

THE 51st UNAIDS PROGRAMME COORDINATING BOARD FIELD VISIT | December 12–13, 2022



UNAIDS PCB Field Visit *to Thailand*

THE POWER OF A PEOPLE-CENTRED APPROACH,
PARTNERSHIPS, AND INTEGRATION OF THE HIV RESPONSE
INTO UNIVERSAL HEALTH COVERAGE TO END AIDS BY 2030:
LESSONS LEARNED FROM THE AIDS RESPONSE



Contents

Executive Summary	6
Background and Rationale	12
Objectives	13
Programme Coordinating Board field visits, December 2022	14
1. Key population-led health services (KPLHS)	16
Site: <i>M-Plus Foundation</i>	16
Site: <i>CAREMAT</i>	18
2. Community-led health services for people who use drugs	20
Site: <i>Thai Drug Users' Network</i>	20
3. Community engagement and stigma and discrimination reduction	22
Site: <i>Baan-Hua-Rin Health Promoting Hospital</i>	22
4. Comprehensive HIV services and partnership with Community-led Organisations in Universal Health Coverage	24
Site: <i>Sanpatong Hospital</i>	24
Site: <i>Saraphi Hospital</i>	26
5. Harm Reduction and drug treatment services	28
Site: <i>Thanyarak Hospital</i>	28
6. Comprehensive health care and services for closed setting population	32
Site: <i>Chiang Mai Women Correctional Institution</i>	32
Field visit conclusions	36



M-PLUS foundation



CAREMAT



Thai Drug Users' Network



Baan-Hua-Rin Health Promoting Hospital



Sanpatong Hospital



Saraphi Hospital



Thanyarak Hospital



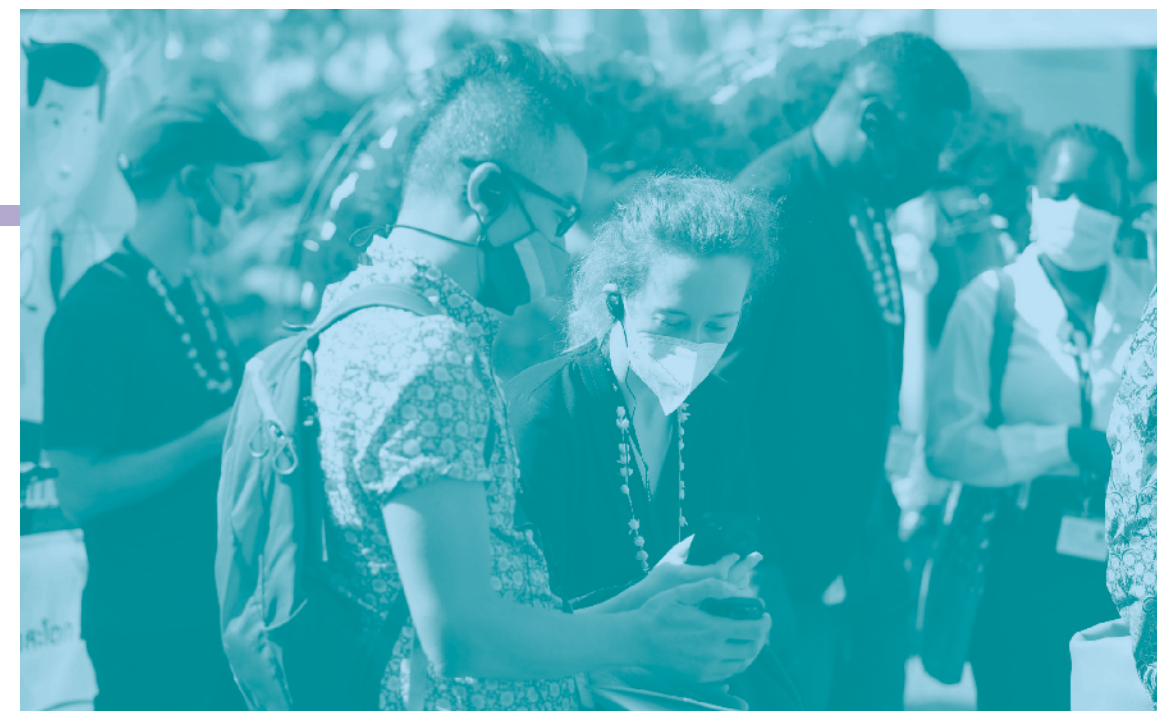
Chiang Mai Women Correctional Institution

Executive *Summary*

Executive Summary

The 51st meeting of the UNAIDS Programme Coordinating Board (PCB) was hosted by the Government of Thailand (as Chair of the PCB) in Chiang Mai from December 13 – 16, 2022. It was the first time in 14 years that the board met outside Geneva and the second time it convened in Chiang Mai.

During the meeting, delegates from government, civil society and the development community reviewed a range of approaches to accelerate progress to end AIDS. Among these were: the first international definition of a community-led response to a pandemic; strategies to increase the impact of the “Undetectable = Untransmittable” agenda (U=U); and innovative approaches to engaging men in all their diversity.



Visiting the health promoting hospital in Baan-Hua-Lin

Hosting the meeting in Thailand presented an opportunity to showcase some people-centred approaches and best practices that have helped the country accelerate progress towards ending AIDS by 2030. In collaboration with UNAIDS, other UN agencies, PEPFAR, FHI360 and national partners, the Thai government organised a field visit for the UNAIDS PCB. On December 12 and 13, PCB attendees visited pioneering community-led and public programmes that are helping Thailand to tackle HIV by: empowering and supporting communities to lead; fostering partnerships between communities and health facilities; decriminalising marginalised communities; and tackling stigma and discrimination.

IN THAILAND, BY THE END OF 2021:

94% of people living with HIV were aware of their status.

91% of people diagnosed with HIV were on antiretroviral treatment

97% of people on HIV treatment had achieved viral suppression.

