Thailand Stop TB Partnership:
Mitigating the challenges of GFATM grant phasing out

Chawetsan Namwat
M.D., MPH.
Director, Bureau of TB and NTP Thailand

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Background

• TB situation in Thailand
• GFATM involvement in TB program
• Challenges when GFATM phasing out and how to mitigate
Thailand Situation

**Incidence rate (per 100,000)**

- Thailand

**Mortality rate (per 100,000)**

- Thailand
## Estimates of TB burden: Thailand, and WHO SEAR

### Thailand

<table>
<thead>
<tr>
<th>Parameter</th>
<th>NUMBER (thousands)</th>
<th>RATE (per 100 000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality (excludes HIV+TB)</td>
<td>9.8 (4.2-18)</td>
<td>14 (6.1-25)</td>
</tr>
<tr>
<td>Prevalence (includes HIV+TB)</td>
<td>110 (51-200)</td>
<td>161 (73-282)</td>
</tr>
<tr>
<td>Incidence (includes HIV+TB)</td>
<td>86 (71-100)</td>
<td>124 (102-147)</td>
</tr>
<tr>
<td>Incidence (HIV+TB)</td>
<td>13 (10-15)</td>
<td>18 (15-22)</td>
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<tr>
<td>Case detection, all forms (%)</td>
<td>76 (64-93)</td>
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</tbody>
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### WHO, SEAR

<table>
<thead>
<tr>
<th>Parameter</th>
<th>NUMBER (thousands)</th>
<th>RATE (per 100 000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality (excludes HIV+TB)</td>
<td>480 (350-630)</td>
<td>26 (19-34)</td>
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<tr>
<td>Prevalence (includes HIV+TB)</td>
<td>5 000 (3 800-6 300)</td>
<td>271 (206-344)</td>
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<tr>
<td>Incidence (includes HIV+TB)</td>
<td>3 500 (3 200-3 700)</td>
<td>189 (176-203)</td>
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<tr>
<td>Incidence (HIV+TB)</td>
<td>140 (120-170)</td>
<td>7.7 (6.4-9.1)</td>
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<tr>
<td>Case detection, all forms (%)</td>
<td>62 (58-66)</td>
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GF and TB projects in Thailand

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<thead>
<tr>
<th>Round 1</th>
<th>Round 6</th>
<th>Round 8</th>
<th>Round 10SSF</th>
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<tbody>
<tr>
<td>Urban Poor</td>
<td>TB control in the Workplace</td>
<td>QDOTS</td>
<td>QDOTS</td>
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<tr>
<td>-TB in Prison</td>
<td>Private hospitals PPM</td>
<td>Community TB Care</td>
<td>Community TB Care</td>
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<tr>
<td>-Border TB</td>
<td>-Migrant TB</td>
<td>-Gender</td>
<td>-Gender</td>
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<tr>
<td></td>
<td></td>
<td>-Prisons</td>
<td>-Prisons</td>
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<td></td>
<td></td>
<td>-MDR-TB</td>
<td>-MDR-TB</td>
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<tr>
<td></td>
<td></td>
<td>-Migrants</td>
<td>-Migrants</td>
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<td></td>
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<td>-ACSM</td>
<td>-ACSM</td>
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<td>-Prevalence survey</td>
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<td>SW/MSM</td>
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<td></td>
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<td></td>
<td>Hill tribes</td>
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<td></td>
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<td>Unrest areas</td>
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</tbody>
</table>
GFATM contributions in TB control in Thailand

• Round 1:
  – Expansion of TB care to vulnerable population
  – Strengthen DOTS in migrants (cross border population)
  – Microscopy Laboratory training coverage

• Round 6:
  – Private hospital involvement
  – Laboratory training and PPM
TB SSF:
Universal access to quality TB control & care in high risk groups & vulnerable populations and empowering communities in Thailand

Year 1 budget 11,100,596 USD
Year 2 budget 9,809,002 USD
Year 3 budget 9,809,182 USD
Total 30,818,780 USD

4 Sub-Recipients: BTB, RTF, PIHWD and WVFT
TB SSF: Objective

1. Expand and enhance high quality DOTS.

2. Address TB/HIV, MDR-TB and other challenges.

3. Harmonize the work of all public and private TB care providers in Bangkok.

4. Empower people with TB and communities.
Structure of TB SSF

PR-DDC

Sub Recipient (4 SRs)

BTB
- ODPC1-12
- DOC - NCCM
- BMA under BTB.
  - IA: PHO 76
  - IA: Mahidol U.

