purpose of the Global Health Academy is to equip participants with the knowledge and understanding of the field of global health, the situation of migrants in both Thailand and Japan, as well as how to conduct research and the importance of advocacy.



Global Health Academy – Lectures & Group Work Schedule

Date	Theme	Lecturer
Wednesday, February 10	Health System in Thailand	Dr. Tanarak Plipat , Deputy Director General, Department of Disease Control, Ministry of Public Health, Thailand
Wednesday, February 24	Group Work	
Wednesday, March 10	Health System in Japan	Dr. Masami Fujita , Director, Global Networking, Bureau of International Cooperation, National Center for Global Health and Medicine (NCGM), Japan Dr. Hiroyuki Kiyohara , Department of Global Network and Partnership, Bureau of International Health Cooperation, National Center for Global Health and Medicine (NCGM), Japan
Wednesday, March 24	Group Work A	
Wednesday, April 7	Community Health	Dr. Myo Nyein Aung , Associate Professor of Global Health, Juntendo University, Tokyo, Japan
Wednesday, April 28	Group Work B	
Wednesday, May 12	Health Technology	Dr. Yujiro Maeda , Co-founder, Premo Partner Inc.; Director, Department of Biodesign, The University of Tokyo Hospital
Thursday, May 27	Group Work C	
Wednesday, June 9	Global Health	Dr. Hiroki Nakatani , Visiting Professor at the School of Medicine, Keio University
Wednesday, June 23	Group Work D	
Wednesday, July 14	Migrant Health	Dr. Reiko Hayashi , Deputy Director-General, National Institute of Population and Social Security Research (IPSS)
Thursday, July 29	Group Work E	
Wednesday, August 11	Policy Recommendations & Advocacy	Mr. Ryoji Noritake , CEO, Board Member, Health and Global Policy Institute
Wednesday, August 25	Group Work	
Wednesday, September 8	Quantitative & Qualitative Research	Dr. Don Eliseo Lucero-Prisno , Professorial Lecturer in International Health, University of the Philippines Visiting Scientist at Harvard Medical School, Harvard University
Wednesday, September 22	Group Work	

Lecture 1: Thailand's Health System and COVID-19 Response



Dr. Tanarak Plipat

Deputy Director General, Department of Disease Control, Ministry of Public Health, Thailand

Tanarak Plipat, M.D., Ph.D. is serving as the Deputy Director of the Department of Disease Control (DDC), Ministry of Public Health, Thailand (MOPH/Thailand). Dr. Tanarak, received a doctor in Medicine from Prince Songkla University, Thailand, a Master in Public Health from Mahidol University, Thailand and Ph.D. in Epidemiology from UCLA, USA. He is a graduate of the Field Epidemiology Training Programme, Thailand.

Dr. Tanarak started his medical career as the general physician at Krabi provincial health office in 1991. He served as Medical Epidemiologist for HIV/AIDS surveillance section, Bureau of Epidemiology (2000-2010), a chief of the national HIV/TB/STI surveillance unit (2003-2009) and a director of Bureau of Knowledge Management, Department of Disease Control (2006-2010). From March 2010-December 2013, served as Thai Co-Director of Thailand MOPH-U.S. CDC Collaboration (TUC). He worked as the Director of Bureau of Epidemiology, DDC between December 2013 and February 2017. He has been promoted to be a deputy director of the Department of Disease Control in February 2017. He has experience in operating and management of many strategies for disease prevention control such as SARS, Avian influenza, H5N1, H1N1 influenza pandemic (2009), Ebola Virus disease, MERS, Zika Virus, Dengue and Coronavirus 2019.

From 2001 to present, he has served on numerous national committees for MOPH/Thailand, including recently serving as a member on Committee for Clinical Study of Pandemic Influenza Cases and Deaths, and the National Strategic Advisory Committee of Experts on Pandemic Influenza. He was appointed a chair of a committee to draft a Department of Disease Control's research strategic plan in 2003 and a chair to draft the Department's strategic plan in 2004 and again in 2017. He has a record of publications regarding important public health issues in Hepatitis, measles and HIV/AIDS situation in Thailand. He has experience working in the field of surveillance and outbreak investigation.

As a director of Bureau of Epidemiology, he initiated a laboratory-based surveillance system for priority syndromes in Thailand, supported the initiation of public health laboratory network and supported the use of laboratory evidence to support an outbreak investigation. Furthermore, he has initiated the adoption of mobile computers for data collection and development of health behavior surveillance systems, knowledge management system of the DDC, restructuring and management of the Thai-US cooperation center, organized a new Tier-based Field Epidemiology Training System, digital transformation and data analytics operations for DDC. He is leading DDC according to the National Strategic Plan And national public health reform plans. Dr. Tanarak has been leading the control of COVID-19 in Thailand.

He has been awarded outstanding alumni by the Faculty of Medicine, Prince Songkla University, 2020

Lecture 2: Japan's Health System and COVID-19 Response



Dr. Masami Fujita

Director, Global Networking, Bureau of International Cooperation, National Center for Global Health and Medicine (NCGM), Japan

Dr. Masami Fujita is the Director, Global Networking of the Bureau of International Cooperation at the National Center for Global Health and Medicine (NCGM) in Japan since 2018. In addition, he is the founding manager of NPO Migrant Neighbor's Network and Action (MINNA) and member of the Board of Directors of Social Venture Partners (SVP) Tokyo. His career experience, area of expertise, and involvement in current activities are a testament to his dedication to the UN Sustainable Development Goals (SDGs).

Dr. Fujita received a Doctor of Medicine (MD) from Yamagata University in 1988 and began his career as a physician at Tsuruoka Kyoritsu Hospital. During the 1990s he was involved in research of infectious diseases at a number of institutions both in Japan and in the USA. This led him to a career in public health where he has gained a wealth of experience in the response to HIV, health and social protection of vulnerable populations, and migrant's health. He has worked in the field on projects related to HIV/AIDS for over 15 years in the World Health Organization (WHO) where he spent time in Myanmar, Cambodia, and Vietnam. Prior to that he also spent several years in Thailand working on HIV prevention and care with Japan International Cooperation Agency (JICA).

In 2016, he received a Doctor of Philosophy (PhD) from the University of Tokyo. He has published in over a dozen peer-reviewed journals and has written chapters and authored several books.



Dr. Hiroyuki Kiyohara

Department of Global Network and Partnership, Bureau of International Health Cooperation National Center for Global Health and Medicine (NCGM), Japan

Dr. Hiroyuki Kiyohara currently works at the National Center for Global Health and Medicine (NCGM). His career started in dentistry after he graduated from Osaka University with a Doctor of Dental Surgery (DDS) in 2013. After working for both public and private dental clinics in Japan, he attended the University of Queensland, Australia, as a Rotary Global Grant Scholar and graduated with a Master of International Public Health (MIPH) in 2016.

Since 2017, he has worked for NCGM as a dental surgeon in the Department of Oral and Maxillofacial Surgery until 2020, and from then on as a technical officer in the Department of Global Network and Partnership of the Bureau of International Health Cooperation. His current job relates to the access to health information and services among foreign residents in Japan in the context of COVID-19 pandemic. Finally, it should also be noted that he was a participant in this Global Health Education Program (GHEP) in 2017.

Speakers for Global Health Academy

Lecture 3: Community Health



Dr. Myo Nyein Aung

Associate Professor of Global Health, Juntendo University, Tokyo, Japan

He is principal investigator of cluster randomized controlled trial, “Community integrated intermediary care (CIIC) to enhance family-based long-term care for the older people in Thailand”. CIIC trial is funded by World Health Organization.

His current research in Japan is “Sustainable health promotion for older people in the era of COVID-19”. During the COVID-19 pandemic he also studied “Community response to COVID-19 pandemic containment measures in different countries”. It is a collaboration of 12 countries researchers.

He is a public health researcher experienced with health promotion intervention trials, long-term care for the ageing, prevention of non-communicable diseases and infectious diseases such as HIV and TB. He practiced as international consultant for health system strengthening in Myanmar, Thailand, Sudan with JICA and USAID.

He teaches research methodology for graduate students in global health class, public health class and clinical epidemiology class internationally.

At Juntendo university he teaches social policy for ageing in Asia and field research in global health.

Lecture 4: Health Technology



Dr. Yujiro Maeda

Co-founder, Premo Partner Inc.; Director, Department of Biodesign, The University of Tokyo Hospital

Yujiro has promoted the development of medical technology that starts from the needs of the medical field.

He completed doctor course in Medicine from the University of Tokyo Graduate School of Medicine & School of Dentistry in Kyushu University. He engaged in clinical practice at the University of Tokyo Hospital, Department of Oral and Maxillofacial Surgery, Department of Orthodontics, and Emergency Department. In 2013, he was engaged in tele-health business in the Pharmaceutical Business Planning Department of Otsuka Pharmaceutical Co.

In June 2014, he completed the Global Faculty training program at Stanford University's Biodesign Program, a program to develop innovators for medical device invention and entrepreneurship. In 2015, he founded Japan Biodesign and started 0→1 acceleration of medical deep technology startups. Since then, he has been co-director of Japan Biodesign. In the same year, he was assigned to be a global member of SPARK, Stanford University's translational program for drug discovery and biotechnology. In 2020, he became the Director of the Department of Biodesign, Translational Research Center, University of Tokyo Hospital.

In 2018, he became a director of Aillis Inc., a medical AI startup, and in 2019, he co-founded Premo Partner Inc. and started advising major manufacturers on new business, incubating medical startups, and angel investing.

He is also a Specially Appointed professor at Tokyo University of Pharmacy and Life Sciences (2020-), a visiting lecturer at Waseda University Business School (2018-), Advisor to Eten Lab Inc. which provides "Minchare", a program to change society through behavioral change (2016-). Co-Founder of Vice-Director of Kozue Medical Corporation (2019-).

Lecture 5: Global Health



Dr. Hiroki Nakatani

Visiting Professor at the School of Medicine, Keio University

In the past five years, Dr. Hiroki Nakatani has held academic positions in Japan as Visiting Professor at the School of Medicine, Keio University, and Invited Professor at Osaka University Post Graduate School of Medicine. He also serves in various national and international organizations as Chair, Board of Directors, Global Health Innovative Technology Fund (GHIT Fund); Senior-Advisor, Economic Research Institute for ASEAN and East Asia ERIA ; Member, Board of Directors, National Center for Global Health and Medicine; and Director, Human Resource Strategy Center for Global Health. He is a veteran public health specialist for over 40 years, who started his career at the Ministry of Health, Labour, and Welfare in Japan.

He worked extensively in health policy, public health, international health, and health science and technology. His national career includes serving as Director-General of Health and Welfare Services in Hiroshima Prefecture, where he was in charge of integrating health and welfare services in preparation for the arrival of a rapidly aging society. With regards to his international career, he served the WHO Headquarters twice. From April 1988 to March 1993, he was a Policy Analyst in the Department of Human Resource for Health. From March 2007 to May 2015, he served as Assistant Director-General of WHO, leading the largest technical cluster of HIV/AIDS, Tuberculosis, Malaria, and Neglected Tropical Diseases. During his tenure, the morbidity and mortality of these three significant infections showed decline trends, and a few tropical diseases were on track towards elimination and even eradication (dracunculiasis or guinea worm disease). After he retired from WHO, Dr. Nakatani has continued to serve the Organization as the Chair of the WHO Executive Board (2019-2020) and various oversight and advisory committee member. Dr. Nakatani received his MD from Keio University School of Medicine, MHPed from the University of New South Wales, and Ph.D. from Keio University.

Lecture 6: Migrant Health



Dr. Reiko Hayashi

Deputy Director-General, National Institute of Population and Social Security Research (IPSS)

Dr. Reiko Hayashi is Deputy Director-General of Japan's National Institute of Population and Social Security Research (IPSS). Prior to joining IPSS in 2012, she served in Senegal as technical advisor to the Minister of Health (2008–2011), and was engaged in projects concerning population, health and development in various countries. Her research covers global population ageing, health and longevity, and population development. She holds a PhD in policy studies from the National Graduate Institute for Policy Studies (GRIPS), Japan. She is a member of ICD and ICF Commissions of Social Security Council of Ministry of Health, Labour and Welfare, of the Experts Meeting for the Realization of a Symbiotic Society with Foreign Nationals, Immigration Services Agency of Japan, and of Japan's delegation to the Commission on Population and Development, United Nations.

Lecture 7: Policy Recommendations & Advocacy



Mr. Ryoji Noritake

CEO, Board Member, Health and Global Policy Institute

Mr. Ryoji Noritake is the CEO, Board Member of Health and Global Policy Institute (HGPI), a Tokyo-based independent and non-profit health policy think tank established in 2004. He is a graduate of Keio University's Faculty of Policy Management, holds a MSc in Medical Anthropology from the University of Amsterdam, the Netherlands. He served as a Visiting Scholar at the National Graduate Institute for Policy Studies (2016-2020) and a member of Tokyo Metropolitan Government's Policy Discussion Roundtable for Super Ageing Society (2018). He is currently serving as a member of Salzburg Global Seminar's Advisory Council and various health related committees in Japan and the world.