Thailand's key policy approaches

- The 2017 – 2030 National Strategy to End AIDS is aligned with the Global AIDS Strategy and includes strategies to reach, recruit, test, treat, prevent and retain.
- HIV services are integrated into the Universal Health Coverage (UHC) scheme, allowing certified organisations and lay HIV service providers to access domestic financial support within the national health infrastructure.
- Community health workers are accredited by the Department of Disease Control and other recognised organisations and registered as public health service providers under the UHC scheme.
- There has been legal and policy reform to remove barriers to service access for key and vulnerable populations including advancing U=U, expanding access to harm reduction and ensuring healthcare access for migrants.
- There have also been increased domestic investments in key population- and community-led health services.

Thailand's key programmatic approaches

- Community-led organisations in Thailand provide about 30% of all HIV testing, 60% of pre-exposure prophylaxis (PrEP) services, 50% of post-exposure prophylaxis (PEP) services and 30% of condom services.
- Partnerships between public health services and community-led organisations allow civil society organisations (CSOs) to provide complementary services and support that encourage behaviour change, linkage to care, treatment adherence and improved quality of life.
- Community-led health services have adopted differentiated service delivery models, including modernised approaches to reach and retain clients and support adherence.
- Anti-stigma and discrimination training for all healthcare staff has been mainstreamed.
- Peer-to-peer support is widely deployed to improve prevention and treatment outcomes.

Highlights of the services visited by the PCB

1. KEY-POPULATION-LED HEALTH SERVICES RUN BY M-PLUS AND CAREMAT FOUNDATION

- A wide range of integrated HIV services offered through a strong partnership between community-based organisations (CBOs) and health care facilities.
- Quality-controlled services are certified enabling them to seek reimbursement from the UHC benefit system and access funding from diverse sources. The inclusion of these services in the UHC scheme shows the progress Thailand has made integrating HIV services into its UHC provision.

2. HARM REDUCTION AND DRUG TREATMENT SERVICES FOR PEOPLE WHO USE DRUGS OFFERED BY THAI DRUG USE NETWORK ORGANISATION AND THANYARAK HOSPITAL

- A community-led organisation offering integrated HIV, tuberculosis (TB), sexually transmitted infection (STI) and hepatitis C (HCV) services, while advocating for improved harm-reduction policies and legislation.
- A hospital working with civil society to better understand harm reduction and to improve the service offering. Strong relationships with community enable improved access to key populations and peer-to-peer support.
- A hospital that treats people who use drugs and other substances in a mix of settings that are hospital-based, community-based, alternative rehabilitation centres and recovery centres. It offers services relating to HIV, substance abuse treatment and harm reduction.

A presentation from the Thai Drug users Network

3. COMMUNITY ENGAGEMENT AND STIGMA AND DISCRIMINATION REDUCTION IN BAAN-HUA-RIN

- A sub-district health promoting hospital offering holistic care to all ages, including the Hua Rin HIV model programme to reduce stigma and link communities with district services.
- Multi-stakeholder collaboration with community groups including people living with HIV, the Hua Rin temple, and relevant local organisations.
- Five-phase HIV collaborative plan including: family acceptance/support; community integration/employment; involvement of health care staff living with HIV; quality of life development committee at the sub-district level; and network collaboration to address health system issues at the district level. Teachers, community leaders, health leaders, parents and organisations collaborating to create an HIV training programme promoting acceptance, using religion as an entry point.

