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

Support
Advocate & coordinate

Community Leaders

HIV/TB Patients
BCC VCT
DOTS HBC

Health Volunteers/Workers

Train
Identify

Refer & assist
Refer for DOTS

Government & Hospital

Self-referral
Refer for DOTS
Coordinate & Refer for treatment & lab

Public-Private Mix

Advocate
Support
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
World TB Day 2009, Poster exhibition

World TB Day 2009, Health Talk
DOTS by Migrant Health Volunteers

Health Education given by Project Medical Officer
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 reduce TB prevalence in Thailand
- **Provision of ARV** to all TB patients to improve treatment success rate