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Healthcare for migrant workers: More than just easy access to medical centres

Affordability, fear of dismissal and quality of medical services are among issues that need to be addressed under the new healthcare system

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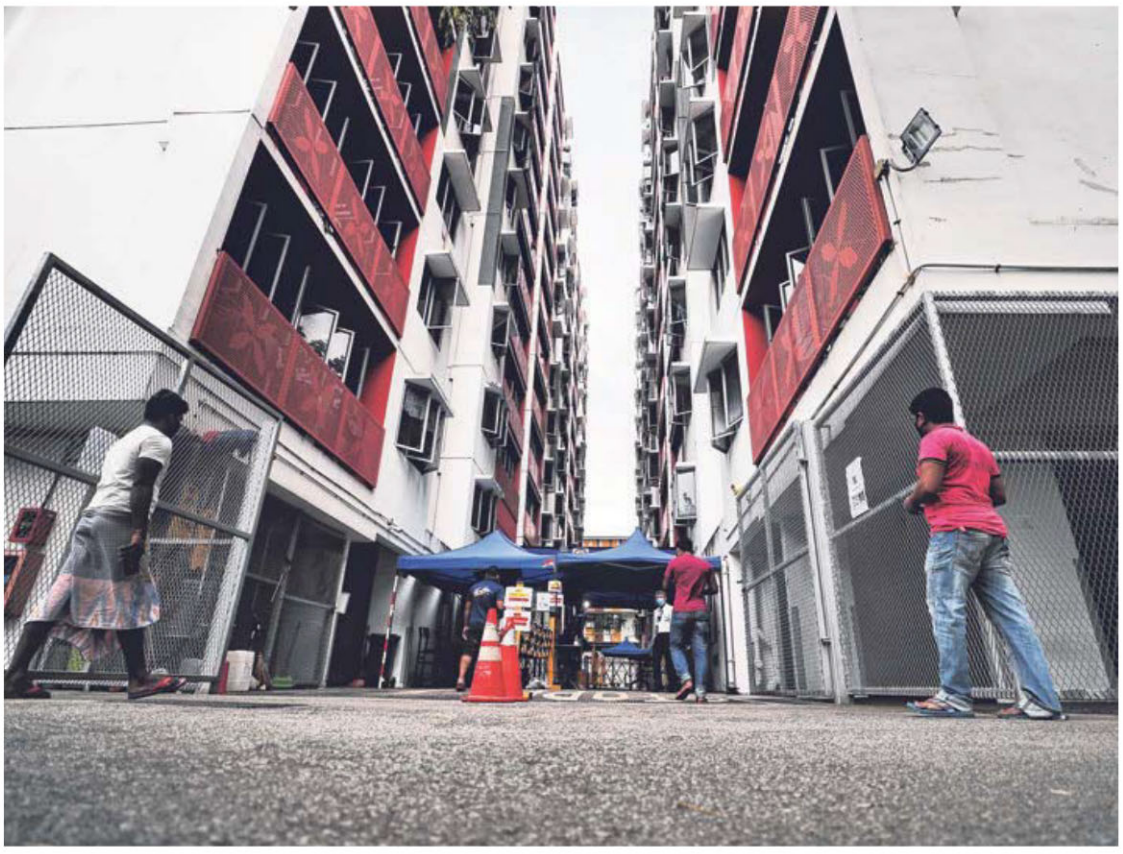
For The Straits Times



Migrant workers here have access to 13 semi-permanent medical centres that serve them exclusively and provide simple care for acute and chronic conditions. Many of these are situated in or near dormitory complexes for migrant workers. ST PHOTO: KELVIN CHNG

It was reported last month that a new primary healthcare system will be set up for Singapore's migrant workers, who will be able to get healthcare services from six medical centres across the island.

Migrant workers have long been neglected by Singapore's healthcare system, and this is a step in the right direction in ensuring that migrant workers have adequate access to essential health services.

Migrant workers, as foreigners, are not entitled to subsidised medical care. For primary healthcare, they pay private rates at polyclinics, or can turn to private general practitioner clinics.

They also have access to 13 semi-permanent medical centres that serve migrant workers exclusively and provide simple care for acute and chronic conditions. Many of these are situated in or near dormitory complexes for migrant workers.

However, while the new healthcare system is well-intentioned, important considerations need to be made to ensure that it is not merely a reflexive step that creates additional layers of complexity for migrant workers seeking healthcare.

REGULATE PRIVATE HEALTH PROVIDERS

First, it is unclear how healthcare provision by private healthcare providers under this system will be regulated. Outsourcing healthcare provision to such providers will inevitably result in medical costs being subject to market forces, invariably transferring some costs to migrant workers.

These providers might lobby to promote their own business models instead of adopting a patient-centric rights-based approach to providing healthcare for the workers.

