Thailand HIVProgram Review

29th October - 8th November. 2022

Preliminary Reviewer Recommendations

Methods and Process of Review

- Analyzed available data from documents, the NAP website, SSO and other sources
- Discussions with NAP officials, DAS officials, NHSO, BMA, SSO officials, Princess Mother National Institute on Drug Abuse Treatment (PMNIDAT), NGOs/CBOs/CSOs, PLWHIV, KPs and others.
- Observations from field visits to Bangkok, Chiang Rai, Udon Thani and Nakhon Si Thammarat

Human Rights Are Central to Ending HIV and an Epidemic in Thailand

- People living with HIV (PLHIV) and people at risk for HIV infection are entitled to the human rights inherent to all.
- This includes the right to live their life free of stigma and discrimination, regardless of HIV status, gender, gender identity, gender expression, sexuality, substance use, age, race, ethnicity, national origin, religion, incarceration or any other status.
- **Human rights protections** are essential to ensuring that people living with HIV or at risk are willing and able to access essential services.
- A guiding principle in Thailand is to “Leave No One Behind”. Ensuring that no population is left behind is critical to the effort to end HIV.

Success and Needed Changes to End HIV as an Epidemic by 2030

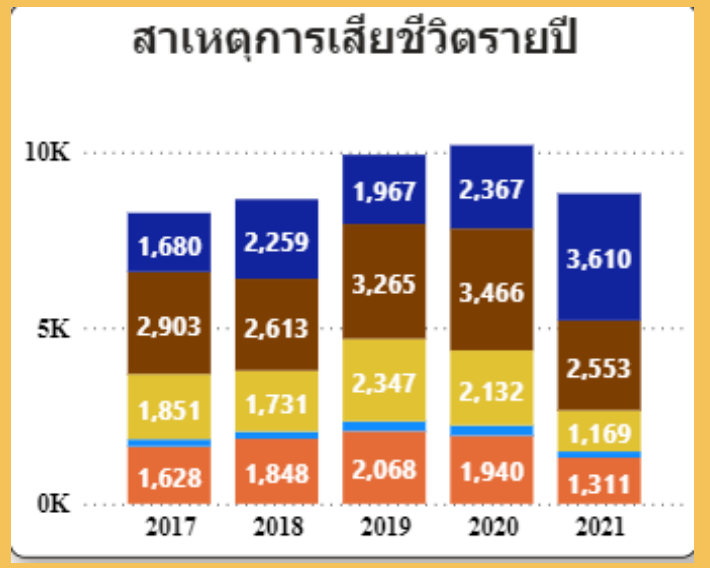
- Thailand has historically been a leading country in combatting the HIV epidemic. We are therefore optimistic, that with some substantial changes, Thailand can reach its goals of ending HIV/AIDS as a systemic epidemic by 2030
- Critical to planning for this is: **Modifying the Asian Epidemic Model (AEM)** that is currently not predicting the underlying prevalence of HIV in the country

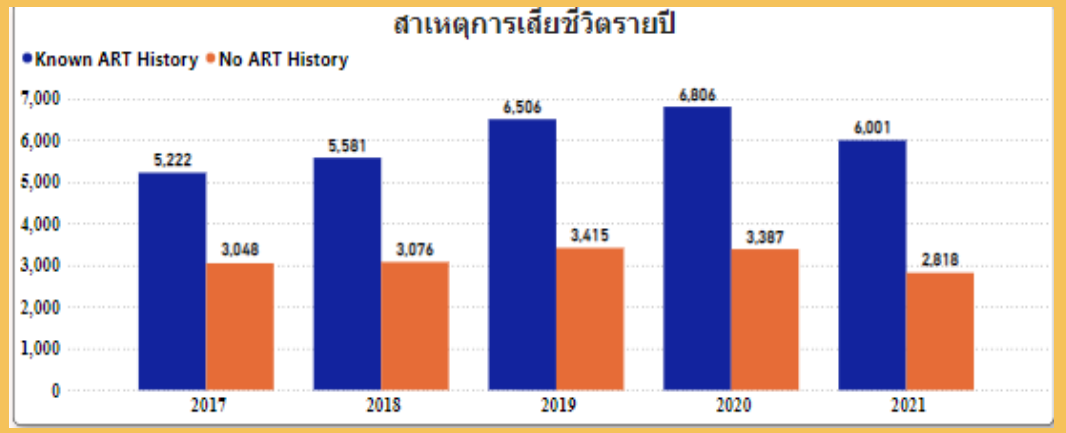
People Presenting Late for HIV Diagnosis and Care

- While there are differences by Regions in Thailand, with Bangkok being about the best, more than 50% of people with HIV are coming into the system with CD4 Counts less than 200. This means that they have been positive for 5, 7 even 10 years and have been able to spread the disease.
- Our call for mass media campaigns that focus on key populations, but also on the elderly and the young and women (and domestic violence)
- Prevention and care services need to be ready.

AIDS Related Deaths

- Out of 72,572 deaths between 2017-2022, 26926 **did not have any ART History.**
- Looking at 8819 deaths in 2021, 2818 (32%) PLHIV did not have any ART history.