Lecture 8: Quantitative & Qualitative Research



Dr. Don Eliseo Lucero-Prisno III

Professorial Lecturer in International Health, University of the Philippines
Visiting Scientist at Harvard Medical School, Harvard University

Dr. Lucero-Prisno has over twenty years' experience in the field of global health where his research area focuses on infectious diseases, primarily HIV/AIDS. His expertise also lies in social science, health policy and health economics and holds several academic positions at institutions throughout the world. He has been a professorial lecturer of International Health at the University of the Philippines since 2012, he also lectures at the University of Botswana in their Faculty of Medicine and is a tutor of Economics of Global Health Policy at the London School of Hygiene and Tropical Medicine. In addition to his posts at the universities, he is a research associate at the Global Health Institute at Wuhan University and his latest appointment is visiting scientist at Harvard Medical School, Harvard University.

When not in the classroom he lends his time as an editor of the scientific journals, Public Health Challenges and BMC Global Health Research and Policy. He is also the founder of his own journal called Global Health Focus. Dr. Lucero-Prisno has published in over a dozen journals just within this year and dozens more prior, in addition he has authored ten book chapters.

Dr. Lucero-Prisno received a PhD from Cardiff University in 2014, an MSc and MPH in the Netherlands at Erasmus University (2015) and Royal Tropical Institute (2004) respectively. He also received a Doctor of Medicine from the University of the Philippines in 1996.

Throughout his career his work has been recognized through a number of international honors and awards including the prestigious Global Health Promotion Practice Award by the International Union for Health Promotion and Education (IUHPE) and the World Health Organization (WHO) and The Outstanding Young Man in Global Health by the President of the Philippines.

About the Global Health Academy Group Work

Group Work Preparations:

Each group's members were responsible for preparing the work for the group's lecture themes. Participants worked together on the preparations to present, and were instructed to:

- 1) Provide a summary of the previous lecture(s) into 5 points .
- 2) Provide a summary of the required readings which will be shared later into 5 points.
- 3) Discuss themes based on the lecture and required reading for the group activity.
- 4) Share with participants the discussion theme and roles 1 week prior to the Group Work session.
- 5) Share slides in the Group Work folder on Google Drive on the session day by 12:00 (JST).

Group Work Day Basic Flow:

- 18:30-18:35 Announcements (HGPI/MU | Main Room)
- 18:35-18:50 Summary & Discussions (Group A - Main Room)
 - Summarize previous lecture(s) into 5 points
 - Explain required reading into 5 points & provide discussion themes for the group activity
- 18:50-19:30 Discussion (Group A - Breakout Room)
 - Discuss themes provided by leading group
- 19:30-19:55 Sharing session (Everyone | Main Room)
 - Share what was discussed by each group (5 mins each)
- 19:55-20:00 Announcements (HGPI/MU | Main Room)

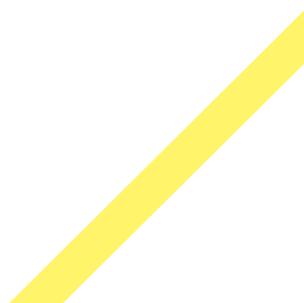


Global Health Academy Group Work Members

Group	Members	Date	Lecture Theme
A	Yu Par Khim Piyanat Changsieng Sudim Sharma Sadeep Medhasi Asana Miyanishi	March 24	Previous Lectures: Health Systems (Thailand and Japan)
B	Hitomi Kimura Woraluk Jonglertmontree Sagar Tiwari Moe Dehara Ugyen Tshering	April 28	Previous Lecture: Community Health
C	Ei Thinzar Phenchan Meekaew Nway Eint Chei Ayaka Takano Yuichi Murayama	May 27	Previous Lecture: Health Technology
D	Su Myat Han Napaswan Namboonsri Thapakorn Ruanjai Junna Iwata Juran Nakamura	June 23	Previous Lecture: Global Health
E	Keisuke Shimizu Nana Moriguchi Shrinkhala Shrestha Thitaporn Kaewboonchoo	July 29	Previous Lecture: Migrant Health



Research Component



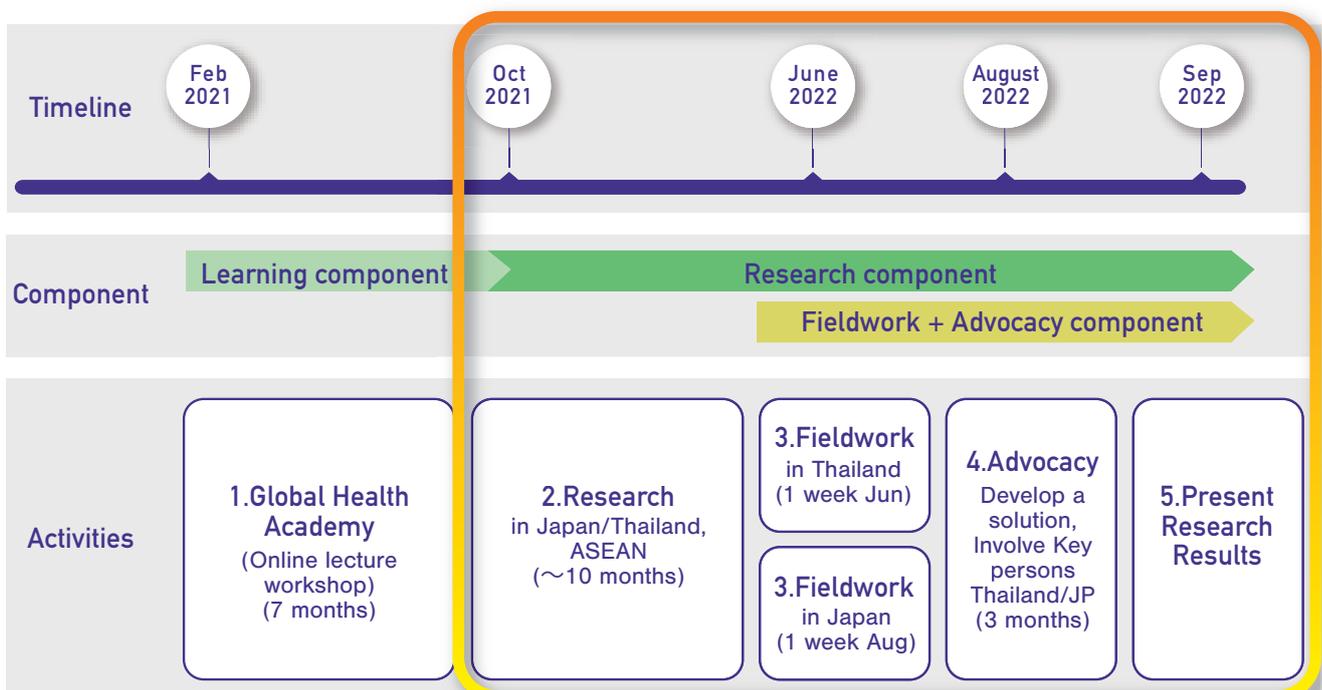
About the Research Component (October 2021 – September 2022)

For the research component, participants were organized into four research groups and came up with their own group name and research topic. Each group was assigned a supervisor they could go to for advice from the research design through to the data collection and analysis. The groups met twice a month, together with their supervisor to discuss their research progress and any challenges. There were three guest speakers who also joined during this component to share their knowledge and experiences on conducting research in particular with hard-to-reach populations such as migrant communities.

The research component started in October 2021 and continued through September 2022. The following milestones were set during the period to keep the groups on track with their research timeline and learning objectives for this component.

Research Component Milestones

- October – November: Literature review
- December: Discussion on narrowing down the research topic
- January: Prepare research proposal
- February: Understanding ethical consideration when conducting research
- March: Prepare ethics application for both Japan and Thailand
- April: Ethics application submitted and approval period
- May: Effective data collection and how to collect data online
- June: Ethics application approved
- June-July: Bangkok Thailand fieldwork, data collection and analysis
- August: Tokyo, Japan fieldwork, data collection and analysis
- September: Present research results and findings



Guest Speakers for the Research Component

Research Component: Guest Speaker



Dr. Aprichat Chamratrithirong

Advisor, Institute for Population and Social Research (IPSR), Mahidol University

Dr. Aphichat Chamratrithirong is an Emeritus Professor and currently Advisor at Institute for Population and Social Research (IPSR), Mahidol University. He received Rockefeller scholarship and earned Ph.D. degree in Sociology (Demography) from Brown University in 1976. He has been working at IPSR since 1976 and served as IPSR Director during 1989-1996. He was a President of Thailand's Population Association during 1991-1994, and Council Member and Treasurer of Asian Population Association between 2008 and 2010. From 1998 to 2003, he worked at United Nations Economic and Social Commission for Asia and the Pacific as Regional Adviser on Population Census and Survey Data Analysis, under UNFPA Country Technical Services Team (CST) for East and South-East Asia, ESCAP Bangkok.

In 2012 Dr. Aphichat was awarded National Distinguished Researcher (Sociology) from the National Research Council of Thailand. He was a founder of Mahidol Migration Center and served as its director from 2010 to 2018. During 2012-2016, he was a member of the Executive Board of the National Research Council of Thailand and acted as Chairman of the Committee of Sociology. He published more than 100 articles in the fields of population, fertility, family planning, migration, adolescent reproductive health, family relations, HIV/AIDS program prevention, nutritional behavior and related health and social research with his H Index of 17 in 2021.

Research Component: Guest Speaker



Dr. Masa Takamatsu

Consultant, Vaccine-Preventable Diseases and Immunization Unit
World Health Organization Regional Office for the Western Pacific

After obtaining his medical license from Saga University in Japan, Dr. Masamitsu Takamatsu joined Health and Global Policy Institute (HGPI) in 2016. As an associate, he was engaged in delivering policy recommendations on global health agendas and led the launch of the G-HEP (Global Health Education Program), which aims to develop future leaders in global health with partner institutes across Asia. After HGPI, he finished his junior residency at Nitobe Memorial Nakano General Hospital in Tokyo. From 2019, he joined WHO as an immunization consultant and worked in the Nigeria Country Office and is currently working at the Manila Regional Office for the Western Pacific Region.

Research Component: Guest Speaker



Dr. Takuma Kato

Dr. Takuma Kato is currently Chief Advisor, The Partnership Project for Global Health and Universal Health Coverage (GLO+UHC) Phase 2 dispatched from Ministry of Health, Labour and Welfare (MHLW), Japan. He was deputy director of international affairs division followed by the director of Office for Physicians' Training, Planning and Coordination, Ministry of Health, Labour and Welfare. He graduated from Keio University in 2007, completed post-graduated training for physicians at Saku Central Hospital and the specialty training for pediatrics in Keio University. Additionally, He obtained MPH from Mahidol University and Ph.D from Keio University. He worked as JICA experts for health system strengthening in Myanmar and National Program of HIV/AIDS in Zambia.