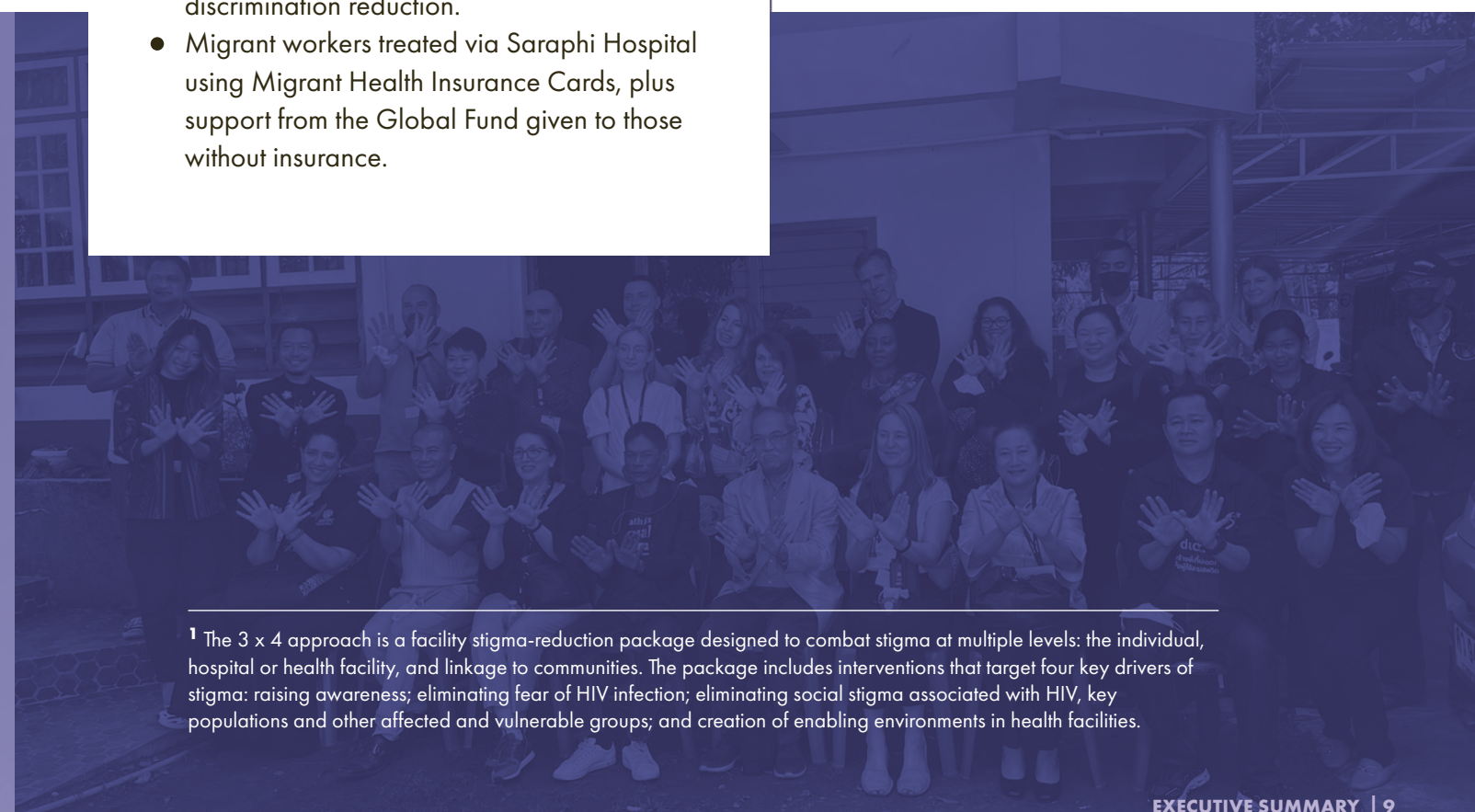


4. COMPREHENSIVE HIV SERVICES AND PARTNERSHIPS WITH CBOS IN SAN PATONG AND SARAPHI HOSPITALS.

- Hospitals providing comprehensive HIV services, partnering with CBOs alongside clear services and referral guidelines.
- A wide variety of accessible services including: mobile voluntary counselling and testing (VCT), health clinic for men who have sex with men (MSM) with same-day VCT, youth-friendly service centre, peer education training, treatment interruption intervention, home visits and one-stop antiretroviral treatment (ART).
- Strong and clearly defined working relationships with community networks, civil society and the private sector, including: M-Plus Foundation, Family Health International (FHI 360), CAREMAT Foundation, sub-district health promoting hospitals, networks of people who use drugs and groups of people living with HIV.
- 100% of Sanpatong hospital staff trained using the 3X4 approach¹ for stigma and discrimination reduction.
- Migrant workers treated via Saraphi Hospital using Migrant Health Insurance Cards, plus support from the Global Fund given to those without insurance.

5. COMPREHENSIVE HEALTH CARE FOR CLOSED SETTING POPULATIONS AT THE CHIANG MAI WOMEN CORRECTIONAL INSTITUTION

- A fully integrated and comprehensive health care programme for inmates including health services (for HIV, TB, syphilis and HCV) as well as substance-specific treatment, and occupation skills training.
- Services and equipment well-funded via different sources including the Global Fund and the Rajchathan Punsuk Program (supported by the royal family).
- Expenses for treatment of migrant workers inmates depend on the area, but generally, are covered by the provincial hospital.
- Networked with Nakorn Ping Hospital for health services.



¹ The 3 x 4 approach is a facility stigma-reduction package designed to combat stigma at multiple levels: the individual, hospital or health facility, and linkage to communities. The package includes interventions that target four key drivers of stigma: raising awareness; eliminating fear of HIV infection; eliminating social stigma associated with HIV, key populations and other affected and vulnerable groups; and creation of enabling environments in health facilities.

Background *and Rationale*

Background and Rationale

Thailand has the 4th highest HIV infection rate in the Asia and Pacific region. As of 2021, an estimated 520,000 people were living with HIV in Thailand, with 6,500 new infections reported. HIV transmission in Thailand is concentrated among key populations including men who have sex with men (MSM), sex workers, transgender people, migrants, prisoners, and people who use drugs.

Thailand has made significant progress in recent years with a 59% decrease in new infections, between 2010 and 2021, and a 66% decrease in the number of AIDS-related deaths. In 2021, an estimated 447,061 people living with HIV were receiving treatment. Thailand has excellent methadone treatment services and is working to improve the legal framework for harm reduction. The definition of harm reduction in Thailand emphasises its medical and legal aspects, and takes a therapeutic approach rather than focussing solely on the social issues.

Despite resource constraints, Thailand has successfully integrated HIV services into its universal health coverage provision. This includes funding community-led health services (CLHS) through the national public health service and, as a result, providing sustainable financing for community-based organisations (CBOs). The approach taken in Thailand, has been people-centred and is built on a range of healthcare partnerships and multi-sectoral approaches.

In 2022, Thailand hosted the 51st UNAIDS Programme Coordinating Board. During the visit the Ministry of Health, UNAIDS and partners organised a field trip to select sites to showcase successful community-led and key population-led health services.

"Thailand is on track to meet and exceed the 2025 95% testing and treatment targets"

UNAIDS Country Director, Thailand, Patchara Benjarattanaporn

Objectives

1. TO SHOW THE IMPLEMENTATION AND OUTCOMES OF THESE INITIATIVES.

2. TO UNDERSTAND THE ROLE OF THE NATIONAL AIDS ORGANISATIONS IN COLLABORATION WITH THE UNAIDS JOINT PROGRAMME AND ITS KEY PARTNERS, INCLUDING PEPFAR AND FHI 360.

3. TO INSPIRE AND MOTIVATE NATIONAL LEADERS TO MAKE COMMITMENTS TO ACCELERATE ACTION AND END AIDS BY 2030.

4. TO SHARE LESSONS-LEARNED AND BEST PRACTICES, IN PARTICULAR:

- UHC - the successful integration of HIV with other health services under the UHC insurance scheme and achievement of the 95-95-95 treatment goals plus improved prevention.
- Championing communities – accelerating progress through the provision of health services and responses led by communities and key populations. As well as integrating community-led services into the broader health system.
- The power of partnerships – connecting community-based HIV services to other healthcare services. Using a multi-sectoral approach, through the Thailand Partnership for Zero Discrimination programme to achieve the 10-10-10 goals on HIV-related stigma and discrimination.



Testing services offered by M-Plus Foundation

Programme Coordinating Board field visits,

December 2022

1. Key population-led health services (KPLHS)

The PCB team visited KPLHS sites to learn about their contribution to national and provincial responses.

