HIV/TB Interventions among Migrants in Thailand: A Community-Based Approach

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Migrants working in a Fishing Pier, Ranong
Why migrants & HIV/TB Control in Thailand?

- 1:3 registered:unregistered migrants in Thailand
- High TB/HIV co-infections – 13-30% of TB patients (esp. north of Thailand) & similar figures among migrant populations
- TB prevalence among migrants is estimated to be Higher than among Thai populations
- HIV High-risk behaviour – SW (HIV infection rate 6-28% in 2005), Fishermen (infection rate 6-9% in 2006)
- Migrants have poor/no access to health care/TB drugs
Harsh living condition of migrant community in Maesot, Tak
HIV/TB Control model by WVFT

**Community Mobilization**
- Community Leaders
- Support
- Advocate & coordinate

**HIV/TB Patients**
- BCC VCT
- DOTS HBC
- Refer & assist
- Self-referral

**Health Volunteers/Workers**
- Identify
- Train

**Government & Hospital**
- Refer for DOTS
- Coordinate & Refer for treatment & lab

**Public-Private Mix**
- Advocate
- Support

World Vision

มูลนิธิศูนย์มิตรภาพประเทศไทย
Improving HIV/TB access to migrants

Improving community health-seeking behavior & capacity

Culturally-sensitive Messages on HIV & TB: Prevention, symptoms recognition, services availability & treatment incl. Volunteer training

Lower community stigma & discrimination

Early case Detection (HIV & TB) by community members or volunteers

Community-based Referral Linkages to GO facilities

VCT (Pre-test Counseling by migrant counselors)

High Treatment Adherence (ARV & TB Treatment) & low MDR-TB

Monthly Meetings Among PLHIV or TB networks

Home visit Volunteers or DOTS partners Identified for Daily (TB) or Weekly visits

Rigorous VCT &/or Pre-TB treatment Counseling by Migrant counselors

Treatment Prescription (PLHIV with TB Rx & TB patients With ARV)

HIV Testing &/or TB Diagnosis

GOV

NGO

Patient

Community

Patient

NGO
Access to TB/HIV services by migrants

- **Access to counseling/testing** in the project: from 82 - 87%
- Main VCT challenges – language barrier & capacity of NGOs in providing effective counseling.
- **Current TB/HIV co-infections** among new smear positive cases are high at 10-15%
- These groups are **not just HIV high-risk groups** but housewives, construction workers, rubber plantation workers, fishermen, fishing-related industries, etc – gen. pop. HIV prevalence could be high.
- **13-18% mortality rate** among migrant TB/HIV patient: delayed referrals & limited ART access (except in 2 MSF sites)
- **Default rate** among TB/HIV patients = 0%; (more VCT access & special care & support in HIV project areas)
- **Treatment success** among TB/HIV patients = 82-88% (Q1-Q3 year 2 reporting period)
Migrant Health Project (MSF-Belgium) Phang-Nga (November 2005 to February 2009)

- Total TB patients (All cases) – 120
- TB/HIV co-infected patients- 54%
- Treatment success rate among all TB patients is 57%
- Mortality rate among migrants all TB patients is 19%
- Default rate among migrants all TB patients is 24%
- In June 2009: MSF-Belgium phase-over plan from Phang-Nga & transferred patients’ follow-up to WVFT
  --co-infected patients already on ART were given follow-on ARV supply for next 12 months
  --WVFT continues to provide DOTS & care & support
Health Education given by Project Medical Officer

DOTS by Migrant Health Volunteers
Key messages

- **Donors** to encourage cultural and language sensitive **Integrated health care and development approach**

- **Community-based approach & Dual HIV/TB messages to reduce stigma** among communities & service providers and improve health-seeking behaviour

- **Compulsory cross-referral between HIV&TB** – increase case findings among PLHIV and TB treatment success

- **Provision of TB DOT** to all marginalised populations (PLHIV, registered and unregistered migrants, stateless Thais, etc) to help reducing TB prevalence in Thailand

- **Provision of ARV** to all TB patients to improve treatment success rate