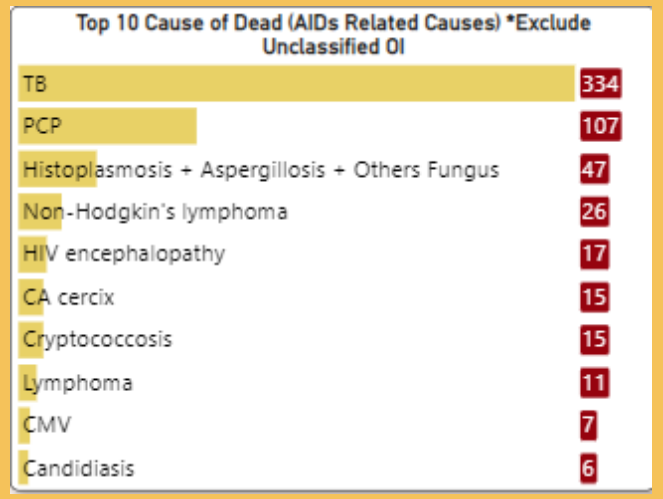


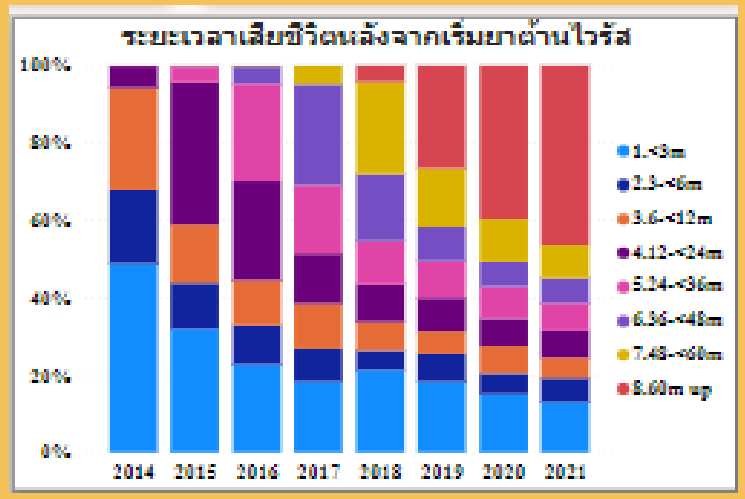


AIDS Related Deaths

- Majority of deaths were due to TB, PCP and fungal infections and 50% of PLHIV presented with CD count of less than 200 and 33% had CD4 count less than 100. SUICIDE is also a major cause of death.

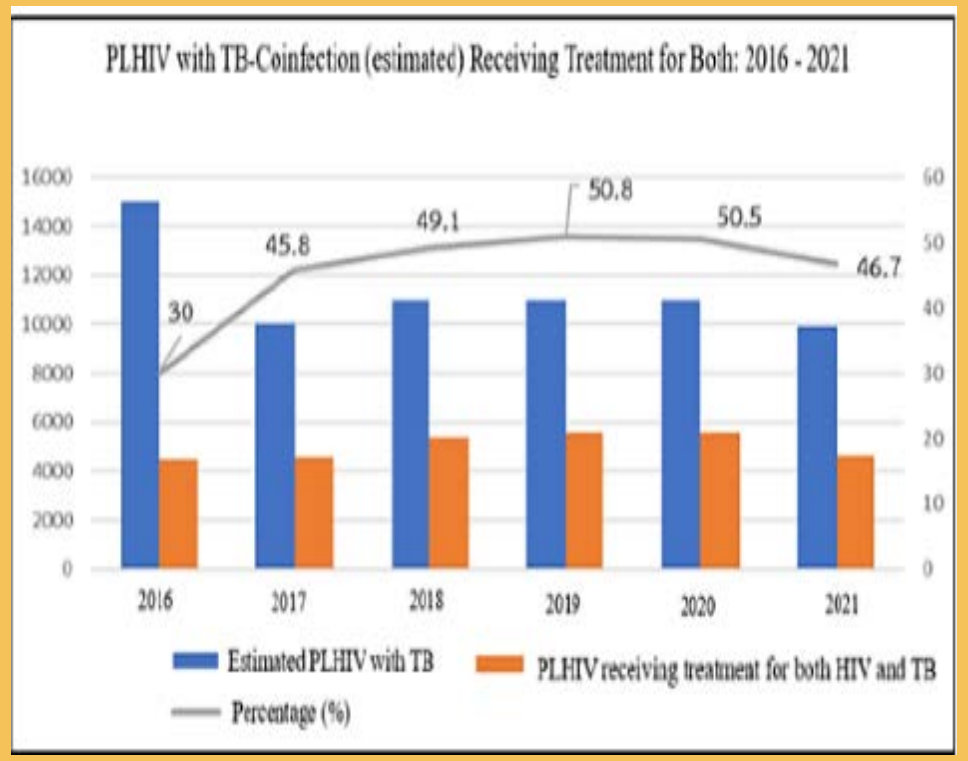
- 30% deaths occur within 3 months of diagnosis and 54% within one year. What is significant is 46% of people who died received ART for 7 years, indicating issue of adherence or being lost to follow up.