SITE: M-PLUS FOUNDATION

LOCATION: CHIANG MAI PROVINCE

BENEFICIARIES: KEY POPULATIONS, INCLUDING MSM AND THE TRANSGENDER POPULATION

M-Plus Foundation not only provides HIV and sexual health services it also campaigns for the rights of gender-diverse groups, and offers online and offline support. The staff have unique expertise in reaching specific populations and are committed to ensuring equal access to their services for key populations.

Overview

- PrEP services for key populations are now more accessible through the M-Plus partnership with health facilities, supported by the National Health Security Office's UHC benefit.
- During the COVID-19 pandemic, M-Plus provided screening and outreach services in hotspots for key populations, used telemedicine for community follow-up, and delivered medications.
- They provide services to everyone regardless of whether they belong to a key population. People who are stateless or without health insurance are given the funds to cover their treatment costs.

M-PLUS SERVICES INCLUDE:

- Reach and recruit
 - HIV and STI Prevention
 - Testing (HIV, viral load, hepatitis, STIs etc.)
 - Dispensing Pre-Exposure Prophylaxis (PrEP)
 - Referrals to local hospitals for treatment and support
 - Differentiated ART service delivery
- M-Plus has a data system that links to the national system. Confidentiality is protected by limiting access to personal information through a hierarchy system, and service providers have committed to not disclose patient information to third parties.

53% of PrEP users in Chiang Mai received services from M-Plus.

Quality Assurance and Quality Improvement

- The credibility of M-Plus has increased as it has obtained certifications, including laboratory certification from the Medical Technical Council and certification from the Ministry of Public Health for HIV/STIs services.
- These certifications allow M-Plus to register as an official HIV testing service with the National Health Security Office, enabling reimbursement of HIV testing fees and formal collaboration with hospitals.

Strategies for sustainability

- Enhancing opportunities for domestic funding from the National Health Security Office.
- Developing a social enterprise business and establishing a polyclinic to generate income.
- Seeking funding opportunities from local governments, health authorities, and the private sector.

Success factors

- As one of Thailand's first LGBT-led organisations and the first registered CBO (for community-led health services), M-Plus is operationally experienced and able to access domestic funding.
- The strong partnership with local hospitals, creates confidence in M-Plus services. Its Memorandum of Understanding (MOU) with the government has become a national best practice model.
- M-Plus is officially registered as a clinic under the National Health Security Office enabling it to identify individuals for treatment and follow up purposes.
- M-Plus accesses its target audience through partnerships with key population groups. Understanding their context and needs allows for tailored and acceptable services.
- M-Plus uses modern technology to reach the target population and make services more convenient.

Conclusions: This site showcases remarkable collaboration and partnership between civil society organisations and government partners, demonstrating the central role CSOs can play in the HIV response. The PrEP services have been particularly successful and learnings have been shared with other Asian countries. The inclusion of this KPLHS clinic within the UHC benefit is a sign of the progress being made in Thailand.

SITE: CAREMAT

LOCATION: CHIANG MAI

BENEFICIARIES: MEN WHO HAVE SEX WITH MEN,
TRANSGENDER WOMEN AND OTHER KEY POPULATIONS

Based in Chiang Mai, the CAREMAT Foundation, originally called “Purple House”, was founded in 1993 to help MSM and transgender women living with HIV access antiretroviral treatment and health care information. It expanded its reach to other key populations and now partners with the Nakorn Ping Hospital. There are plans to register as a VCT outlet for the National Health Security Office in 2023 to make their HIV service provision more sustainable.

Overview

- CAREMAT Foundation provides HIV testing services in collaboration with hospitals in 11 districts of Chiang Mai.
- The majority of clients are MSM (90%) and most (87%) HIV-positive cases are identified from walk-in clients.
- Encouraging early HIV testing among key populations has enabled people to begin treatment quickly. 98% of CAREMAT clients achieved viral suppression after treatment.
- CAREMAT has limited capacity to provide anti-retroviral services itself, but it refers to Nakorn Ping hospital and monitors ARV treatment to prevent interruptions.
- In 2021, 23% of clients not living with HIV were given PrEP. CAREMAT collaborates with Nakorn Ping hospital to offer PrEP services, dividing the responsibilities for testing, dispensing, monitoring and follow up between them.

CAREMAT FOUNDATION SERVICES INCLUDE:

- Reach and recruit
- HIV and STI Prevention
- HIV Testing
- Dispensing Pre-Exposure Prophylaxis (PrEP)
- Treatment referrals
- Adherence and retain positive support

92% of CAREMAT clients who are living with HIV are receiving ART

Innovative and sustainable data

- An ACTSE application is used to record data, monitor patients’ symptoms and provide continuous care including testing, treatment and medication prescription. An alert system supports adherence and sends appointment notifications.
- The system has confidentiality checks built into it.
- ACTSE is now part of the Community Fund, with 70% of its income coming from CBOs. It is currently used by 11 organisations and is due to expand to 14 in 2023.



A CAREMAT presentation to PCB members.

Success factors

- The data captured via the ACTSE application is reported to donors and analysed by CAREMAT to evaluate performance, identify implementation issues and guide appropriate solutions.
- Technology (such as online booking) enables target populations to access treatment more easily and is used to monitor clients. During COVID-19, popular online platforms like dating apps or games were used to reach target groups and maintain stable user numbers as well as telemedicine for online consultations.
- In addition to facility-based services, CAREMAT also conducts outreach online and offers mobile VCT services in communities. These strategies give people at risk more options to access prevention and testing services.
- Funds have been obtained from multiple agencies and there is strong budget management. The team is seeking sustainable funding from domestic sources such as the National Health Security Office or the ACTSE Fund.

- The staff are knowledgeable and have a sound command of the organisation’s work including its service to gender-diverse groups.
- There is a commitment to improve the quality of services, for example by becoming registered as a specialised referral unit of the National Health Security Office and certified for Lab Accreditation.

Conclusions: As a certified organisation, CAREMAT has developed an effective partnership with health facilities to provide services for key populations. CAREMAT staff effectively provide HIV services to their peers using innovative strategies and data management. However, sustainable HIV services at CAREMAT require diversified funding sources and continued support from the National Health Security Office.

