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

Jaruwaree Snidwongse, PhD
Global Fund Principal Recipient Manager (TB)
World Vision Foundation of Thailand
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
- Death rate among migrant TB/HIV patients is ~100%
Harsh living condition of migrant community in Maesot, Tak
HIV/TB Control model by WVFT

Community Mobilisation

Support
Advocate

Community Leaders

Advocate & coordinate

Health Volunteers/Workers

Train
ID

HIV/TB Patients

BCC
VCT
DOT
HBC

Refer
& assist

Government & Hospital

Refer for DOTS

Self-referral

Public-Private Mix

Coordinate & Refer for treatment & lab

World Vision

World Vision

World Vision

World Vision
Improving HIV/TB access to migrants

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 to GO facilities

VCT (Pre-test Counseling) By migrant counselors

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

Monthly Meeting Among PLHIV or TB networks

Home visit Volunteers or DOT partner 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

Improving community health-seeking behavior & capacity

NGO

GO

Patient

Community

Patient
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