Research Component Groups

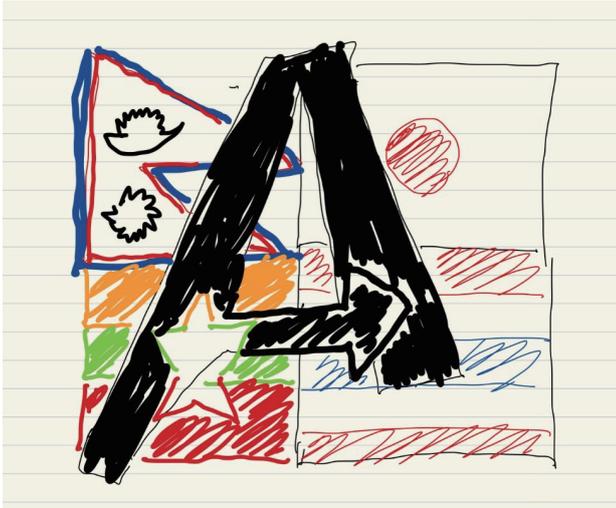
Group	Members
A	Sadeep Medhasi Thapakorn Ruanjai Nway Eint Chei Hitomi Kimura Moe Dehara Junna Iwata
B	Shrinkhala Shrestha Ugyen Tshering Yu Par Khin Asana Miyanishi Keisuke Shimizu

Group	Members
C	Sagar Tiwari Su Myat Han Ei Thinzar Khin Nana Moriguchi
D	Sudim Sharma Napaswan Namboonsri Woraluk Jonglertmontree Ayaka Takano



Research Component Groups

Asian Avengers (Group A)



Members:

Sadeep Medhasi
Thapakorn Ruanjai
Nway Eint Chei
Hitomi Kimura
Moe Dehara
Junna Iwata

Supervisor:

Arthit Phosri

Research title:

Understanding COVID-19 vaccine hesitancy and acceptance among migrant workers in Thailand and Japan

Yabai SABAI (Group B)



Members:

Shrinkhala Shrestha
Ugyen Tshering
Yu Par Khin
Asana Miyanishi
Keisuke Shimizu

Supervisor:

Orawan Kaewboonchoo

Research title:

Health status and working conditions of migrant care workers in Japan and Thailand during COVID-19 pandemic

Research Component Groups

Cha Cha Cha (Group C)



Members:

Sagar Tiwari
Su Myat Han
Ei Thinzar Khin
Nana Moriguchi

Supervisor:

Lalita Kaewwilai

Research title:

Major barriers to health services accessibility during the COVID-19 pandemic: Experiences of migrant workers and health service providers in Japan and Thailand

Joyful SWAN (Group D)



Members:

Sudim Sharma
Napaswan Namboonsri
Woraluk Jonglertmontree
Ayaka Takano

Supervisor:

Kwanjai Amnatsatsue

Research title:

COVID-19 vaccine equity and perceived justice among migrants in Thailand and Japan



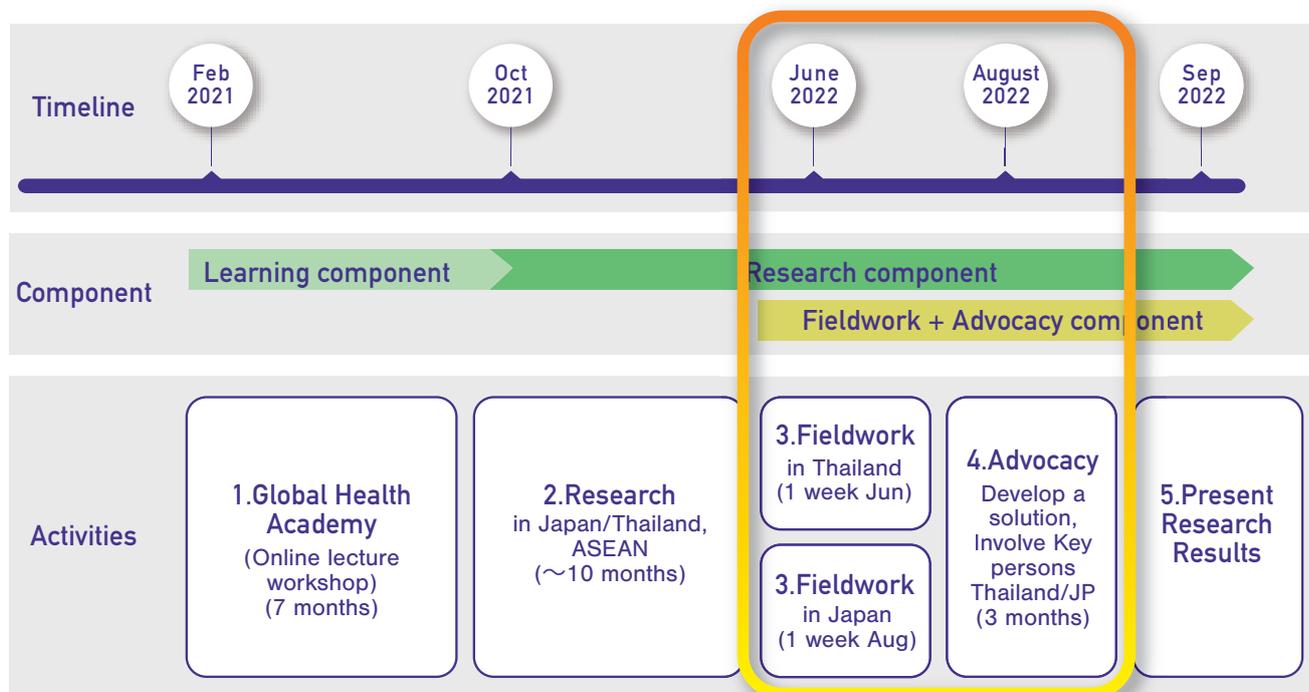
Fieldwork Component



About the Fieldwork (June 2022 – August 2022)

The **fieldwork component** of this program consisted of a week-long training in Bangkok, Thailand that took place, arriving on June 27th – July 2, followed by a week-long training in Tokyo, Japan that took place with participants arriving on August 7th – 13th.

The aim of the fieldwork was for participants to gain a deeper understanding of the background of the situation of urban migrants and to identify and compare unique health challenges in both countries. Throughout the week, participants attended lectures from healthcare professionals, met with local NPOs/NGOs, and policy makers to help develop a cross-sectoral perspective of the issues and see how a collaborative effort is important for addressing and providing solutions for the problems.



Bangkok, Thailand Fieldwork Schedule

Bangkok program: June 28th – July 2nd

*not including arrival day

Date	Topic	Detailed Persons (titles omitted)	Location
Tuesday, June 28	Welcome/Orientation	Sarawut Thepanondh	Mahidol University
	Innovation for Migrant Health		Thailand Health Promotion Foundation
	Health Policy for Sustainable Development Goals After Covid19	Hathairat Kosiyaporn Jomkwan Yothasamut Rapeepong Suphanchaimat Somtanuek Chotchoungchatchai Supapat Kirivan Warisa Panichkriangkrai Watinee Kunpeuk	International Health Policy Program
Wednesday, June 29	Covid19 and Health Service Systems for Migrant Workers		Samut Sakhon Hospital
	Primary Care Unit for Migrant Village Children		Primary Care Unit and Migrant Village Child Development Center
Thursday, June 30	Research Related Migrant Health: Cross-Border Migrants and Health Service Accessibility During Covid-19 in Thailand	Sureeporn Punpuing	Institute Population and Social Research, Mahidol University, Salaya Campus
	Health Care Policy and Services for Migrant Workers in Thailand	Walunchai Juengsamranphong	Division of Health Economics and Health Security, Ministry of Public Health
Friday, July 1	Group Preparation		Mahidol University
	Group Presentation		
	Closing Ceremony	Sarawut Thepanondh	
Saturday, July 2	Cultural Visit		Grand Palace, Wat Arun

Bangkok, Thailand Fieldwork Activities

Bangkok Fieldwork Activities

Bangkok Day 1:

Thai Health Promotion Foundation

Dr. Rapeepong Suphanchaimat, Director of International Health Policy Program, Ministry of Health

The first site visit took place at the Thai Health Promotion Foundation. Its representatives shared a study labeled "Innovation for Migrant Health". The next visit to the International Health Policy Program (IHPP) covered "Health Policy for Sustainable Development Goals after COVID-19". The participants discussed migrant health and the migrant friendly health system with Dr. Rapeepong Suphanchaimat, Director of International Health Policy Program, Ministry of Health, Nonthaburi Province.

Bangkok Day 2:

COVID19 and the Health Service System for Migrant Workers Team

Health Care Professionals, Samut Sakhon Hospital Migrant Friendly Clinic Department

The participants departed for Samut Sakhon Hospital, a province adjacent to Bangkok with a high concentration of migrant workers. The presentation, titled "COVID19 and the Health Service System for Migrant Workers" was showcased by a team of health care professionals from Samut Sakhon Hospital's Migrant Friendly Clinic department. The group then visited the Migrant Village Child Development Center where they were able to witness the living conditions of migrant workers firsthand. With the help of interpreters, interviews took place to gain insight on the migrant worker's experiences navigating the Thai health care system. Participants were able to enter the schools and interact with the children of migrant workers, located next to the dormitories.



Bangkok Day 3:

Cross-border Migrants and Health Service Accessibility During COVID19 in Thailand

Dr. Sureporn Punpuing, Associate Professor, Institution of Population and Social Research

On the third day, students to visit the main campus of Mahidol University in Salaya to attend a lecture titled "Research Related Migrant Health: Cross-border Migrants and Health Service Accessibility During COVID19 in Thailand", presented by Assoc. Prof. Dr. Sureporn Punpuing at the Institution of Population and Social Research. Dr. Punpuing shared several research studies involving migrants in Thailand, providing best practice on how to reach migrants, ethical consideration, as well as the findings of the studies. Next, a visit took place at the Ministry of Public Health, Division of Health Economics and Health Security, where Dr. Waluncha Juengsamranphong, M.D., presented "Health Care Policy and Services for Migrant Workers in Thailand", this lecture introduced participants to the current health system Thailand and policies that were put into place to support the migrant population.

Bangkok Day 4:

Group Presentations

Dr. Orawan Kaewboonchoo, Deputy Dean of International Relations, Mahidol University

The final day allowed the participants to process what they have learned from the week. In a hybrid style session, participants worked in groups to prepare and present on their experiences and lessons learned. They analyzed the situation in Thailand using the PEST analysis giving an overview of the political, economic, socio-cultural, and technological factors.



Tokyo, Japan Fieldwork Schedule

Tokyo: August 8th – 12th

*not including arrival and departure day

Date	Topic	Detailed Persons (titles omitted)	Location
Monday, August 8	Welcome/Orientation	Joji Sugawara Kwanjai Amnatsatsue	Asakusa Culture Tourist Information Center
	How NCGM Supports International Patients and Migrant Community	Masami Fujita	
Tuesday, August 9	Japan's Migrant Health Policy, "Initiatives by the Ministry of Health, Labor and Welfare to Improve the System for Accepting Foreign Patients"	Hiroyuki Nakanishi	Ministry of Health, Labor and Welfare
	Human mobility and IOM	Mochizuki Daihei	International Organization for Migration - Tokyo
	Human Mobility as a Global Issue	Kaoru Takahashi	
	Ensuring the health of Vietnamese Migration Workers during Covid19 Pandemic	Aiko Kaji	
Wednesday, August 10	Japanese Healthcare System	Akihiri Ookawa	Asakusa Culture Tourist Information Center
	Medical Interpreting Service	Yoko Iwamoto	
	Migrant Health in Japan	Hisano Niikura	
	Tokyo Coronavirus Support Center for Foreign Residents	Yukako Takada	
	People Living with Aids in Japan	Prach Pongkivorasin	
	Migrant Health in Japan	Tamotsu Nakasa	
Thursday, August 11	Migrant's Health and Access to Healthcare in Japan - Clinical Best Practice	Takashi Sawada	Online
	Association in Solidarity with Kotobuki and Foreign Migrant Workers Kalabaw no Kai	Hisano Niikura	Online
Friday, August 12	Cultural Visit		Online
	Group Presentation Closing Ceremony	Joji Sugawara Ryoji Noritake	

■ Tokyo, Japan Fieldwork Activities

Tokyo Fieldwork Activities

Tokyo Day 1:

How NCGM (National Center for Global Health & Medicine) Supports International Patients and Migrants Community

Dr. Masami Fujita, Director, Global Networking, Bureau of International Cooperation, National Center for Global Health and Medicine (NCGM), Japan and Founding Manager, NPO MINNA

Dr. Fujita began by introducing four main activity areas of NCGM and about his research conducted online through social media groups to understand the barriers among migrants in Japan to accessing vaccination. He quoted a director of a public health center: "Nature of problems faced by patients changed over time. Remarkably increased were the cases that had a wide range of socio-economic difficulties, requiring case work". The term 'Social Solidarity Economy' was introduced as an alternative movement for a just and humane economy, with a focus on social economy and solidarity economy. The movement calls for a total transformation of the local/national/global economic and social system. The session closed with each participant introducing themselves and giving background on their independent research and how the lecture content resonated with them.

Tokyo Day 2:

Japan's Migrant Health Policy, "Initiatives by the Ministry of Health, Labor and Welfare to Improve the System for Accepting Foreign Patients"

Dr. Hiroyuki Nakanishi, Technical Officer, Bureau of International Health Cooperation

This session was led by ministry officials in charge of the securement and construction of health delivery system to highlight the research and implementations provided at the government level. Dr. Nakanishi opened a survey titled "Actual Conditions of Accepting Foreign Patients at Medical Institutions". Next, he discussed a project to support the placement of medical interpreters and medical coordinators in medical institutions for accepting foreign patients and the promotion of the use of telephone medical interpretation. Dr. Nakanishi ends the presentation noting how this is merely an introduction to accepting and easing foreign patients to medical institutions in Japan and that there is the challenges that should be continuously addressed.

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Human Mobility and IOM

Mr. Mochizuki Daihei, Representative, IOM Tokyo

Mr. Mochizuki begins by introducing the first part of a three-part presentation by defining migrants and refugees, mentioning how 'migration' as a word does not exist in the Japanese vocabulary as they prefer not to have that word in their policies, referred to merely as "foreign nationals residing in Japan". He then proceeds to explain the three-part role he divides the IOM tasks in: operation & emergency, migration management, and international cooperation & partnership, ending with what the office's presently focused on.

