Stop TB Thailand: mobilizing resources for TB prevention and care in migrants

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Meeting of country-level partners and national stop TB partnerships
1 November 2013, 14:30-18:00 (14:00 registration)
Hotel Le Meridien (opposite the conference centre)
Outline

• Baseline information
  • Burden
  • Health insurance
• Barriers to TB care for migrant
• Currently the key donors on TB in the country
• Lessons learned
• the plan when the Global Fund phasing out
Trend in TB case notification, 2006-2012 (Non-Thai)

Source: Bureau of TB, Dept. of Diseases Control, MOPH (updated 31 July 2013)
Comparison of treatment outcomes among new smear-positive cases, 2011 cohort between Thai & Non-Thai

Source: Bureau of TB, Dept of Diseases Control, MOPH (updated 31 July 2013)

Thai:
- **Cured, 76%**
- **Other, 18%**
- **Completed, 6%**
  - Failed, 1%
  - Died, 7%
  - Defaulted, 3%
  - Transferred out, 1%
  - Not evaluated, 5%

Non-Thai:
- **Cured, 65%**
- **Other, 28%**
- **Completed, 7%**
  - Failed, 2%
  - Died, 3%
  - Defaulted, 9%
  - Transferred out, 2%
  - Not evaluated, 13%
Strong government commitment to health

3 insurance schemes in place covering nearly 98% of the Thai population

- 30 baht universal coverage scheme run through the National Health Security Office (NHSO)
- Civil Servant Benefits Scheme
- Social Security
- Insurance packages not harmonized as yet leading to inequity, but this is recognized and being changed.
Coverage and funding sources of insurance

- The CSMBS and UCS are financed by general tax whereas the SSS is financed by payroll tax with tripartite contribution, shared by employer, employee and the government with 1.5% of salary.
- Population coverage under CSMBS was about 5 million (8% of population) and SSS was about 10 million (16% of population) while UC scheme covered about 47 millions (75% of population).
Inequity and access issues in the health system for key vulnerable groups

Specific populations: migrants, displaced and stateless individuals, and a sub-section of the prison pop and detention centres

- Estimated 1.1 million registered migrants, and another 2-3 million unregistered.
- Semi registered migrants have access to migrant health insurance which costs THB 1300+ 600 THB for enrolment and medical checks.
Barriers to TB care for migrant

- cost (transportation, loss of income)
- linguistic barrier
- cultural barrier
- geographic isolation
- security concerns (arrest and deportation)
- lack of awareness (workers, employers)
“Partnership making a difference”
BUT…..

• Limited human resource for outreach activities for hard-to-reach population
• Insufficient financial support to civil society partners for outreach activities
• Inadequate linkages between hospital and community
Currently the key donors on TB in the country

- GFATM focusing on Quality-DOTS (3 districts for each province), TB in children, MDR-TB (24 hospitals), prisons (post release care in 41 prisons), infection control, ACSM. However, GF budget is mostly implemented by government.

- Thailand-MOPH US. CDC Collaborations (TUC) on research in small area (5 provinces)

- TB REACH Wave 2 to IOM (early case detection in non-Thai migrants)

- USAID to FHI on MDR prevention and care in one province.
Lessons learned from national partnerships funded through a Global Fund grant

• Better collaboration with GO-NGO (hospitals, PHO, BTB, and NGO).

• Treatment success can be improved where NGO works closely with GO hospital

• Successful local level advocacy and good community participation

• Provision of nutrition packages and free TB treatment cost can increase case enrollment among migrants
What are the plan when the Global Fund phasing out.

- Increased access to care among uninsured patients through health insurance scheme
- Advocating local administrative organization for fully involvement in TB care
“Partnership making a difference”

Thank you for your attention