2. Community-led health services for people who use drugs

There are several harm reduction strategies in place in Thailand as part of HIV prevention efforts, including interventions led by community-based organisations and networks. The PCB team members visited the Thai Drug Use Network to understand more about its successes and challenges in preventing HIV among drug users.

SITE: THAI DRUG USERS' NETWORK

LOCATION: CHIANG MAI

BENEFICIARIES: PEOPLE WHO USE DRUGS

The Thai Drug Users' Network was established by people who use drugs in December 2002 to improve the quality of life of their peers. The organisation has received support from international sources, the private sector, community organisations, and the government.

Overview

- The Thai Drug Users' Network currently works from the Harm Reduction Centre in Chiang Mai, providing a C-Free programme which includes testing services. Staff stress the importance of harm reduction, provide education on substance abuse and safe needle use, and work in the community to help support people who use drugs. Counselling is available, and community members are encouraged to seek treatment both for sexually transmitted diseases and Hepatitis C.
- There are 14 staff at the Harm Reduction Centre in Mueang district, Chiang Mai and 5 staff at the centre of Om Koi district, together they work across 16 districts in Chiang Mai.

THAI DRUG USERS' NETWORK SERVICES INCLUDE:

- Testing for HIV, STIs and Hepatitis C and B
 - Education on harm reduction
 - Mobile methadone clinics
 - Counselling
 - Treatment referrals
 - Legal support
- The Harm Reduction Centre and Thai Drug Users' Network collaborate with government, civil society and private sector agencies.
 - The new Narcotics Act (introduced in 2021) emphasises prevention and community-based treatment rather than punishment for people who use drugs. It also opens up the possibility of CSOs delivering services as part of a community-based treatment model. This should lead to new opportunities for CSOs but significant changes have yet to be observed.

Success factors

- Key populations are targeted through a strong network and peer-to-peer support is provided.
- The Thai Drug Users' Network has improved access to services and built capacity, making it easier to meet the needs of potential beneficiaries.
- Staff have gained the trust of clients and through their friendly services they work within communities and have extended services to hard-to-reach areas.
- A high reach rate was achieved through outreach by staff with ethnic fraternity groups in the Omkoi, Mae Cham, Kalyaniwattana, Sameoung districts. They shared information with local hospitals, conducted mobile methadone clinics, and collaborated across districts and villages.
- Methadone services and treatment supported by government as part of UHC.

Next steps and challenges

- There are plans to increase mobile clinic activities, scale-up voluntary HIV testing/self-testing, to conduct online outreach and to work with specific populations who use drugs.
- To receive healthcare in Thailand certain documentation is needed causing problems for some undocumented migrant workers moving between Thailand and

Myanmar, efforts are being made to support those experiencing problems with drug use.

- Due to unrest in the border regions, activities are limited in this area, and there are no cross-border activities.
- Some ethnic minorities cannot access basic health services as they are not covered by the national registration system.
- Data shows that the methadone programme is only partially successful. Some people who take methadone continue to also use drugs.
- Currently harm reduction activities in Thailand are predominantly part of efforts to control and prevent substance abuse. Greater involvement of civil society could help to develop a fuller understanding of harm reduction issues.

Conclusions: The Thai Drug Users' Network has built trust among key populations and succeeded in reaching people who use drugs, including, those in hard-to-reach communities. It is also playing an important role advocating for legislation and policy changes to enable improved harm reduction.

3. Community engagement and stigma and discrimination reduction

People living with HIV in Thailand experience stigma and discrimination, particularly those from marginalised groups such as MSM, transgender people or people who use drugs. At the national level, a multi-sectoral, costed National Action Plan to Eliminate all Forms of HIV-related Stigma and Discrimination was endorsed by the Thai National Committee on HIV/AIDS Prevention and Alleviation in November 2021.

Efforts are ongoing to increase investment to ensure effective implementation of the plan despite challenges in some sectors.

The PCB team members visited Baan-Hua-Rin Health Promoting Hospital to learn about their stigma and discrimination reduction activities and surrounding communities.

SITE: BAAN-HUA-RIN HEALTH PROMOTING HOSPITAL

LOCATION: BAAN-HUA-RIN

BENEFICIARIES: PEOPLE LIVING WITH HIV

The Baan-Hua-Rin Health Promoting hospital has been working to reduce stigma and discrimination through multi-sectoral approaches since the beginning of the HIV epidemic in Thailand. The hospital collaborates with groups of people living with HIV and religious institutions to provide HIV care services and to reduce stigma and discrimination in the community.

Overview

- The Baan-Hua-Rin Health Promoting Hospital offers comprehensive HIV services from early diagnosis to connecting patients with treatment.
- It collaborates with various stakeholders including groups of people living with HIV and the National Health Security office. It receives personnel support from its Contracted Unit of Primary care (CUP) hospital (host hospital).
- It provides holistic care for all ages and has implemented the “Hua-Rin HIV Model”² programme to reduce stigma, promote co-existence and link the community to the district.

BAAN-HUA-RIN SERVICES INCLUDE:

- Primary health care services (health promotion and basic treatment and care)
 - Testing for HIV
 - Treatment referrals
 - Multi-sectoral initiatives to addressing stigma and discrimination.
- A U=U campaign was initiated by Institute of HIV Research and Innovation and stakeholders. Following its success, national guidelines were developed and a pilot programme was launched in several hospitals including some in Chiang Mai.

² The model involves addressing problems comprehensively through collaborative efforts involving networks from the community level to the district level, including the government, private sector, civil society, religious leaders, and community members, resulting in the establishment of a health service network.