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Human Mobility as a Global Issue

Dr. Kaoru Takahashi, Migration Health Coordinator, IOM Japan

Dr. Takahashi begins with the migrant health in numbers, and why so much close attention is given to migrant health. Well-managed migration policies imply that the needs of migrants and host communities are met as a prerequisite for sustainable development. UHC (Universal Health Coverage) can only be achieved when the health and equitable access to services of all people are addressed. A world map is displayed showcasing the disparity of vaccinations across the globe, indicated by deeper hues of green corresponding to a higher vaccination rate.

■ Tokyo, Japan Fieldwork Activities

Ensuring the health of Vietnamese Migration Workers during Covid19 Pandemic

Dr. Aiko Kaji, Representative, IOM Vietnam

Dr. Kaji begins with her project introduction - supporting the government of Vietnam in strengthening Public Health Emergency response and preparedness, donated by the IOM Development Fund, set to contribute to effective public health emergency preparedness and response by the Government of Vietnam along the mobility continuum. The beneficiaries include: Migrant Health Working Group, Vietnamese migrant workers abroad, and potential migrants. Her presentation features the design of her study and methods, key findings, and key challenges.

Tokyo Day 3:

Japanese Healthcare System

Mr. Akihiro Okawa, Board Member, NPO Solidarity Network with Migrants Japan (Ijuren)

Mr. Okawa talks about the Japanese healthcare system, its universal insurance and pension system. There are two types of health insurance in Japan: employee health insurance (EHI), managed by companies; National Health Insurance (NHI), managed by municipalities for elderly and self-employed. Mr. Okawa mentions where migrants without Japanese nationality fit in the umbrella, followed by the barriers to access the resources available in the system due to a language barrier as well as lack of understanding of the structure. He then presented Japanese immigration policy's downfalls - detention of immigration law violators for an indefinite period without provisional release. Mr. Okawa believes Japan should be connected to more countries, and what's important is create a system to further internationalization



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Medical Interpreting Service

Ms. Yoko Iwamoto, Representative, MIC Kanagawa

Ms. Iwamoto opens with an overview of MIC Kanagawa, its history, partners, workforce, and the volume of dispatches over the past 20 years. She provides previous examples of cases where language and cultural barriers were apparent. In order to alleviate the barriers, Ms. Iwamoto outlines the medical interpreter services available in Japan and its challenges. While face-to-face is most effective, availability of interpreters are in short supply. Remote services are expensive without public financial support

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Migrant Health in Japan

Ms. Hisano Niikura, Case Worker and Support Leader for the Thai Community, Association in Solidarity with Kotobuki and Foreign Migrant Workers (Kalabaw no Kai)

Kalabaw no Kai was established in 1987 with the mission of supporting and upholding the human rights of non-Japanese laborers, migrant women, and other non-Japanese residents of Japan, regardless of residence status. While explaining the reason that Kalabaw no Kai is based in Yokohama City and Kanagawa Prefecture, Ms. Niikura shared specific examples of support provided over the course of activities for the Thai community, including helping people access medical care, make vaccination appointments, navigate procedures at local governments, and complete Japanese paperwork. She also provided a detailed explanation of Japan's visa system.

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Tokyo Coronavirus Support Center for Foreign Residents

Ms. Yukako Takada, Coordinator, Citizen's Network for Global Activities (CINGA)

The Tokyo Coronavirus Support Center for Foreign Residents (TOCOS) was established in 2020 to give consultations on daily living for non-Japanese residents impacted by the COVID-19 pandemic in various ways, as well as to provide interpretation support at public health centers and other facilities. The COVID-19 Vaccination Consultation Center (COVIC) was established in 2021 with the goal of ensuring COVID-19 vaccine access to all non-Japanese residents of Japan. One area COVIC's activities focused on was coordinating with local governments to provide vaccine vouchers to unregistered non-Japanese residents, such as short-term residents and other residents with irregular residence status. After explaining activities at TOCOS and COVIC, Ms. Takada talked about providing support to non-Japanese residents by coordinating with the Government while sharing stories based on her own experiences.



■ Tokyo, Japan Fieldwork Activities

People Living with Aids in Japan

Mr. Prach Pongkivorasin, Representative, NPO CHARM (Center for Health and Rights of Migrants)

Prach Pongkivorasin presents 'People living with Aids in Japan'. Charms stands for Center for Health and Rights of Migrants, an NPO founded in 2022, based in Osaka but helps both Japanese and foreigners in the Kansai region. They provide telephone, face-to-face consultation services, organizing group meetings, and etc. Medical treatment for AIDs is provided by AIDS hub hospitals in each prefecture, large hospitals. The characteristics of how the treatment in Japan is provided and the disparity in access to medications and costs for residents and foreign patients.

Migrant Health in Japan

Dr. Tamotsu Nakasa, Representative, NPO SHARE (Services for Health in Asian African Regions)

Dr. Nakasa shares a timeline documenting his time working in public health over a span of 40 years. SHARE started in 1983 by young doctors and nurses, based on the concept of PHC (Primary Health Care). Discussion revolved around two major conflicts in the Indochina Region after World War II. The Cambodian conflict had a great impact on Japan, spawning many NGOs developing to assist international aid with the Japanese government deciding to accept Indochinese refugees as a result. Merits of foreign workers were discussed followed by the demerits. He concludes by mentioning the Japanese government is reluctant to increase the number of immigrants.

Tokyo Day 4:

Migrant's Health and Access to Healthcare in Japan - Clinical Best Practice

Dr. Takashi Sawada, Physician, Minatomachi Medical Center

Minatomachi Medical Center, also known as Migrant Friend Clinic, is a clinic for people working in Yokohama established for 30 years, paying special attention to the sufferers of occupational health problems. Dr. Sawada showcases the public health organizations he is affiliated with and photos to give context on the work he was involved in. His experiences lead him to believe the key to improving migrant health lies in the intersection of community and networks spanning the government sector, NGO's, and facilities. He ends with a message directed to the Japanese society - "Improving migrant health is not only good for migrants themselves, but for the host societies as well".

Tokyo Day 5:

Group Presentations

Mr. Ryoji Noritake, CEO, HGPI

The final day allowed the participants to process their lessons of the week to prepare for group presentations showcased online via zoom. Their presentation featured their experiences attending lectures and visiting Japanese organizations. Each participant was presented a certificate by Ryoji Noritake, CEO of HGPI.



Advocacy Component



Group Research Final Presentations Summary

For the final advocacy component, each group presented their research study findings with their policy recommendations. After the presentation session, evaluators from Juntendo University, Mahidol University, HGPI, and NCGM gave feedback on the G-HEP 2022 participants' ideas and proposals.

Group A: Asian Avengers

"Understanding Covid19 vaccine hesitancy and acceptance among migrant workers in Thailand and Japan". The objective of the group's study was to assess the COVID19 hesitancy and acceptance in adult migrant workers in Thailand. By visiting immigration centers and markets to distribute questionnaires they were able to gather data on migrant worker perceptions on vaccines. The findings revealed the majority of participants were illiterate and were hesitant to take boosters. The policy recommendations were to educate the public based on evidence supported information and promote vaccination campaigns through credible public health channels and health care professionals.

Group B: Yabai Sabai

"Situation of Myanmar Migrant Healthcare Workers in Japan and Thailand during COVID19". The objective was to assess the perceived health, working conditions, and societal experience of Myanmar migrant health-care workers in Japan and Thailand during the COVID19 pandemic. The data from qualitative interviews highlighted the main challenges faced by migrant workers to be language barriers, increased workload from the pandemic, poor internal work relations, and low-salary. The policy recommendations were to address the rapid movement of health workers for rapid mobilization in the midst of outbreaks, recognizing their importance and their living constraints. Training should be given more emphasis rather than considering them as low-skill workers.

Group C: Cha Cha Cha

"Major Barriers to Health Services Accessibility During the Covid19 Pandemic: Experiences of Migrant Workers and Health Service Providers in Japan and Thailand". The objective was to understand and explore the barriers to access COVID19 health services among migrant workers from Japan and Thailand; to find strategies to improve accessibility from the experience of both migrant people and health service providers. A qualitative study was conducted via in-person interviews for migrant workers and focus-group discussion via zoom for healthcare providers. The findings revealed struggles in the following dimensions: language, information availability, health insurance, culture, and job security. The policy recommendations were to incorporate more foreigner friendly health services such as medical translators for non-device supported languages. The current strategies in place can also be extended to other areas like non-communicable diseases.

Group D: Joyful Swan

"COVID19 Vaccine Equity and Perceived Distributive Justice Among Migrants in Thailand and Japan". The objective was to explore the policies and activities related to vaccine equity in migrant populations in Thailand and Japan as well as their perceptions regarding its distribution of justice. A qualitative study was conducted via interviews and analyzed via content and matrix analysis. The data was collected across four themes: fairness, choice, autonomy, interpersonal justice, informational justice. The following themes emerged from the data: language barriers, government support, visa status. After analyzing the data, the group had the following policy recommendations to target the community level by capacity building in the migrant health volunteer. At the national level, both governments should consider policies to strengthen the understanding between the migrant and host countries. International policies should prepare for an impending crisis.

Group Research Abstracts

Abstracts

(Group A, B, C, and D)

Group A: Asian Avengers

Research Topic: Understanding COVID-19 vaccine hesitancy and acceptance among migrant workers in Thailand and Japan

Vaccine hesitancy remains a barrier to complete population inoculation against highly infectious diseases. Little is known about what migrant workers think of getting immunized with a COVID-19 vaccine in Thailand and Japan. Identifying specific populations and their characteristics concerning vaccine hesitancy will help serve as critical components of a successful vaccination strategy. This study aimed to assess COVID-19 vaccine hesitancy and acceptance in adult migrant workers in Thailand.

A cross-sectional study was conducted among migrant workers in Thailand. We collected information regarding basic demographic details, acceptability, and perception of the COVID-19 vaccine through a structured questionnaire.

Of the total, 74.1% were male, and 78.8% were illiterate. 65.9% preferred not to take a vaccine, if available. 40% showed confidence in Government supplied free COVID-19 vaccine. Most participants agreed that vaccination is a good idea and will decrease the chances of getting COVID-19 or its complications. Most participants showed concerns about the safety and efficacy of the COVID-19 vaccine.

For ongoing COVID-19 vaccination campaigns to improve coverage as we advance among the migrants, access to vaccination must be straightforward.



Group Research Abstracts

Group B: Yabai SABAI

Research Topic: Health status and working conditions of migrant care workers in Japan and Thailand during the COVID-19 pandemic

Background

COVID-19 has posed unprecedented economic and social challenges and disruptions over the last two years. It has also exacerbated already deep-seated social inequalities within our societies. The lockdowns and restrictions have forced many people to work from home while some have lost their jobs. The healthcare workers (HCWs) were needed to provide uninterrupted health services throughout the pandemic. In most high-income countries, migrants make up a large share of health workers. In Japan, due to the increased aging population, there has been a rising demand for long-term care workers. In Thailand, migrant workers were mostly found working as medical translators. This study aimed to assess the health status and working conditions of Myanmar migrant HCWs in Japan and Thailand during the COVID-19 pandemic.

Method

An explorative qualitative study by in-depth interviews was conducted with long-term workers at care centers or hospitals in Japan (n=8), whereas in Thailand, medical translators working at hospitals (n=10) were interviewed in June 2022. All interviews in either their native language or in Japanese were recorded and transcribed in English. Thematic analysis was done by creating categories, themes, and subthemes. Descriptive analysis was applied to show the demographic characteristic. The ethical approval was obtained from the ethical review board of Mahidol University. Before the interviews, written informed consent was obtained from all participants.

Result

The main challenges that migrant workers faced were language barriers, increasing workload during the pandemic, poor co-worker relationships, and low salaries. Although most migrant workers from Japan and Thailand are satisfied with their health and safety and their job, 87.5% of migrants in Japan said their mental health is fair, poor, or depressed.

Conclusion

There is growing evidence that COVID-19 could become cyclical, with or without outbreaks. This suggests that every nation should be prepared for any type of pandemic. The host countries are advised to amend some special training targeted to accredit the migrant service providers.

Situation of Myanmar Migrant Healthcare Workers In Japan And Thailand during COVID-19 Pandemic

Study Findings
14th September 2022



Group Research Abstracts

Group C: Cha Cha Cha

Research Topic: Major barriers to health services accessibility during the COVID-19 pandemic: Experiences of migrant workers and health service providers in Japan and Thailand

The COVID-19 pandemic has disrupted the health system in many countries including Thailand and Japan. Under the current universal health coverage, the healthcare system has been praised for being easily accessible for citizens. However, many migrants in Thailand and Japan continue to face barriers in access to health care. This challenge must be addressed to ensure accessible care for the migrant populations to address healthcare disparities in our society. This qualitative study was conducted to explore the experiences of migrant workers in Thailand and Japan regarding the barriers to accessing COVID-19 health services among Myanmar migrant workers in Japan and Thailand. The participants consisted of 10 registered migrant Myanmar workers, who worked in Thailand and 10 Myanmar workers, who worked in Japan. Most of the migrant workers in Thailand were aged from 26-46 years old, they were non-skilled employees with primary education levels. Whereas most migrant workers from Japan were aged ranged 25-39 years old, they were skilled workers in Japan, with higher educational levels. A qualitative analysis was combined with in-depth interviews of migrant workers and a focus group discussion of health professionals who provided care for migrant workers. Thematic coding was applied. Results show that 6 key themes were emerging from the analysis as follows. .