TB/HIV Cross Referrals As Well As STIs- We Have Syndemics Occurring

- Among causes of AIDS mortality, TB is the most common cause. Over the years from 2016-2021, the provision of both ART and ATT to coinfected coordination has improved from 30% to now 46 % of estimated HIV/TB coinfected both received ART and Anti TB treatment in 2021. This is a good change but still there is a gap of 54% and needs testing all TB patients for HIV and vice versa.
- However actual data (available till 2018 only) shows only 85% of TB patients got an HIV test (which should be 100%) and 82% of coinfected received ART. The prevalence of HIV among TB patients is 10%.



Programmatic: Findings and Recommendations

- Integrate STI/HIV/TB/HBV/HCV/SRH services and mental health, user friendly services
- Support linkage to medical services for the detention population during and after discharge from prisons
- Significantly scale up
  - STI services and integrate STI/HIV/TB/HBV/HCV/SRH and chronic disease testing and care
  - Harm reduction, methadone maintenance services, drop-in centres,
  - Widespread PrEP/PEP
  - Self-test in general population and KPLHS
  - CBO capacity and geographical coverage for RRTTPR
  - Strengthen advanced disease management, prophylaxis of key opportunistic infections in order to minimize mortality

Reducing Deaths Is Critical And Needs To Be A Top Priority

- In order to reach the last mile, programme needs to focus on low-risk populations also as they present with lowest median CD4 count and utilize the existing the community systems such as use of network of health promotion hospitals and village health volunteers
- CSOs working in communities, such as, women with HIV or self-help groups should be supported and strengthened to facilitate access to testing and treatment among PLHIV in low CD4 count provinces.
- Early detection, timely linkage to care, adequate screening and prophylaxis for OIs as part of full implementation of “Advanced HIV disease package” is crucial and must be scaled up across the country. TB preventive therapy for preventing reactivation of latent TB has been proven to be an effective way to reduce TB incidence and WHO guidance in this regard should be implemented urgently
- TB being commonest cause of death among PLHIV, the TB/HIV coordination mechanism needs to be scaled up to ensure 100% cross referrals

Governance, Management, Leadership and Accountability Framework

- Activate and strengthen the effectiveness of National AIDS Committee and Sub-committees
- Conduct annual AIDS conference to monitor progress and set milestones, starting in 2023 to achieve ending AIDS by 2030
- Engage in “equal footing” collaboration and engagement between Government, CBOs and all other partners
- Strengthen Community Led Monitoring to boost accountability

Public Awareness

- Capitalize on **social media –** Large proportion of population is on Facebook, Tik Tok and others
- U=U (Undictable VL = Untransmittable HIV)
- Normalize and make readably available combined **STI/HIV/TB testing**
- There **should be broad** PEP PrEP availability as well as other internationally normative prevention packages (e.g. condoms, needle, methadone)
- There should be broad **HIV self-test** availability
- Develop specific messaging and prevention and care packages for different target population. “One size does not fit all.”

Financing

- We recommend major reform and effective management to provide universal health coverage for all migrant workers regardless of their legal status – without caring for all people on Thai soil, we can not stop the spread of HIV
- Scale up significant government investment on HIV/AIDS to end AIDS as an epidemic by 2030 while transitioning out from donor's support
- Strategic use of external funding resources, recognizing that these external funding sources may end over the next decade as the GDP of Thailand increases

Intelligence for Policy

- Strengthen Asian Epidemic Modeling to reflect the current underlying epidemic
- Combine HIV, STI, TB, substance use, mental health, antimicrobial resistance testing, monitoring and care
- Regular stigma and discrimination (S&D) surveying, including Quality of Life, knowledge and attitudes regarding HIV and Key Populations, and knowledge and attitudes regarding PEP and PrEP
- Strengthen NAP for policy monitoring, CD4, VL, by gender, 13 public health regions, insurance schemes, empower providers and partners to maximize use of NAP, in-depth analysis of mortality,
- Strengthen BBS to feed into the improvement of AEM and include new questions
- Integrate Stigma and Discrimination reduction activities into RRTTPR

Legislative Reforms And Policy Coherence:

Policy And Legislative Reforms Are Inexpensive And Can Have Major Impacts On Ending The Epidemic

- Mutual respect, recognition and genuine collaboration on an equal footing between government, non-government actors and UN agencies, notably healthcare providers, CBO and CLHS, KPLHS in policy, planning, implementation, monitoring and evaluation.
- Legislate the draft Bill on “Elimination of Discrimination”
- More full implementation of, and policy coherence for codes such as the principle that “drug users are patients” who require treatment and rehabilitation and not subject to arrest during treatment notably Methadone Maintenance Therapy.
- Amending the Prevention and Suppression of Prostitution Act 2539 BE (1996) which criminalizes sex workers.