Multi-sectoral response to address stigma and discrimination

- Since 2020, it has implemented an HIV/AIDS collaborative plan, with five phases: creating acceptance and support for PLHIV at the family level; promoting social integration and career assistance at the community level; involving HIV-positive staff in healthcare to build understanding; using the Quality-of-Life Development Committee at the sub-district level; and fostering collaborations across networks to address health system issues at the district level.
- The community responded to HIV-related stigma and discrimination by forming a support group, with PLHIV at the centre. A collaboration between teachers, community leaders, health leaders, parents and organisations resulted in a training programme to educate families about HIV and encourage acceptance. Religious leaders were involved and the community played a key role in driving

the effort, with support from the Baan-Hua-Rin Health Promoting Hospital and other healthcare organisations

- A range of community groups carry out stigma and discrimination reduction activities and outreach efforts, including the Pra Sarn Jai group, Hua Rin Temple, Thung Satoke sub-district Administration, Baan-Hua-Rin School, Jai Khoa Jai Rau and V-Power groups, as well as the drop-in centre services provided by the Thung Satoke sub-district organisation.

Success factors

- The organisations follow a holistic approach to solve problems, with the networks cooperating at all levels, from the community to the district, public, private and people sectors, religious leaders and community leaders, leading to a health service network implemented through a “Hua Rin HIV Model”. This has reduced stigma and discrimination, allowing people living with HIV to coexist with the general public, leading to integration and acceptance.

Conclusions: Stigma and discrimination levels have reduced significantly as a result of a detailed programme that involves a wide range of partners and that genuinely engages with the community.

4. Comprehensive HIV services and partnership with Community-led Organisations in Universal Health Coverage

Partnerships with CBOs help to build trust with marginalised populations and to design interventions that meet their needs. As well as engaging individuals in care they can also help to reduce stigma. The PCB team visited two hospitals that provide comprehensive HIV services and partner with CBOs.

SITE: SANPATONG HOSPITAL

LOCATION: SANPATONG DISTRICT

BENEFICIARIES: EVERYONE, INCLUDING PEOPLE LIVING WITH HIV AND KEY POPULATIONS

Sanpatong Hospital is a 130-bed community hospital responsible for the care of 12 sub-districts, with 18 network community health promotion hospitals at the sub-district level. It has been providing HIV treatment since 1989. Currently, Sanpatong Hospital is the CUP hospital that provides comprehensive HIV services.

Overview

- Sanpatong hospital is jointly operated by the government, private and community sectors, with a commitment to equality and non-discrimination. The hospital receives support from academics and funding support from the Provincial Health Office, the National Health Security Office, Department of Disease Control, and various other organisations.
- People living with HIV and key populations are involved in the provision of HIV-related services. Sanpatong has a long-standing relationship with M-Plus Foundation, Family

SANPATONG SERVICES INCLUDE:

- PrEP and PEP and other prevention services
- Testing for HIV
- CD4 and viral load testing
- ARV treatment and follow up
- TB and hepatitis screening treatment services.
- Psychosocial support
- PLHIV peer support

Health International (FHI 360), CAREMAT Foundation, 18 District Health Promoting Hospitals and groups of people living with HIV including: Jai Khao Jai Rao, Pra Sarn Jai and V-power.

- In 2022, the hospital carried out 3,496 HIV tests, 5,596 CD4 tests and 6,465 viral load tests. Specific tailored interventions include: mobile VCT for various populations, a men's health clinic with same-day VCT for MSM, a youth-friendly service centre, peer education training, an interruption in treatment intervention for people living with HIV, home visits, and a one-stop ART service.

Stigma and discrimination

- 100% of staff at Sanpatong Hospital have been trained using the 3X4 approach. Also, the HIV service policy was updated to allow patients living with HIV to access services alongside other patients and to use the same equipment without discrimination.

Thailand was the first country in Asia to be validated as having eliminated mother-to-child transmission of HIV.

Success factors

- Targeted services, particularly mobile and community-based ones have been highly successful, including HIV prevention education designed for specific populations such as young people, migrant workers, factory workers, entertainment industry workers, and college students.
- Websites and hotlines are used to provide information to the public.
- Progress has been made towards eliminating vertical transmission of HIV and syphilis using a strategy that not only engages women but also focuses on educating male partners and involving them as part of the solution.

Conclusions: Sanpatong hospital provides a comprehensive package of people-centred, differentiated HIV services. It has also built strong partnerships with KPLHS sites and CBOs including M-Plus and CAREMAT, and has developed a relationship of trust with people living with HIV and key populations.

SITE: SARAPHI HOSPITAL

LOCATION: SARAPHI DISTRICT

BENEFICIARIES: EVERYONE, INCLUDING PEOPLE LIVING WITH HIV AND KEY POPULATIONS

The population of Saraphi district includes 625 people living with HIV. Saraphi hospital has 60 beds, and serves a complex area with a mix of city and local culture. The hospital collaborates effectively with other organisations and provides ARV clinic services with community networks, civil society, and the private sector.

Overview

- The Saraphi Hospital oversees 12 sub-district health promotion hospitals, a Thai traditional medicine centre (10 kilometres away) and the Saraphi Bawornpattana Hospital.
- Data from the Saraphi Hospital shows a steady decline in the number of new HIV infections each year. People accessing services include both Thai nationals and migrant workers.
- ARV clinic procedures are divided into two groups: new and existing patients. Both groups receive regular check-ups, symptoms monitoring, and ongoing visits.
- The target groups for this service are migrants, Thai citizens and young people living with HIV. Patients are screened by a nurse, consult with a doctor, receive medication and advice from a pharmacist and participate in activities based on their interests.
- There is a programme that trains community health workers as well as

SARAPHI SERVICES INCLUDE:

- Prevention services (PrEP/PEP and condoms), STI services and health promotion
- HIV testing
- CD4 and viral load testing
- ARV treatment and follow up care
- TB and hepatitis screening treatment services.
- TB and HCV screening and treatment
- Psychosocial support

building capacity through formal and informal knowledge sharing. Also, community led monitoring (CLM) for key populations for MSM and female sex workers has been implemented.

Partnerships

- Saraphi hospital collaborates with various CBOs to serve diverse populations.
- The Thai Drug Users' Network offers HIV testing and treatment, while M-Plus Foundation provides ARVs, PEP/PrEP,



The PCB visit Saraphi Hospital.

other prevention services and referrals to hospitals. Urban Light Foundation offers HIV treatment services for MSM, and Map Foundation serves migrant communities.