These findings can suggest the policy recommendation as follows:

- 1) Foreigner-friendly health services with medical translators/volunteers are assisting to reduce the burden on both provider and patients' sides.
- 2) Health benefits package for the migrant workers based on the experience of current COVID-19 response strategies in both Japan and Thailand as a model extendable to other diseases (e.g., mental health, non-communicable or chronic diseases)

There are some limitations on the scope of the participant's selection i.e., the majority of the respondents were skilled workers in Japan, with higher educational levels, however, the respondents from the Thai side were non-skilled workers with primary education levels) hence the respondents from Japan's side limits the knowledge to those who are non-skill workers or with lower education level. The sample population shall focus on wider participants selections from both countries (inclusion of non-skill workers from Japan, and skilled workers from Thailand) and we also would like to research the vulnerable groups of the migrant population (e.g., refugees in Thailand, trainee workers in Japan) in in near future.



Group Research Abstracts

Group D: Joyful Swan

Research Topic: COVID-19 vaccine equity and perceived justice among migrants in Thailand and Japan

Thailand and Japan are the top 10 countries of destinations for migrant workers from 1990 to 2019 and the ongoing COVID-19 pandemic could disproportionately affect migrants, widening health and economic inequalities, making them likely to encounter a double burden related to the risk of infection and the lack of resources when they become infected. This qualitative study was conducted to explore the experiences of migrant workers in Thailand and Japan regarding COVID-19 vaccine equity and Covid-19 vaccine distributive justice during the pandemic. The participants consisted of 10 registered migrant Myanmar workers, who worked in Thailand and 10 Myanmar workers, who worked in Japan. Most of the migrant workers in Thailand were aged from 26-46 years old, living in Samutprakan and Samutsakon Province. They were a non-skilled employee in the factory (n=3), in a construction camp (n=3), and in the markets. Whereas most migrant workers from Japan were aged ranged 25-39 years old, living in Nagasaki and Tokyo.

From the in-depth interview, four themes were identified 1) fairness, 2) choice and control in decision making, 3) interpersonal justice, and 4) informational justice. Covid-19 vaccine distributive justice was perceived as somewhat fairness to COVID-19 vaccine allocations and process, in terms of duration of receiving the vaccine, quantity, and quality of vaccine, and vaccine brand. Choice and control in decision-making were reported by some migrant workers that they were forced by their employers, or their factory to get the vaccine to be allowed to work. Fair distribution was not adequate for a certain types of migrants in Thailand, such as those who worked in a small factory or construction company, or undocumented workers. However, some informants are concerned about nationality and communication barriers, making them feel being less access to information, particularly in the post-receiving vaccine process. Interpersonal justice and informational justice (medical mistrust) are experienced in migrant workers in both countries to support or delay the decision-making for receiving the COVID-19 vaccine. These findings can suggest the policy recommendation as follows:

- 1) Thai and the Japanese government should consider a migrant-friendly health service to reach out to those migrants and their families who are vulnerable.
- 2) The inter-organization policy and mechanism should be integrated and established to improve migrant health and prepare for the next crises, including the Ministry of Labor, Public Health, Interior, and Social development and human security, and implemented in settings with a high number of migrant workers.
- 3) Promoting good practices and effective strategies. A best-practice model should be encouraged in the areas of learning from their experience through inter-sectoral partners, such as the Public -Private Partnership (SamutPrakan Province) or community-based NGOs (Samutsakorn Province). In addition, a business, health, welfare, and social campaign should be supported to strengthen migrant friendly community.





Pre-and Post-Program Analysis of Participants' Competencies

About the Areas of Competency

Participants were evaluated pre-and post-program on global and inter-cultural competencies in terms of knowledge, skill, attitude, and behavior in nine areas. The responses were assessed on how they changed during the program. The nine competency areas and questions that were asked can be found below.

1. Appreciation and Diversity

- Q.1: I am aware and can recognize the value of each person in the global community.
- Q.2: I consider multiple perspectives and opinions.
- Q.3: I have a positive attitude towards my own culture and am respectful to others.
- Q.4: I keep an open mind and am tolerant to different behaviors.

2. Cultural Understanding

- Q.5: I have an ability to build relationships and mutual trust with people from other countries.
- Q.6: I have an ability to understand and appreciate diverse perspectives.
- Q.7: I can communicate with professionals from different countries.
- Q.8: I can adapt to the working atmosphere in different countries.

3. Global Knowledge

- Q.9: I know the geography, culture, politics, economics, and health system of my colleagues.
- Q.10: I can understand how global issues are interconnected and can have an impact locally.
- Q.11: I have an ability to examine and understand contemporary issues of global significance.
- Q.12: I can discuss social determinants of health problems in different parts of the world.

4. Global Engagement

- Q.13: I am interested in learning and understanding global issues.
- Q.14: I have an ability to engage in intercultural interactions.
- Q.15: I am interested in seeking opportunities to develop a global mindset.
- Q.16: I seek opportunities to communicate and share perspectives from around the world.

5. Digital Literacy

- Q.17: I have an ability to use digital platforms effectively as a means of communication.
- Q.18: I have an ability to use different tools for learning and working online.
- Q.19: I use digital platforms as a means to network and connect with others around the world.
- Q.20: I can work with international colleagues using video conferences without difficulty (e.g. Zoom).

6. Language Communication

- Q.21: I am a competent user of basic English language proficiency.
- Q.22: I have a good ability to use English to share ideas with diverse audiences.
- Q.23: I am willing to learn and appreciate other languages.
- Q.24: I can use English for technical communication in four skills (speaking, writing, reading, listening).

7. Self-Efficacy

- Q.25: I have an ability to learn and work in challenging situations.
- Q.26: I have an ability to empower myself and others.
- Q.27: I have an ability to engage in self-directed work and find solutions to problems on my own.
- Q.28: I have an ability to listen, reflect, and approach problems critically.

8. Academic Engagement

- Q.29: I understand how to apply what I learn to real-world scenarios.
- Q.30: I seek out and engage in first-hand experiences to learn about the world.
- Q.31: I have an interest in presenting my work to peer audiences.
- Q.32: I am open-minded and adaptable to new thoughts and ideas.

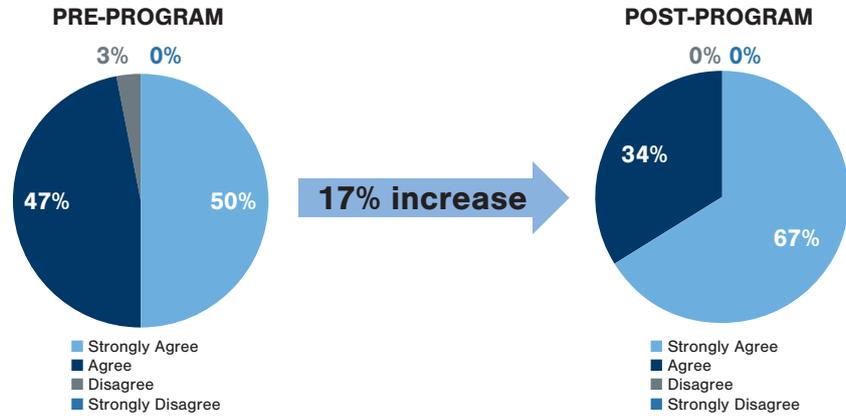
9. Critical Thinking

- Q.33: I ask clarifying questions.
- Q.34: I know how to put forward an argument and organize between information and opinion.
- Q.35: I have an ability to analyze cause and effect, pros and cons, and synthesize multiple perspectives.
- Q.36: I engage in inclusive problem solving in collaborative settings.

Pre - and post - program analysis of participants

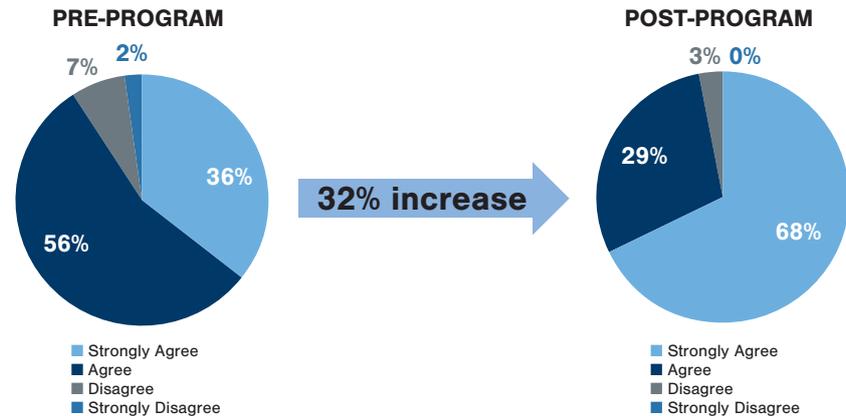
1. Appreciation and Diversity

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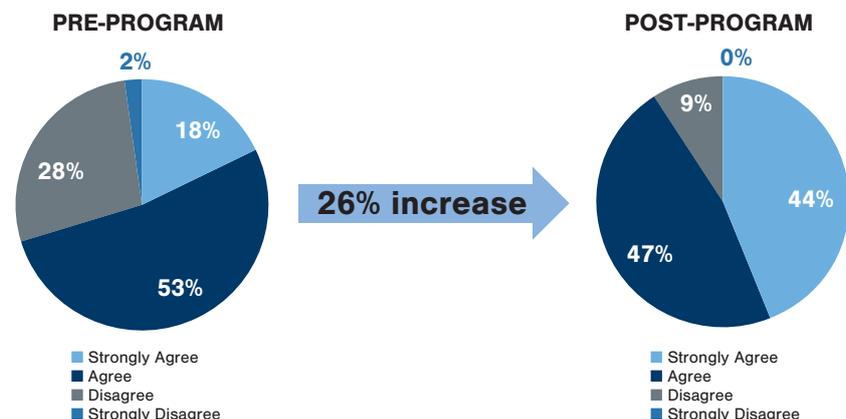
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3. Global Knowledge

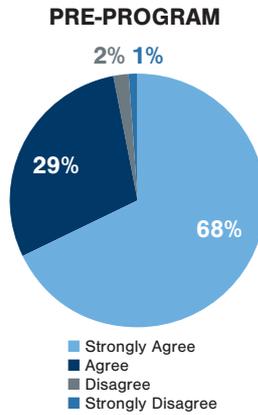
- Q.9 I know the geography, culture, politics, economics, and health system of my colleagues.
- Q.10 I can understand how global issues are interconnected and can have an impact locally.
- Q.11 I have an ability to examine and understand contemporary issues of global significance.
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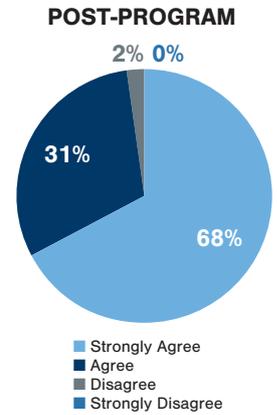
Pre - and post - program analysis of participants

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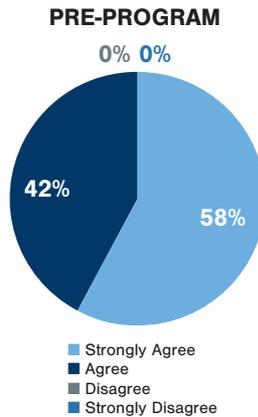


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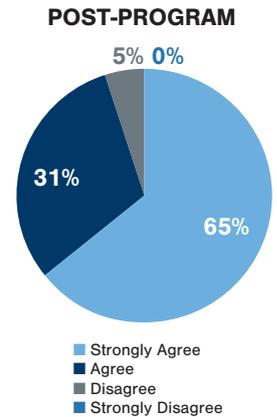


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- Q.19 I use digital platforms as a means to network and connect with others around the world.
- Q.20 I can work with international colleagues using video conferences without difficulty (e.g. Zoom).

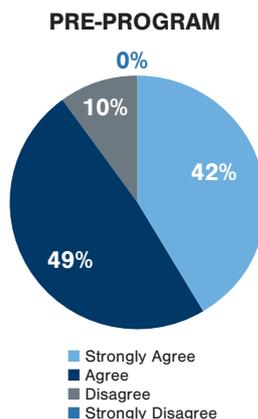


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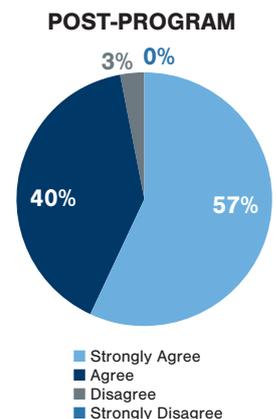


6. Language Communication

- Q.21 I am a competent user of basic English language proficiency.
- Q.22 I have a good ability to use English to share ideas with diverse audiences.
- Q.23 I am willing to learn and appreciate other languages.
- Q.24 I can use English for technical communication in four skills (speaking, writing, reading, listening).