This raises the question of who will regulate these providers in order to keep costs low while delivering high-quality medical services. It is critical to put in safeguards to ensure that adequate standards of medical care are maintained and costs are benchmarked, so that migrant workers are not charged high out-of-pocket costs.

The use of teleconsultation services and even artificial intelligence-enabled telemedicine has gained momentum during the pandemic and would inevitably become part of the healthcare system moving forward. These come with benefits such as lowering cultural and communication barriers, and keeping costs competitive.

These out-of-premise services are due to be regulated under the new Healthcare Services Act in Phase 2 from June next year, but the scope of the regulation is still unclear.

In this regard, then Senior Minister of State for Health Edwin Tong stated in January last year that under this Act, any telemedicine provider offering such telehealth services will be regulated by standards such as the Singapore Medical Council (SMC) ethical code and guidelines, and these services will be licensed under the Act. This indicates a commitment to regulating the evolving area of telemedicine and new health technologies as a whole.

With the new healthcare system for migrant workers incorporating telemedicine consultations, the new law should also cover regulation for both our general healthcare system and that for migrant workers.

ALTERNATE MODELS OF FINANCING

While the new healthcare system would certainly improve medical care for migrant workers in terms of accessibility and convenience, the current health financing model disincentivises them from promptly seeking medical care.

Currently, migrant workers are not eligible for subsidised healthcare, which results in high out-of-pocket medical costs, and discourages them from seeking help in a timely manner. They also face issues of cost in seeking medical care for chronic conditions such as diabetes and hypertension.

Consequently, they rely on informal routes of medication supply to manage their chronic conditions, with some preferring to travel to their home countries to refill their prescriptions at a much lower cost.

It is unrealistic to apply this new model of healthcare in the absence of subsidies and financial assistance schemes for these workers.

To keep out-of-pocket costs low, strategies such as not-for-profit or cooperative models of healthcare and other forms of financing should be considered. This would maintain sustainability while ensuring that migrant workers are not priced out when they seek medical attention. Providing insurance coverage, which is currently under review, would also be a key aspect in mitigating costs and spreading individual risk.

MINIMISE EMPLOYER'S GATEKEEPING ROLE

As rightfully pointed out by advocacy groups Transient Workers Count Too (TWC2) and Humanitarian Organisation for Migration Economics (Home), employers have significant influence over workers' ability to seek medical care.

Migrant workers often have to furnish a Letter of Guarantee from their employers to get medical treatment, regardless of whether their medical conditions are work-related.

However, this practice puts them at risk of being denied access to medical care if their employers refuse to bear the cost of the treatment. In fact, 63 cases of employers not paying the medical bills of their migrant workers were reported to the Ministry of Manpower from 2016 to 2020.

In addition, workers often hesitate to seek medical care due to some employers' coercive practices. These practices include docking workers' pay for taking time off to see a doctor, refusing to reimburse medical costs and threatening to terminate work permits if they go on medical leave.

However, such practices by employers are hard to track and often go unreported, as workers fear losing their jobs if they file complaints against their employers.

Thus, there is a need to remove the gatekeeper role of employers, and their influence and control over migrant workers' ability to seek medical care. It is also crucial to ensure that workers are protected from wrongful termination of their employment if they report their employers for such practices.

ADDRESS SYSTEMIC BARRIERS

To get migrant workers to take better care of their health involves not only setting up more medical centres; it also means addressing other key domains of healthcare access at both the systemic and individual levels.

In terms of systemic determinants of healthcare access, apart from affordability, more attention should be paid to the appropriateness and adequacy of medical services provided.

Healthcare providers need to ensure that there is a good fit between the medical needs of migrant workers and the services offered at these new centres.

Due to the Covid-19 pandemic situation, there has been a lot of attention on respiratory infections among migrant workers. However, undiagnosed chronic conditions contribute significantly to the healthcare burden among these workers.

This was evident during the pandemic when many migrant workers had their first touchpoints with the medical system and were incidentally diagnosed with chronic ailments that would otherwise have gone undetected for years.

Thus, it would be crucial to incorporate preventive health services, such as screening for chronic diseases early and managing these conditions, into the suite of medical services offered by these medical centres.

The quality of services also plays a key role in influencing migrant workers to take better care of their health. If they perceive that the services are of poor quality, they will be less willing to seek timely medical care.

Finally, migrant workers are reluctant to seek healthcare as they fear losing their jobs and be repatriated back to their home countries if they need medical treatment or disclose their conditions to their employers.

Safety nets and stronger labour protection laws must be put in place to prevent employers from using ill health as an excuse to repatriate migrant workers.

For the healthcare system to be truly resilient to medical contingencies, it needs to be inclusive of the healthcare needs of migrant workers. By transferring the responsibility of providing medical care for the migrant population to private healthcare providers, there is the risk of creating a separate healthcare system that is detached from the scrutiny and quality standards that are applied to Singapore's public healthcare system.

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