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

20-27 May 2018
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.
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.
• 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.
• 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.
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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