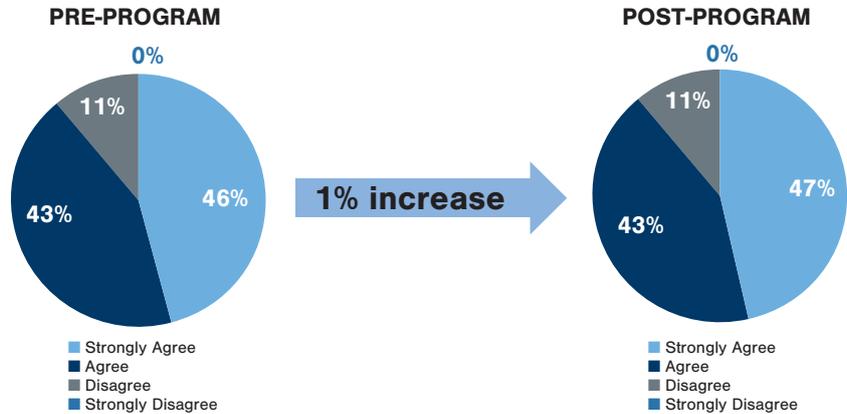
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Pre - and post - program analysis of participants

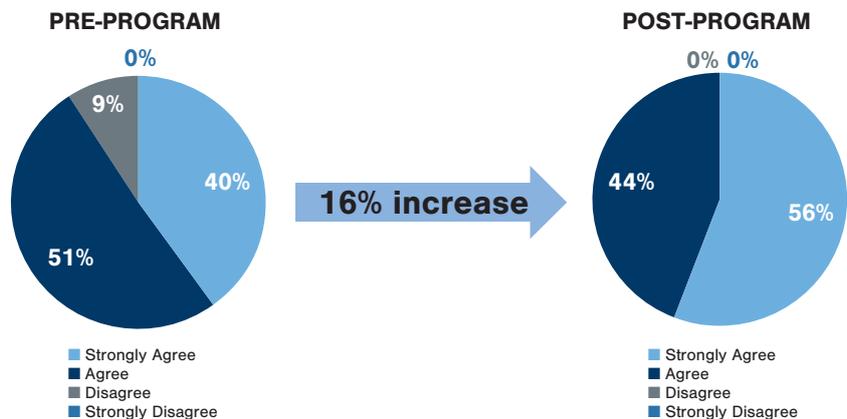
7. Self-Efficacy

- Q.25 I have an ability to learn and work in challenging situations.
- Q.26 I have an ability to empower myself and others.
- Q.27 I have an ability to engage in self-directed work and find solutions to problems on my own.
- Q.28 I have an ability to listen, reflect, and approach problems critically.



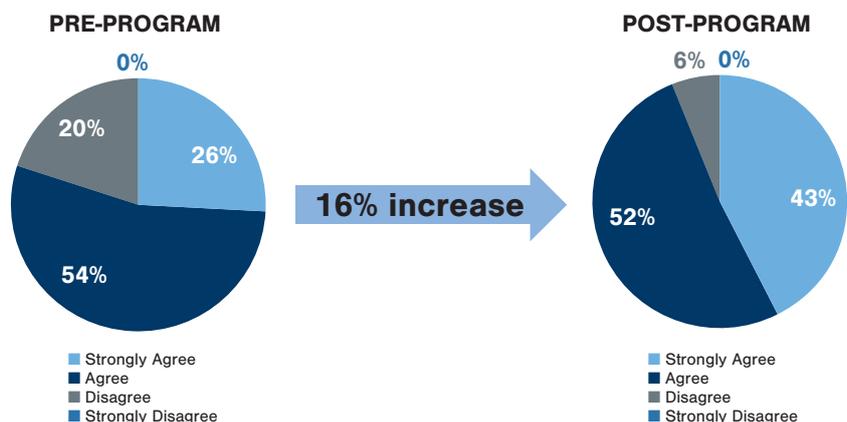
8. Academic Engagement

- Q.29 I understand how to apply what I learn to real-world scenarios.
- Q.30 I seek out and engage in first-hand experiences to learn about the world.
- Q.31 I have an interest in presenting my work to peer audiences.
- Q.32 I am open-minded and adaptable to new thoughts and ideas.



9. Critical Thinking

- Q.33 I ask clarifying questions.
- Q.34 I know how to put forward an argument and organize between information and opinion.
- Q.35 I have an ability to analyze cause and effect, pros and cons, and synthesize multiple perspectives.
- Q.36 I engage in inclusive problem solving in collaborative settings.



Participant's Feedback

Feedback from participants on their overall impression of the program.

"Throughout the program, I feel more satisfied with choosing global health as my specialty and get more confidence to communicate globally in my future research."

"I had not found many people around me who were interested in a career in public health, but I was very encouraged to find many people who have similar passions in Japan and abroad during this program. They are my peers and also role models, and I hope to continue to be inspired by them."

"G-HEP has really prepared me to undertake any journey in the area of global health. The experience that I have acquired from the GHEP is helping me with my MPH course in Health Systems Policy and Management."

"I learned many things related to global issues from various lectures and fieldworks. So, I am more acquainted with these issues than before the program."

"The discussion gave me various perspectives. After lectures, I often read some references. It was very helpful to understand the issue deeply."

"At G-HEP, I had a beautiful opportunity to engage in international programs and issues that aim to improve the quality of life, health and well-being for those in need."



Participants and Organizers



G-HEP Participants - Japan

Name	Affiliation
Moe Dehara	The University of Ehime
Su Myat Han	Nagasaki University
Junna Iwata	Keio University
Ei Thinzar Khin	Juntendo University
Yu Par Khin	Tokyo Medical and Dental University
Hitomi Kimura	Tsukuba University / Okubo Hospital
Asana Miyanishi	Hiroshima Peacebuilders Center
Nana Moriguchi	Juntendo University
Yuichi Murayama	Emory University
Juran Nakamura	The University of Tokyo
Keisuke Shimizu	Izu Health and Medical Center
Ayaka Takano	Gunma University

G-HEP Participants - Japan



Moe Dehara
Undergraduate Student, Faculty of Medicine, Ehime University

Hello, nice to see you! I'm Moe Dehara. I am a 1st year at the medical department of Ehime University. My future goal is to work at WHO and to get involved in policy making of public health. I am currently interested in the introduction and spread of virtual technologies in medical situations with a combination of conventional methods. I like reading, traveling, and going to museums. I am a member of IFMSA, (International Federation of Medical Students' Association). Looking forward to interacting with all participants!



Su Myat Han
PhD Student, Faculty of Tropical Medicine and Global Health, Nagasaki University and London School of Hygiene and Tropical Medicine

Su Myat Han is a global health trained Myanmar medical doctor with more than five years extensive experience in humanitarian organizations working in different roles including medical doctor, project manager, advocacy manager and epidemiologist. She is currently a second year-PhD student at Nagasaki University- London School of Hygiene and Tropical Medicine joint PhD program, working on the transmission study of influenza by utilizing genomic and epidemiological data. She graduated with Master of Health Science from the University of Tokyo, where her work focused on the universal health coverage.
to interacting with all participants!



Junna Iwata
Undergraduate Student, Faculty of Medicine, Keio University

Hello! I am Junna Iwata and please call me Junna. I am from Yokohama City and a 4th year medical student in Keio University in Tokyo. Since I am aiming towards working in the field of global health, it's my big pleasure to be a member of G-HEP. I do research of public health at university and of human resource of global health at NCGM. I am a member of student groups related to global health, too. I like traveling and visiting historical places in my free time. I'm looking forward to seeing you in the program!



Ei Thinzar Khin
PhD Student, Graduate School of Medicine, Department of Public Health, Juntendo University

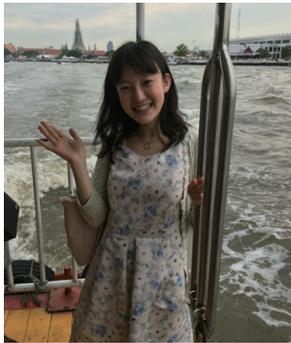
Ei Thinzar Khin is a medical doctor from Myanmar. She is now attending a PhD program of Public Health at Juntendo University, Japan. Her interest is in global health, non-communicable diseases, and behavioral medicine. She used to work at the Myanmar Diabetes Association and conducted a transcultural study of diabetes in Yangon and Chaing Mai. Ei can communicate well with English and during her stay in Japan, she became proficient in Japanese. In the future, she hopes to use her knowledge and experiences in health promotion programs for Myanmar. Ei loves to travel, watch movies, and cook for friends and family in her spare times.

G-HEP Participants - Japan



Yu Par Khin
PhD Student, Department of Global Health Promotion, Tokyo Medical and Dental University

Hello! I am Yu Par Khin, a medical doctor from Myanmar. I am currently a graduate student in the Global Health Promotion Department of Tokyo Medical and Dental University. My research interest is in socio-epidemiology and inequality. It is a pleasure to be accepted in the Global Health Education Program. As I am still an apprentice in this Global Health field, I believed that this would be a great opportunity for me to learn and expand my professional knowledge and networks.



Hitomi Kimura
PhD Student, Faculty of Medicine, University of Tsukuba

I am a nephrologist/geriatrics physician, and I am currently treating COVID-19 patients in the vulnerable community. I am also a public health researcher at University of Tsukuba, and Institute for Global Health Policy Research at National Center for Global Health and Medicine. My research focuses on the prevention of non-communicable diseases in Japan and Asia. My research interests include prevention of end-stage kidney diseases in Thailand and applying machine learning methods to global health. My hobby is cooking multi-ethnic cuisine such as ข้าวมันไก่ (Khao Man Kai), ผัดไทย (Pad Thai) and so on. It is such an honor to have discussion with peer young professionals!



Asana Miyanishi
Hiroshima Peacebuilders Center

My professional background has been as a school nurse in Japan. The duties for this role are diverse and include - physical and mental health care and environmental health management. I have recently completed my Master's degree of Science in Public Health studies at the London School of Hygiene & Tropical Medicine. My main passion is environmental health and health promotion methodologies. In addition, I've worked for two years as a Health Promotion Officer at Japan Overseas Cooperation Volunteer in Vanuatu. Learning new things is my favorite part of my life. I am delighted to join G-HEP and meet fellows from different fields.



Nana Moriguchi
Undergraduate Student, Faculty of International Liberal Arts, Juntendo University

Nana Moriguchi is currently a senior at Juntendo University, aspiring to graduate with a Bachelor of International Liberal Arts degree. She has been studying Health Sociology for four years focusing on health promotion. She immersed herself in fieldwork in Thailand several times in three years, alongside one of her professors. Her career vision is to earn a doctorate of Public health degree to broaden her perspective and become a professor of Health Sociology to advocate methods and knowledge of health promotion as a teacher.



Yuichi Murayama
Master's Student, School of Public Health, Emory University

Hi, my name is Yuichi Murayama. I have been attending the Rollins School of Public Health in Atlanta, USA, since last year to study health disparities among immigrants. I have become engaged in the local Hispanic community at several community health centers and with Hispanic related research. As a public health student, I soon became aware that health policy was one of the key tools to create social change. My goal in this program is to obtain training on immigrant health research and policy so that I can return to Japan and target the minority health issues in Japan.



Juran Nakamura
Master's Student, Faculty of Public Health, University of Tokyo

My name is Juran Nakamura. I was born and raised in Japan. I am a first-year master's student at the University of Tokyo and I have a Bachelor of Law. My major is public health and I belong to a Forensic Medicine and Medical Law laboratory. I am interested in the death inquiry system and healthy life expectancy. Through this program, I would like to learn about global health issues and discuss with participants from various backgrounds.



Keisuke Shimizu
Medical Doctor, Izu Health and Medical Center

Keisuke Shimizu has a five-year experience as a medical doctor. He previously worked as a family physician in Saku Central Hospital in Nagano Prefecture, which is famous for its history of primary health care and rural medicine. He has plenty of experience to tackle social problems of patients, and now wants to address social issues like inequity as an upstream factor of health and well-being of all people. He is very curious about what other people think about global health. In his free time, he likes jogging and playing the piano.



Ayaka Takano
Undergraduate Student, Faculty of Medicine, Gunma University

I am a 4th year medical student in Gunma University, who is interested in the health and happiness of workers. I am planning to be an occupational physician and an organization consultant in order to make workers' life better and maximize the potential of the organization. In 2020, I took a year off from university to work at health-tech company and I worked with HR and occupational health professionals. I am so glad to be accepted into this program and looking forward to having a good and fruitful time with all of you.

