



The baseline assessment for a regional HIV/AIDS referral system on improving the access to ARV treatment and care among migrants living with HIV/AIDS in Thailand

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Cambodia Red Cross

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NAA- National AIDS Authority and NCHADS-National Centre for HIV/AIDS, Dermatology & STD advised that there is the way to extend the appointment schedule for MLWHAs from 2-3 months into 4-6 months based on the 8 standard criteria.

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- It is strongly recommended by NAA-national AIDS authority and NCHADS – National Centre for HIV/AIDS, Dermatology & STD and Provincial Health Coordinators and Department of Social Welfare to implement this regional project with long terms plan.
- The effective follow up/ referral mechanism should be improved for MLWHA because the high default rate and lost follow up especially along the cross border provinces.
- The referral system or the follow up mechanism supported by Red Cross Volunteers by CRC and TRC will be useful for PLWHA/MLWHA.



UNAIDS and IOM Cambodia Offices



- The key international partners -IOM and UNAIDS advised to implement this regional project because the limitation and lack of evidence and information on this area.
- Data management system and reporting and recording should be considered.
- The finding of this baseline assessment is confirmed that the information about ART referral system among migrants is limited and lack of information and still unclear figure at all level.
- There are many spaces and rooms to work for MLWHAs. There is no intervention about HIV/AIDS for them.

PLWHAs/MLWHAs



- For PLWHA/MLWHA, the appointment schedule should be extended from 1-2 months to be changed into 4-6 months.
- The supports from CRC to PLWHA/MLWHA should be included the foods, transportations, the facilitation to get ART treatment and care especially for MLWHA with undocumented status.
- Half of migrants are using the unofficial way/ natural way to come back to Cambodia and go to Thailand.

Immigration officers at the check points



- The facilitation from the police at immigration check point will be the benefits for PLWHA/MLWHA to come back and get the ARV regularly.
- IEC and health education should be distributed and provided for migrant workers before leaving.

BMC Provincial Health Committee



- There were 1,200 PLWHA received ARV treatment in Koh Kong provincial hospital and 3,661 cases received ARV in BMC provinces. About 30% of patients were lost followed up from the appointment schedule especially in the hospitals located at along the border areas.
- At provincial and district levels, the practitioners agreed with the concepts of improving access to ART among migrant living with HIV/AIDS by RCVs involving and engaging and community participations.
- The regular meeting and the cross border committee should be conducted and set up under this project and invited all key partners to participate regularly.
- Pre- departure health education with including HIV/AIDS information, HIV prevention and testing should be implemented by RCVs with networking with NGOs, CBOs and local authorities.

Poi Pet Hospital II / Poi Pet District



- **Additionally, in PoiPet Hospital II, there are about 1,200-1,400 patients to visit the ARV clinic in average about 90-15 cases a day.**
- **Referral forms have been provided for the patients. However, there is no feedback report system.**
- **About 30-50% of MLWHAs in Thailand were lost follow up (500 out of 1200 cases).**
- **Currently, there is no follow up patients in communities after ending of GFATM project.**
- **Project management will be managed at provincial level at the Provincial RC Branch. At the sub-branch level, there is no full-time staff and office space/ facility to manage and coordinate the project.**

Koh Kong Hospital



- The supports from CRC to PLWHA/MLWHA should be included the foods, transportations, the facilitation to get ART treatment and care especially for MLWHA with undocumented status.
- New life residence in the temple will be the new house for PLWHAs/MLWHAs supported by head of temple (there are about 30 PLWHAs.).
- Peer support groups are working together to support each other.

CPN+ NGO



- At community level, RCV can work with CBO and peer support groups.
- For lost follow up cases, they will be back to the system at the last stage with severe illness conditions and too late to help by medical doctors- 3 cases in the past few years.
- MSM TG are networking with Rak local NGO.
- 7-8 MSM; TG = 30 persons- 15 are working in Thailand, some are often lost follow up.
- Follow up mechanism by using mobile phone to their friends in Thailand to come back and get medicine
- Flexible and negotiable with VCCT/ ARV clinic for receiving medicine/ next appointment schedule by family members and peer group (depends on patients ' health condition and Lab results and treatment adherence and the Criteria).

Thank you for your kind support!



- Special sincerely appreciated and thank you to:
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