



**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
24-30 June 2018; Lao Red Cross**

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A patient was come back to Champasak Hospital with severe pneumonia infection and high fever and skin diseases after four years lost follow up and worked in Bangkok Thailand for over ten years with about ten partners both males and females

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UNAIDS Lao Office



- It is estimated that there are about 12,000 PLWAH in Lao PDR in 2017. However, only 8,600 PLWHA were received ARV treatment and care in the system.
- According to National AIDS Program and UNAIDS reports in 2017, HIV /AIDS case reports in Vientiane Capital was found at 52%, LuangPrabang 7%, Savannakhet 11%, Vientiane province 4.8%, Champasak 4.0%, Khammoune 3.6%, Bokeo 2.6% respectively.
- UNAIDS, IOM, ILO and National AIDS Programme are very appreciated and welcomed to provide technical support for Lao RC and this project and looking forward to participating and working together with Lao RC to provide treatment and care for MLWHA to get the medicines regularly.
- UNAIDS suggested that working for MLWHA should apply the multi approaches and multi disciplinaries with “think out of the boxes/ frames”. Only one intervention is not enough to reach and achieve our goal to reach the 90/90/90 treatment for all to end AIDS epidemic by 2020.



IOM and ILO Lao Offices

- IOM works with Malaria program and the interventions and the approaches will be applied for this project.
- ILO supports this project in promoting HIV/AIDS for migrants and workers and we can work with MOL together.
- Migrant living with HIV is considered as a high risk group in Lao PDR quoted by UNAIDS. There were mixed statuses among other groups i.e. female, male, MSM, TG, farmer, domestic labours and international migrants/workers.



Setthathirath Hospital, Vientiane



- **Setthathirath Hospital in Vientiane Capital Province provides care and treatment for 3,100 PLWHA cases and only 1,900 were received the ARV treatment. Out of 1,900, 500 were lost follow up from the system (250 cases were reported that they were moving and working in Thailand site). The patients do not want to come back to get medicines. They will come back with the last stage and we could not help.**

Home visits



Home visit activities



- During the home visit activities for four PLWHA/MLWHA, there were very difficult to find the patients' houses (patients gave the address without mobile phone numbers/ changed the mobile phone number without informing the peer educators, changed the current address, using the nick names / or full names and no identification card).

National AIDS Program



- Practically, the MOU and the bi-lateral cross border co-operations are not clear for practitioners between the two countries. There were about 30-40 cases referring from Thailand site to register in Champasak Hospital (however, hospital staff could not show or provide more information and referral forms to the study team while visiting the hospital on 28 June 2018).
- Purely anonymous/nameless registration system without ID card or number was very difficult to follow up the patients in communities and villages especially the patients on the move to seek the jobs in Thailand after feeling better and recovered from the illness after received the ARV treatment for 3-4 months.
- For MSM, TG and Migrant workers , HIV/AIDS prevention and control and awareness raising on condom use and prevention and HIV testing for new cases needed to be immediately implemented in Lao PDR.

Vientiane Border Check Point



- At Vientiane Border Check Point, there are about 3,000 travelers crossing the border a day to go to Thailand. Meanwhile, at VangTao Border Check Point- Chong Mek, Ubol Ratchathani Check Point, the travelers are about 800 persons a day. However, last year, the undocumented labors were forced and sent back at the check point about 18,000 workers.
- Immigration police officers in Vientiane and Champasak welcome to support this project and will facilitate for the patients if Lao RC officially inform them by the requested letters about detailed activities.

Champasak Provincial Labours and Social Welfare Department, Ministry of Labours



- Currently, there are estimated about 80,000-1,000,000 Lao workers working in Thailand. In Champasak Province, there are about 25,570 persons are leaving from their hometown and now working in Thailand. Out of 25,570, only 7,500 are using the official system of MOL and labor broker companies.
- Lao migrant workers would like to work in Thailand with official status need to apply the application with agent companies and pay for the work permit process about 20,000 THB per head according to the updated information from MOL Lao PDR.

Champasak Provincial Hospital



- **Champasak Provincial Hospital provides treatment and care for 1,030 PLWHAs for four provinces (Champasak, Attapu, Xekong, and Savannakhet). Out of 1030 cases, 875 were received ARV treatment. There were 79 defaulters mentioned by Dr Boun Heaung - Head of ARV clinic at Champasak Provincial Hospital.**

Champasak Provincial Hospital



- **Some more information about PLWHA on treatment and on ARV in Champasak Hosital and other three provinces in the southern zone have been requested.**
- **Information about loss follow up in Champasak Hosital related to 79 defaulters will be checked.**

Champasak Provincial Red Cross Branch



- Lao RC was working on HIV project since 2007 and phasing out in 2011 because of limitation of resources. The HIV/AIDS training s for RCV needed to be revised and conducted again and established the follow up and home visit activities again at provincial and central levels.
- Lao Red Cross should promote and provide the health education program and early case detection in communities using voluntary counseling and testing and promote access to treatment .
- Head of Pakse village (200 households, 3 zones, 2000 villagers) advised that working on HIV/AIDS needed to focus on housewives and young female working in the entertainment business and the service sectors. In each village, there are many villagers leaving their hometown to seek the jobs in Thailand to earn the higher income.

Lao PHA Peer HIV/AIDS Supporters



- Lao Red Cross should work with Lao PHA- local NGO, the Linkages project-FHI, the GFATM project of National AIDS Programme and Local Authorities- Ministry of Labor- and Migrant Resources Center for the pre-departure and post arrival interventions/ activities.
- The appointment schedule for MLWHA to get the medicines should be only 3 months in maximum according to the policy and ARV drug management.
- The trainings on HIV prevention and control must be provided for hospitals' staff and in communities in reducing the stigmatizations, public awareness and knowledge about HIV/AIDS prevention and control are still low .

Suggestions and recommendations

- Quarterly meeting among peer groups/ PLWHA/ MLWHA should be conducted at provincial level and district level for information sharing and updating in the peer group.
- The consultation quarterly meetings with key partners at national level and provincial level should be conducted regularly.
- This regional HIV referral project should be a long term plan for 3-5 years to observe the outcomes suggested UNAIDS and National AIDS Program.

Suggestions and recommendations

- **The patients-PLWHA/MLWHA need the support about facilitation of receiving ARV two times a year, access to ARV drug in in Thailand, or provide transportation cost for domestic workers in Lao PDR and the vulnerable poor people.**
- **This project should be integrated the nutrition program to promote and support “foods and nutrition” for PLWHA/MLWHA admitted in the hospitals and in communities to improve their immunity at the beginning of treatment period.**
- **Stigmatization reduction should be conducted in hospitals and in communities.**

Kob Jai De'Lao Red Cross

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