G-HEP Participants - Thailand

Name	Affiliation
Piyanat Changsieng	Mahidol University
Nway Eint Chei	Mahidol University
Woraluk Jonglertmontree	Mahidol University
Thitaporn Kaewboonchoo	Chulalongkorn University
Sadeep Medhasi	Medical Genomics Research
Phenchan Meekaew	Mahidol University
Napaswan Namboonsri	Assumption University
Thapakorn Ruanjai	Mahidol University
Sudim Sharma	Mahidol University
Shrinkhala Shrestha	Mahidol University
Sagar Tiwari	B.P Koirala Cancer Hospital
Ugyen Tshering	Ministry of Health, Royal Government of Bhutan

G-HEP Participants - Thailand



Piyanat Changsieng
PhD Student, Nursing Science, Faculty of Public Health, Mahidol University

I am a lecturer at the Department of Community Health Nursing since 2014. Now, I leave to study for my Doctoral degree. My study area is type 2 diabetes patients with uncontrolled blood glucose levels in the community. I am in the process of instrumental development and preparing for data collection in April if the situation of COVID-19 is convenient. I had some experiences in migrant health when I work in the community hospital, at that time I was only focused on reactive care, but that it is not enough for current situation of migrant health. Therefore, it is necessary to increase my knowledge and skill in migrant health.



Nway Eint Chei
PhD Student, Global Health, Mahidol University

Dr. Nway Eint Chei, a second runner up in the Business Plan Competition of the United Nations South-South Entrepreneurship Academy, is a Medical Doctor, Researcher and Country Representative of the Harpswell ASEAN Young Women Leadership Program. She is currently a student of the Doctor of Public Health Program (Major in Global Health) at Mahidol University where she obtained her master's degree in Public Health. She has volunteered with the COVID-19 Response Team-Myanmar and Buddhist Education Center. She worked as a Zonal Health Specialist, then promoted to Health Technical Program Coordinator in Nutrition, Maternal and Child Health at World Vision International.



Woraluk Jonglertmontree
PhD Student, Nursing Science, Mahidol University

Currently, I am a PhD student at the Faculty of Public Health, Mahidol University, and doing a dissertation on the topic of preventive program against depression symptom among Thai seafarers. I am also interested in preventing diseases and promoting health of workers, especially maritime workers. My career is a nursing instructor, which my duty is to provide the most useful academic service and research to benefit Thai and global people. Personally, I am a friendly and hard-working person. For joining this program, I hope to enhance experience and exchange ideas about situations, problems, and solutions on immigrants' health with Thai and foreign friends.



Thitaporn Kaewboonchoo
Master's Student, Chulalongkorn University

I am a 26-year-old psychologist who is interested in global health. I graduated with a bachelor's degree in political science and international relations from Thammasat University. I studied about policies and migration; therefore, I hope to be able to contribute to the class. Right now, I am studying about mental health and I am interesting to adapt my knowledge about mental health to global health as well. I always love to improve myself in all areas so, I am looking forward to studying in this class as I hope it will benefit me in the long run.

G-HEP Participants - Thailand



Sadeep Medhasi **Research Fellow, Medical Genomics**

I am a research fellow in medical genomics. Currently, I am constructing a Thai human leukocyte antigen (HLA) reference panel so that the research community can impute the array data to map HLA-dependent diseases that differ in incidence between ancestral populations. I have research experience in the field of Alzheimer's disease, autism spectrum disorder, pharmacogenomics, and HLA typing using next-generation sequencing. I have published research papers in peer-reviewed journals. Also, I have authored chapters in books. I strongly believe in the development of structures and processes that support equity in health for all people worldwide.



Phenchan Meekaew **PhD Student, Department of Public Health Nursing, Faculty of Public Health Mahidol University**

My name is Phenchan Meekaew, nickname Phen. I am 37 years old. My background is a registered nurse in the gynecology and oncology ward for six years, then community nursing for two and a half years. I also have experience in nursing care for kidney failure patients for one year so I was inspired by my dissertation about chronic kidney disease program. In my opinion, global health is very important because some diseases such as the emergence or re-emergence of an infectious disease or other health threat affects the global health population. The collaboration of the network that includes healthcare personnel and other personnel is essential to manage health and bring it to the policy level making global health management more effective.



Napaswan Namboonsri **Assistant Lecturer, Faculty of Nursing Science, Assumption University**

My name is Napaswan Namboonsri, my friends calls me "Pas". Now, I am an Assistant Lecturer at the Faculty of Nursing Science, Assumption University, Bangkok, Thailand. I love teaching because I love when students learn new things from me. My goal is sharing my knowledge and experience to them and help other people also not just my students. I would like to provide services to the community through my research and doing activity. I love my profession and want to seek more things that I can do in my area. I hope that my knowledge and experience will be useful to my family, my students, and other people.



Thapakorn Ruanjai **PhD Student, Faculty of Public Health, Mahidol University**

Currently, I am a 2nd year PhD student in Epidemiology at Faculty of Public Health, Mahidol University. I graduated with Bachelor of Public Health from Mae Fah Luang University. I had been training at Thoeng Hospital and Chiang Khian Health Promoting Hospital. I graduated with a master's degree in Public Health in Infectious Diseases and Epidemiology from Mahidol University. I have been working as a lecturer at the Department of Public Health, School of Health Science, Mae Fah Luang University since 2015. To date, I am interested in social epidemiology and global health among the migrant and hill tribe population in the northern part of Thailand.

G-HEP Participants - Thailand



Sudim Sharma
Master's Student, Faculty of Public Health, Mahidol University

Sudim Sharma is currently doing his Master of Public Health at Mahidol University, Thailand. Besides that, Mr. Sharma has a long-term working experience in rural communities of Nepal. He has carried out both qualitative and quantitative research projects in the field of public health. He has served in major roles while implementing different health projects like; Anti-Microbial Resistance (AMR) stewardship project, Global Fund Tuberculosis Program (GF-TB), Public Health Related Livelihood, Non-communicable Disease Project and different community health and school health programs. Additionally, Mr. Sharma is interested to work in the low resource setting by prioritizing community needs and maximizing community efforts.



Shrinkhala Shrestha
PhD Student, Global Health, Faculty of Public Health, Mahidol University

I am Shrinkhala Shrestha current student of Doctor of Public Health (International Program) majoring in Global Health at the Faculty of Public Health, Mahidol University, Thailand. I am Lecturer of Public Health at Kathmandu University School of Medical Sciences, Nepal. I have been responsible for a range of activities including leading and conducting Global Health Training program for international students from medical universities globally, coordinating international collaborations and also supervising a number research activities related to public health in Dhulikhel Hospital, Kathmandu University Hospital. Similarly, I also lead public health programs focused on women and school health at rural outreach centers.



Sagar Tiwari
Medical Doctor, B.P Koirala Cancer Hospital

I am a professional Medical Doctor with a 4-year experience in general practice examination (neonatal intensive care unit and medical oncology), diagnosis and treatment with recent graduate as a medical epidemiologist. Currently, I am working as a research officer in department of cancer prevention. During my 2 years stay, I found the public health system of Thailand quite impressive. I am very pleased to be a part of "Global Health Education Program 2021-2022". I believe I will learn how to influence the to-be-covered populations after enrolling this course.



Ugyen Tshering
Senior Program Officer, Ministry of Health, Royal Government of Bhutan

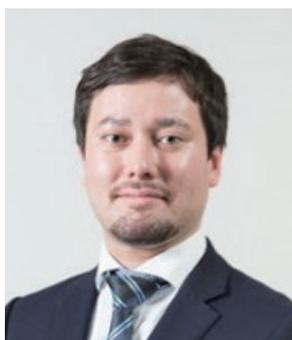
Mr. Ugyen Tshering works as a Sr. Programme Officer for the Emergency Preparedness & Response Programme under the Ministry of Health. He is a passionate health personnel with 6 years of experience in planning, managing and monitoring various health programmes/projects with a proven track record of working with the various partners including the UN organizations. Currently he serves as a member of the Technical Advisory Group (TAG) for the management of the ongoing COVID-19 pandemic. In the TAG, he looks into the strategic planning and processes besides his facilitator role in overall emergency management. He seeks to develop and leverage leadership and management skills in public health.

G-HEP Organizers



Ms. Eri Yoshimura
Senior Manager, Health and Global Policy Institute

Originally from Kagoshima Prefecture, Ms. Eri Yoshimura graduated from Keio University with a BA in Law (Political Science). After graduating, she started her career at a Japanese medical device company. She then worked as a strategy consultant at a US based IT company in Japan. She provided global logistics consulting services for Japanese manufacturing companies in areas such as business process standardization and supply chain transformation. As a Rotary Foundation Global Scholar, she graduated from the University of California, San Francisco (UCSF) with a MS in Global Health. During her masters at UCSF, Eri focused on maternal and child health, and conducted field work in Sulawesi, Indonesia. After graduating from UCSF, she joined Health and Global Policy Institute (HGPI) in 2016. Eri led global health related projects including Access to Medicine and Antimicrobial Resistance. She has also planned and managed several projects on dementia, such as promoting public-private-partnerships in dementia and collaborating with the World Dementia Council (WDC) in research. Eri additionally plans, manages, and implements health policy related projects in Kanagawa Prefecture and is also engaged with global educational programs for future public health leaders.



Mr. Joji Sugawara
Senior Manager, Health and Global Policy Institute

Mr. Joji Sugawara completed a Bachelor of Policy Studies at Chuo University, Japan in 2014. During his time as an undergraduate, he studied political science, international studies, and environmental studies; conducted public health-related field research in Timor-Leste and Myanmar; and engaged in Japan Association for International Health – Student Section (jaih-s). He currently works for Keizo Takemi, a global health champion and member of Japanese parliament, as a policy and communication secretariat to support his policy analysis, presentations, and communication to the public. In addition, he works for the Health and Global Policy Institute (HGPI), an independent non-profit think tank chaired by the Kiyoshi Kurokawa. He contributes for utilize multiple channels of communication to develop rapport between multi-stakeholders to implement health policy.



Ms. Niaya Harper Igarashi
Program Specialist, Health and Global Policy Institute

Ms. Niaya Harper Igarashi is originally from the United States and has resided in Japan since 2009. Niaya graduated from Xavier University of Louisiana and went on to complete a Masters in International Business at Webster University's London campus. She has worked in international business development for the renewable energy sector with the UK Department of Trade and Industry. Prior to joining HGPI she was involved in the development and management of academic programs for US universities. Currently she is a 1st year PhD student in the Graduate School of Medicine at the University of Tokyo. Her current research is focused on the migrant population in Japan.



Assoc. Prof. Dr. Sarawut Thepanondh
Dean
Faculty of Public Health, Mahidol University

Dr. Sarawut Thepanondh is an Associate Professor and the Faculty Dean at the Faculty of Public Health, Mahidol University, Thailand. He received a Ph.D. in Atmospheric Science from Monash University, Australia. His current research focuses on emission inventory and air pollution modeling. He has conducted numerous research related to air pollution management, as well as supervised postgraduate students at his university. He has been published in many international scientific journals. At present, he also serves as a technical advisor on various air pollution issues for the House of Representatives of Thailand and for the Ministry of Natural Resources and Environment as well as international organization such as UNEP and the World Bank.



Assoc. Prof. Dr. Orawan Kaewboonchoo
Deputy Dean, International Relations
Faculty of Public Health, Mahidol University

Assoc. Prof. Dr. Orawan Kaewboonchoo is currently the Deputy Dean for International Relations and Networking, at the Faculty of Public Health, Mahidol University. She has been working at the Faculty of Public Health, Mahidol University since 1989. She received her PhD from Wakayama Medical University Japan. She is the chair of the master of nursing science in occupational health nurse practitioner. Her research areas include occupational and environment health, workplace health promotion, job stress, and psychosocial factors. She was the chair of the international conference organizing committee on Psychosocial Factors at Work: Job Stress Prevention and Work Ability Promotion in 2009.



Assoc. Prof. Dr. Kwanjai Amnatsatsue
Chair, Doctor of Global Health Program & Head, Department of
Public Health Nursing
Faculty of Public Health, Mahidol University

Assoc. Prof. Kwanjai Amnatsatsue has been working at Faculty of Public Health, Mahidol University, Thailand since 1995. She received her MSc (Public Health Nursing) from the School of Public Health, University of North Carolina at Chapel Hill, USA in 1997. Then she got her PhD (Nursing) from School of Nursing, University of North Carolina at Chapel Hill, USA in 2002. After her graduation, she served Faculty of Public Health in some administrative position, such as Deputy Dean for Graduate Studies and Deputy Dean for International affairs. Currently, she is a chair of DrPH International Program, major in Global Health, Faculty of Public Health, Mahidol University. Her research interest includes global health; public health nursing, program planning and health promotion; chronic disease management; policy and model development, including long-term care, integrated care, and palliative care for the older adults; Mixed-methods and community-based research.