- The Family Planning Association of Thailand provides HIV testing and refers cases for confirmatory tests to the Saraphi Hospital. The Saraphi Flower group offers home health care services, and Baan Sabai Foundation is a home for people living with HIV who do not live with their families.
- M-Plus streamlines the referral process by directly coordinating with the hospital and escorting clients to the clinic. Travel expenses are covered by M-Plus.

Costs

- People pay for services based on their health insurance coverage. Those with universal coverage do not incur any charges, while those with other health insurance benefits are charged a fee of 50 Thai baht.
- Migrant workers must buy a Migrant Health Insurance Card to access services available under Universal Health Coverage.
- Non-Thai citizens or migrant workers who are not registered and do not have a health insurance card receive support from the Global Fund.
- Through the International AIDS Programme package all testing and screening for blood count, CD4, Hepatitis B and C is free of charge for everyone.

Success factors

- Teamwork among healthcare providers to identify target populations and facilitate their access to healthcare services.
- Guidelines established for streamlined network operations.
- Services designed to be people-centred are convenient and easy to access.

Conclusions: The hospital functions efficiently thanks to collaboration between government and civil society, clear referral processes and a convenient service system for clients. Support from the National Health Security Office and other organisations also contributes.

5. Harm Reduction and drug treatment services

In Thailand comprehensive prevention, treatment, and harm reduction services are integrated. Strong partnerships between the government, civil society organisations, and affected communities help to implement these interventions. The PCB team visited the Thanyarak Hospital to learn more about their programme.

SITE: THANYARAK HOSPITAL

LOCATION: CHIANG MAI

BENEFICIARIES: SPECIALISES IN TREATING PEOPLE WHO USE DRUGS AND OTHER SUBSTANCES

The Thanyarak Chiang Mai Hospital has 350 in-patient beds including dedicated beds for patients with alcohol addiction, detoxification, and rehabilitation needs. The hospital also promotes harm reduction and has established community-level centres and community rehabilitation centres.

Overview

- Three types of service are available for people living with HIV: HIV services (testing, referral for CD4 tests and ARV treatment), international-standard substance abuse treatment, and harm reduction.
- Treatment for people who use drugs is available in four different locations dependent on a person's needs: community-based, hospital-based, alternative rehabilitation centres, and comprehensive recovery centres to help people reintegrate into society. In 2022, only one percent of people who use drugs within the hospital's area were receiving HIV care and treatment

THANYARAK SERVICES INCLUDE:

- HIV services
- Substance abuse treatment
- Harm reduction

Rehabilitation is based on the Therapeutic Community concept - a hierarchy structured, family environment where positive peer interaction is emphasised.

at the hospital. This group included people who use stimulants, opioids, and other drugs.

- More young people aged 20-30 and people aged 60+ are now receiving services due to changes in substance use patterns. Migrant workers from Myanmar also received treatment at the hospital before the COVID-19 outbreak.
- The number of patients admitted to the hospital each year has been steadily declining, as provincial and district hospitals are now able to provide appropriate care and there is basic community-based treatment.
- The outpatient treatment programme offers services including information and counselling for the Matrix³ and methadone programmes, and a smoking cessation clinic. The Famai clinic provides additional outpatient services for Methadone Maintenance Treatment (MMT) in the city of Chiang Mai.
- Inpatient treatment benefits people living far from the hospital, especially ethnic groups. Treatment is now voluntary, but court-ordered treatment is still available for offenders.
- Rehabilitation programmes for inpatients last for one, four or six months including follow-up care.

Harm reduction programme

- There are drug treatment services providing information about drug use and substance abuse, methadone long-term treatment (MMT), prevention of substance abuse overdoses, and voluntary rehabilitation.
- There are also information and health services for HIV, hepatitis B and C, sexually transmitted diseases, and tuberculosis, including a needle syringe programme.
- In addition, there are social services, follow-up through home visits, peer education, a drop-in centre, and legal services.



Thanyarak opium users project.

³ The Matrix Program is a treatment program for outpatients who use amphetamines. It aims to modify behaviour through activities, including: skill training to initiate drug use cessation; prevention of relapse; providing knowledge for families; and peer support groups.

Famai clinic

- Located in the neighbourhood of the Chiang Mai Rajabhat University, Famai expands outreach services to reach people who use drugs with severe support needs.
- It offers outpatient treatment for all types of people who use drugs or other substances. The clinic excels in MMT.
- Among opioid patients, emphasis is placed on educating them on the use of clean equipment, single-use needles, and correct condom use.
- Counselling is provided if HIV status is disclosed and doctors offer treatment.
- For VCT, the clinic staff coordinates with the Thai Drug Users' Network or recommends hospital-based services according to health care entitlements.

Collaboration

- For HIV, Hepatitis B and C treatment, patients are referred to general hospitals, district hospitals, and sub-district health centres.
- For Harm Reduction, the hospital collaborates with civil society organisations including the Thai Drug Users' Network, the Ozone Foundation PSI, and relevant local agencies.
- There is also work on Harm Reduction in remote areas of five districts in Chiang Mai province (Chiang Dao, Mae Taeng, Wiang Haeng, Chai Prakarn, and Omkoi) supported by a Royal Project for drug users.
- In addition, a drop-in centre and mobile drop-in have been established for remote communities and villages.



The PCB visit Thanyarak hospital.

- Budgetary support is given to the community service centre: the government is committed to covering all sub-districts as part of its policy, although at present only certain areas are funded.



PCB members learn about the services offered at Thanyarak Hospital.

Success factors

- The hospital works collaboratively with the community, civil society, and security agencies in the area.
- Increasing service units in the city such as the Famai clinic as well as Drop-in centres in remote districts helps to reach target populations.
- Support is also provided to help drug users live in the community and support themselves.

The Famai clinic supports around 60-70 people every day with methadone maintenance treatment.