PIHWD
- Inter Mountain Peoples Education and Culture in Thailand (IMPECT)
- Premiere Urgence - Aide Médicale Internationale (PU-AMI)
  - IA: Buddahakaset Chiang Mai (BCF)
  - (QOLKK) under ODPC.6

WVFT
- Health Association of Thailand (HAT)
- Social Development Association (SDA)
- American Refugee Committee International (ARC)
- World Vision Foundation of Thailand (WVFT)

Raks Thai
- AIDS Network Development Foundation (AIDSNet)
- Chiang Khong Catholic Center
- Foundation for AIDS Rights (FAR)
- Plan Thailand (Plan)
- Population and Community Development Association and AIDS Program (PDA)
- World Vision Foundation of Thailand
- Stella Maris Center Songkhla
GFATM contributions in TB control in Thailand

- Round 8 + 10 → SSF
  - LED
  - Xpert
  - Support the MDR TB scale up
  - Expansion PPM esp. BMA, Universities
  - Maintain the activities among vulnerable population
GF-Support projects: TB in Prisons

22 provinces (41 prisons)
IPT in children household contact (M+)

GF8 phase 1 = 67 hospitals

Phase 1 ODPC 10
Phase 1 ODPC 9
SSF ODPC 6
SSF ODPC 7

SSF = 36 hospitals

Total = 67 + 36 = 103
MDR-TB (4+11+11 sites) in SSF-TB

GF8 (Phase1) 4 sites:
1. TB Bureau
2. Bamrasnaradura Institute
3. Chest Disease Institute
4. Medical Correctional Institution

SSF Year1 (11 sites)
5. Saraburi
6. Rayong
7. Kan chanaburi
8. Nakhon Ratchasima
9. Kalasin
10. Ubon Ratchathani
11. Nakhon Sawan
12. Mae Sot/Tak
13. Chiang Rai
14. Phuket
15. Phatthalung

SSF Year2 (11 sites)
16. Lop Buri
17. Chon Buri
18. Suphan Buri
19. Surin
20. Khon Kaen
21. Sisaket
22. Kamphaeg Phet
23. Phetchabun
24. Chiang Mai
25. Nakhon Si Thammarat
26. Songkhla
ปีที่ 2 homeless จะครอบคลุมถึงกลุ่มด้อยโอกาสไร้ที่พึ่งในสถานสงเคราะห์ต่างๆ (37 แห่ง 26 จังหวัด)

High risk and vulnerable population

Lao PDR

Myanmar

Cambodia

Malaysia

BTB & ODPC & PHO (Homeless) (สถานสงเคราะห์ต่างๆ 37 แห่ง 26 จังหวัด)

AMI (Refugee)

ODPC 12 (Thai & non-Thai in 3 Provinces)

IMPECT/BCF (Hill tribe) (5 Provinces)
TB incidence in Thailand and selected high-income countries, 2011

Situation in developed countries demonstrated the possible target and 30 times difference as room for improvement for Thailand.
The ASEAN Economic Community (AEC) shall be the goal of regional economic integration by 2015.

“One Vision, One Mission, One Community”
TB incidence in Thailand and migrants*, 2011

*estimated based on incidence of migrants’ countries
Challenge when the AEC starts

Incidence rate (per 100,000)

Thailand

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<tbody>
<tr>
<td>Rate</td>
<td>50</td>
<td>70</td>
<td>150</td>
<td>120</td>
<td>80</td>
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</tbody>
</table>

GFATM phase out

AEC
Challenges when the GF phasing out

• Programmatic challenges
• Financial challenges
Challenges when the GF phasing out

- Programmatic challenges
  - Current Detection rate
    All forms
    76% among Thais
    17% among non-Thais*
    MDR TB 10%

*Estimated based on average background incidence of migrants
Estimation: annual cases

- Thai 80,000 cases
- Non-Thai 11,000 cases*

*Estimated based on average background incidence of migrants
Challenges when the GF phasing out

• Financial challenges
  – Financing sources
  1. NHSO
     National Health Security Office
  2. Social Security Office
  3. Government civil services
  4. Other mechanism -
    • Local administrative office
    • Bilateral collaborative fund
    • New mechanism - ??
What to do to mitigate the challenges

• Ensure the commitment of the government
• Transfer some NGOs’ activities previously supported by GFATM to the government units – e.g. activities with factory workers, ...
What to do to mitigate the challenges

• Strengthen the TBTEAM mechanism and Stop TB partnership to have plans in the same direction
• Advocate TB issue to the Local Administrative Organization
Conclusions

• TB incidence in Thailand is high
• Migrant labor is high risk population
• GF have contributed in many parts in Thailand TB program: both initiation and expansion some activities.
• To mitigate the challenges of the GFATM phasing out, Thailand NTP would work together with all partners to
  – identify the additional resources
  – Integrate some works to the government system
  – Have the integrated plan
Thank you