Since 2009, she has been working on health service delivery systems, community-based care, and long term care for the older adults across country. During 2012-2015, she was a secretary of the Research committee on Thai Qualification Framework for Public Health Standard (Undergraduate and Graduate level). Since 2013, she was a consultant of the working group on Long-term care system, Ministry of Public Health. In 2014, she was recruited to be a representative from Thailand to join the 67th WHA in Geneva, Switzerland and worked on the healthy aging agenda. In 2015, she was a committee of the Thailand Health Workforce cohort study, Ministry of Public Health. Currently, she is a committee of COVID-19 infection and control for long term care facilities in Thailand.

G-HEP Organizers



Ms. Chenchira Nathathong
Head, International Relations Office
Faculty of Public Health, Mahidol University

Ms. Chenchira Nathathong is a head of International Relations office at the Faculty of Public Health, Mahidol University. She has over 13 years of experiences of managing the international relations office. During her tenure she has coordinated, managed and facilitated international conferences. She has excellent management skills and believes in team work, honesty, empathy and facilitating creativity among her team. Mr. Chenchira Nathathong also possess good leadership skills and holds accountable for the best outcome of any work allotted.



Dr. Lalita Kaewwilai
Lecturer, Department of Public Health Nursing
Faculty of Public Health, Mahidol University

Dr. Lalita Kaewwilai is currently works as a lecturer at Department of Public Health Nursing, Faculty of Public Health, Mahidol University, Thailand. She graduated Ph.D. (Nursing) from Faculty of Nursing, University of Alberta, Canada in 2021. She studies the coping strategies of family caregivers of people living with dementia to develop coping intervention as well as improve quality of life. Her research focused on cognitive impairment and neurological diseases in aging, public health policies and nursing leadership, and information and communication technologies to improve health and wellness.



Dr. Arthit Phosri
Lecturer, Department of Environmental Health Sciences
Faculty of Public Health, Mahidol University

Dr. Arthit Phosri is currently works as a lecturer at Department of Environmental Health Sciences, Faculty of Public Health, Mahidol University, Thailand. His research expertise is mainly focusing upon exposure assessment and environmental epidemiology, which is investigating health effects of environmental factors using epidemiological and statistical modeling. He received Ph.D. (Engineering) from Graduate School of Engineering, Kyoto University, Japan in 2018.



Mr. Julius Foo
Foreign Expert, International Relations Office,
Faculty of Public Health, Mahidol University

Mr. Julius Foo is a foreign expert in the International Relations Unit at Mahidol University, Faculty of Public Health. He is originally from Canada, studying Sociology in his undergrad and receiving his Bachelor of Arts from the University of British Columbia in 2016. Shortly after graduation, he relocated to Thailand and based himself in the rural Northeast region, travelling intermittently to the surrounding Southeast Asian nations. By exposing himself to a variety of cultures, Julius' observations of everyday life in those contexts have broadened his perspective on social interaction, allowing him to bridge gaps in communication as the liason between institutions.

■ About the Joint Organizers (HGPI)

About Health and Global Policy Institute (HGPI)

Health and Global Policy Institute (HGPI) is a Tokyo-based independent and non-profit health policy think tank, established in 2004.

Since establishment, HGPI has been working to help citizens shape health policies by generating policy options, and to bring stakeholders together as a non-partisan think-tank. The mission is to improve the civic mind and individuals' well-being and to foster a sustainable healthy community by shaping ideas and values, reaching out to global needs, and by catalyzing society for impact.

We commit to activities that bring together relevant players in different fields, in order to provide innovative and practical solutions, and to help interested citizens understand choices and benefits in a global, broader, and long-term perspective.



Health and Global Policy Institute (HGPI)

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Website: <https://www.hgpi.org/en/>

About the Joint Organizers (MUPH)

About Mahidol University

Mahidol University is the number one university in Thailand for medical education and the first public health academic institution in Thailand.

Vision:

Be a leader in promoting population health through being a health literate faculty in ASEAN countries by 2021.

Mission:

1. To offer an outcome based public health education through being a health literate faculty.
2. To be visible as a leader in public health education, integrative and innovative research, professional academic services on the basis of good governance to promote health and longevity and the betterment of mankind.

Faculty of Public Health, Mahidol University

- The faculty was established in 1948.
- The Faculty of Public Health produces graduates in several majors from Bachelor, Master and Doctoral level of approximately 1,400 students per year.
- The faculty has 13 departments.
- The Faculty of Public Health plays an integral role as academic leader in the Asia-Pacific region, contributing to the development of the country on academic management, short training, as well as academic service to Asia-Pacific countries.
- Since 1976, the faculty has been running the Master of Public Health - International program.
- The faculty has alumni from 42 different countries and over 1250 graduates.



Mahidol University
Faculty of Public Health

Faculty of Public Health, Mahidol University

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Website: <https://www.ph.mahidol.ac.th/eng/>



Appendix



Reading Guide

Theme: Thai Health System

- "Health systems development in Thailand: a solid platform for successful implementation of universal health coverage", Lancet 2018
- "The Kingdom of Thailand Health System Review", WHO 2015
- "The political economy of UHC reform in Thailand", PLOS ONE 2020
- "COVID-19 Health System Response Monitor – Thailand", Asia Pacific Observatory on Health Systems and Policies 2020

Theme: Japan Health System

- "Japan Health System Review", WHO 2018
- "OECD Reviews of Public Health Japan", OECD 2019
- "Japanese universal health coverage: evolution, achievements, and challenges", Lancet 2011

Theme: Community Health

- "Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic Interim guidance", (IFRC/WHO/UNICEF 2020)
- "A contemporary insight into an age-friendly environment contributing to the social network, active ageing and quality of life of community resident seniors in Japan", Journal of Ageing and Environment 2020
- "Sustainable health promotion for the seniors during COVID-19 outbreak: a lesson from Tokyo", The Journal of Infection in Developing Countries, 2020
- "Community-Integrated Intermediary Care (CIIC) Service Model", JMIR Research Protocols, 2021
- "Policy Implications of Coronavirus Crisis for Rural Development", OECD 2020
- "Prioritising the role of community health workers in the COVID-19 response" BMJ Global Health 2020

Theme: Health Technology

- "The advent of medical artificial intelligence: lessons from the Japanese approach", BMC 2020
- "Health Technology Assessment in Thailand: Institutionalization and Contribution to Healthcare Decision Making", International Journal of Technology Assessment in Health Care 2019
- "Digital technologies in the public-health response to COVID-19" Nature Medicine 2020
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Japan: an overview

Japan is an island country located in East Asia. The population is 126 million with a land area of 377,974.17 square kilometers. The country is divided into 47 prefectures with Tokyo as its capital and most populous city. Tokyo is home to approximately 10% of Japan's population, where 13.98 million people reside.

Economy: Japan has the world's third-largest economy, having achieved remarkable growth post World War II, propelled by highly successful car and consumer electronics industries. Japan is the world's third largest automobile manufacturing country and has the largest electronics goods industry. The period between roughly 1985 and 1990 was a time of prosperity in Japan known as the "Bubble Economy" characterized by a rapid rise in asset prices and the expansion of money supply and credit. However, by 1991, asset prices collapsed, and the bubble burst, leading Japan into a period of economic stagnation referred to as "The Lost Decade". From 1991 to 2003, the Japanese economy, as measured by GDP, grew only 1.14% annually, well below other industrialized nations. Later, the 2008 Great Recession, the 2011 Tōhoku earthquake and tsunami further negatively impacted the economy. Since 2012, supported by the "Abenomics" policy, increase in international tourists, and winning the bid to host the 2020 Olympics, Japan's economic expansion has accelerated. However, the current impact of COVID-19 on Japan's economic growth remains to be assessed but has been greatly affected.

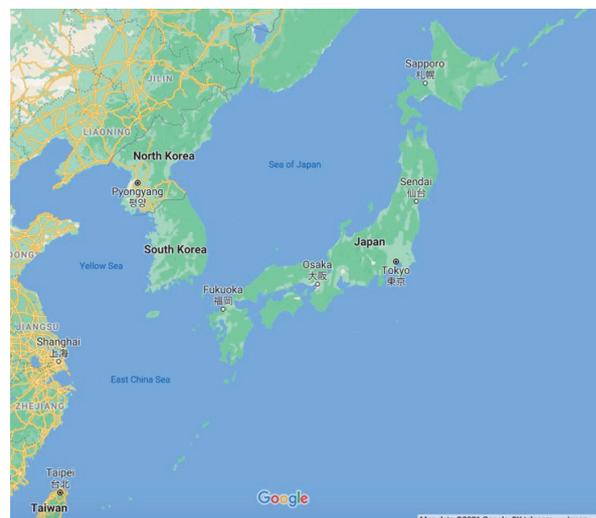
Health System: In Japan, the Ministry of Health, Labour and Welfare is responsible for the social health care system at the national level, which was achieved in 1961. Japan's system is a universal health care insurance system that provides relative equality of access. All residents (staying more than 90 days) in Japan are required by the law to have health insurance coverage. People without insurance from employers can participate in a national health insurance program administered by local governments. Payment fees for personal medical services have been set by a government committee, the patient's responsibility is for 30% of the costs, while the government pays the remaining 70%. Patients are free to select physicians or facilities of their choice and cannot be denied coverage. The ageing population in Japan and expected increase in healthcare costs is an immediate concern and challenge for healthcare institutions and policy makers to tackle due to an already financially strained health care system. (Ikegami et al., 2011 Shimazaki, 2013)

Migrant Health: More than 2.5 million foreign residents live in Japan, and this number is expected to increase in the near future. With the growing ageing population and labor force shortage, the Japanese Government is focusing on policies to bring in more migrant workers to help fill the labor gaps. While Japan has a universal healthcare system, it is provided to citizens and residents staying more than 90 days. Even with health insurance, many migrants have faced a number of barriers in accessing health care leading to a rise in health care disparities in the migrant communities. (Yasukawa et al., 2019)

Japan at a glance

- GDP per capita: 40,246.8 USD
- Life expectancy avg at birth: 84 years
- Fertility rate: 1.36 births per woman
- Infant mortality rate: 1.8 deaths per 1,000 live births
- Under 5 mortality rate: 2.3 deaths per 1,000 live births
- Number of hospitals and physicians: 8,300 hospitals and 2.43 physicians per 1,000 people
- Religion: Shinto and Buddhism

Reference: The World Bank (2019)
(<https://data.worldbank.org/country/JP>)



Thailand: an overview

Thailand, officially the Kingdom of Thailand, is located in Southeast Asia. The country is composed of 76 provinces and covers an area of 513,120 square kilometers with a population of over 66 million people. Bangkok the capital, is the most populated city in Thailand with 10.5 million residents.

Economy: Thailand has made remarkable progress in social and economic development, moving from a low-income to an upper-income country in the last four decades. Poverty declined substantially over the last 30 years from 65.2% in 1988 to 9.85% in 2018. However, in recent years, economic growth slowed from 4.2% in 2018 to 2.4% in 2019. Due to COVID-19 the economic impact has been severe and has led already to widespread job losses, affecting middle-class households and the poor. The decline in external demand affecting trade and tourism, supply chain disruptions and weakening domestic consumption which threatens to reverse the economic growth progress that Thailand has experienced. (The World Bank – Thailand Overview)

Health System: Thailand achieved Universal Health Coverage (UHC) in 2002. Every Thai citizen is now entitled to essential health services for all age groups. The benefits of the policy includes essential services in preventive, curative and palliative care. The national health care system is comprised of three different schemes: (1) the civil servants' medical benefit scheme under the finance ministry, covering 5.7 million people; (2) the social security scheme under the labor ministry, covering 12.3 million people; and (3) the universal coverage scheme under the public health ministry, covering 47.8 million people or 72% of the population. Like other health care systems, there are challenges to sustain the tax-financed system. With a high proportion of people living in poverty, an ageing population, and an increased non-communicable disease burden, the government is working to strive to contain the rising costs and sustain the UHC policy. (Sumriddetchkajorn et al., 2019)

Migrant Health: Many migrant workers are undocumented, but official documented migrants account for approximately 3.9 million. Thailand has three public insurance schemes that covers its population, and for documented migrants, they can also have access to health insurance. Approximately one-third of migrants are in the professional (formal sector) or highly-skilled groups covered by private insurance or social security. (Tuangratananon et al., 2020) The remainder are mostly engaged in low-skilled jobs in the informal sector and are covered by the Health Insurance Card Scheme for migrants, managed by the Ministry of Public Health. (Suphanchaimat, 2017)

Thailand at a glance

- GDP per capita: 7,806.74 USD
- Life expectancy avg. at birth: 77 years
- Fertility rate: 1.52 births per woman
- Infant mortality rate: 7.7 deaths per 1,000 live births
- Under 5 mortality rate: 9 deaths per 1,000 live births
- Number of hospitals and physicians: 1,370 hospitals and 0.8 physicians per 1,000 people
- Religion: Buddhism

Reference: The World Bank 2019

(<https://data.worldbank.org/country/thailand>)