Future plans and challenges

- There is a vision to improve services, training and research by seeking international collaboration to increase operational efficiency.
- To establish a one stop service for HIV Treatment, Hepatitis B and C through a collaboration between the Ministry of Public Health and the National Security Office.
- To conduct innovative HIV research people who abuse substances.
- Although there is a pathway for police officers to work with the community and refer patients to medical care, challenges remain to align the concept of harm reduction with law enforcement:
- The hospital is considering a plan to provide services for chem sex use and PrEP among the LGBTQ+ community in the future.

Conclusions: The Thanyarak Hospital offers accessible clinics and clear guidelines for treating HIV, Hepatitis B and C. The hospital collaborates with private sector partners and local agencies to implement the harm reduction programme.

Effective implementation of Harm Reduction requires a common understanding among all sectors, including local security agencies, as well as budgetary support and government law enforcement to ensure fair access to services for the target groups.

6. Comprehensive health care and services for closed setting population

The PCB team visited the Chiang Mai Women's Correctional Institution to learn about its integrated programme for inmates, which is essential for their well-being, disease prevention, and access to medical treatment.

SITE: CHIANG MAI WOMEN CORRECTIONAL INSTITUTION

LOCATION: CHIANG MAI

BENEFICIARIES: WOMEN IN CLOSED SETTINGS

The Chiang Mai Women's Correctional Facility was established in 2001 with 150 staff, 5 nurses, 2 psychologists and 1,606 inmates. Inmates are treated in accordance with the Bangkok rules⁴ which are used as a model in many institutions in Thailand.

Overview

- The Correctional Facility provides comprehensive healthcare services through the "Rajathan Punsuk" project, supported by royal patronage.
- Vocational training and education are also offered to inmates for future self-sufficiency.
- Preventing mother-to-child transmission (PMTCT) involves screening for HIV, syphilis, and Hepatitis B, ART initiation for positive cases, postpartum care, and DNA testing for HIV-infected infants with treatment according to guidelines.
- There is a stigma and discrimination curriculum for all inmates
- Inmates struggling with drug addiction receive substance-specific treatment with an emphasis on mental health support, coping skills, and methadone treatment, supported by the FAST⁵ and Matrix Models.

CHIANG MAI WOMEN'S CORRECTIONAL INSTITUTION SERVICES INCLUDE:

- 100% screening on admission.
- Services for HIV, TB, syphilis and HCV.
- Same day treatment and referrals
- ART support
- CD4 and viral load monitoring
- PMTCT
- Substance use treatment
- Occupational skills training

The Chiang Mai Women's Correctional Institution is an example of how HIV and TB services can be integrated into care programmes for inmates.

- The Correctional Facility offers pre-release preparation programmes, including occupation skills training, assistance with travel costs income earned from prison work to support their re-entry into society, and inmates are sent to a re-entry centre before being released. There is also at least one year of post-release monitoring.
- Pregnant inmates are separated from others after giving birth, and if they have no relatives to care for the baby, the correctional facility coordinates with a shelter and transfers the baby there; the child can stay within the facility for up to one year.

Success factors

- The Correctional Facility collaborates with Nakorn Ping Hospital for medical personnel, diagnosis, and treatment referrals.



PCB members find out more about the Chiang Mai Women's Correctional Institution.

- Importance is placed on providing holistic care and preparing inmates for release. The promotion of education and career opportunities for inmates to facilitate their reintegration into society are also key.

Conclusions: The Chiang Mai Women's Correctional Institution health care programme provides well-designed care and treatment to inmates with the help of Nakorn Ping hospital, while also working towards building community understanding and providing comprehensive care to create more income and prepare inmates for re-integration into society.

⁴ A set of international guidelines for the treatment of women prisoners, adopted by United Nations General Assembly in 2010, named after the city where they were developed).

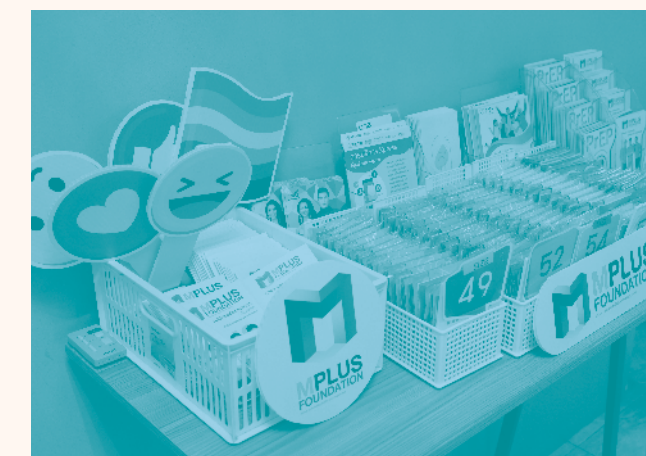
⁵ The Fast Model is an intensive, innovative approach for the treatment, recovery, and care for people who use drugs/substances. It is based on the concept that the best treatment for drug addiction is comprehensive rehabilitation and care, aiming to restore the physical and mental well-being of patients so they can reintegrate into their families and lead a normal and fulfilling life. The Model consists of four main pillars: involving the family in the treatment process; using alternative activities for rehabilitation; empowering individuals to help themselves; and establishing a community-based treatment approach.

Field visit *conclusions*

Field visit conclusions

- Significant progress has been made on key population-led health services including CBO certification, hospital partnerships, and integration within UHC services.
- CBOs and communities are in a unique position to provide HIV and other related service that complement those offered in strong existing government healthcare facilities.
- Effective multisectoral teamwork is crucial in reducing stigma and discrimination and the country is committed to sustaining its stigma reduction campaign while working towards ending AIDS.
- Thailand still faces limitations in its legal framework for addressing harm reduction, and this should be addressed.
- While a system exists for migrants to access services through paid health insurance cards, undocumented migrant workers and those without health insurance still face challenges that require attention.
- Correction programmes are comprehensive, encompassing health care and drug use treatment, as well as social and economic aspects.

Thailand has been a trailblazer for integrating HIV services into the Universal Health Coverage scheme.



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