

Stop TB Thailand: mobilizing resources for TB prevention and care in migrants

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Meeting of country-level partners and national stop TB partnerships

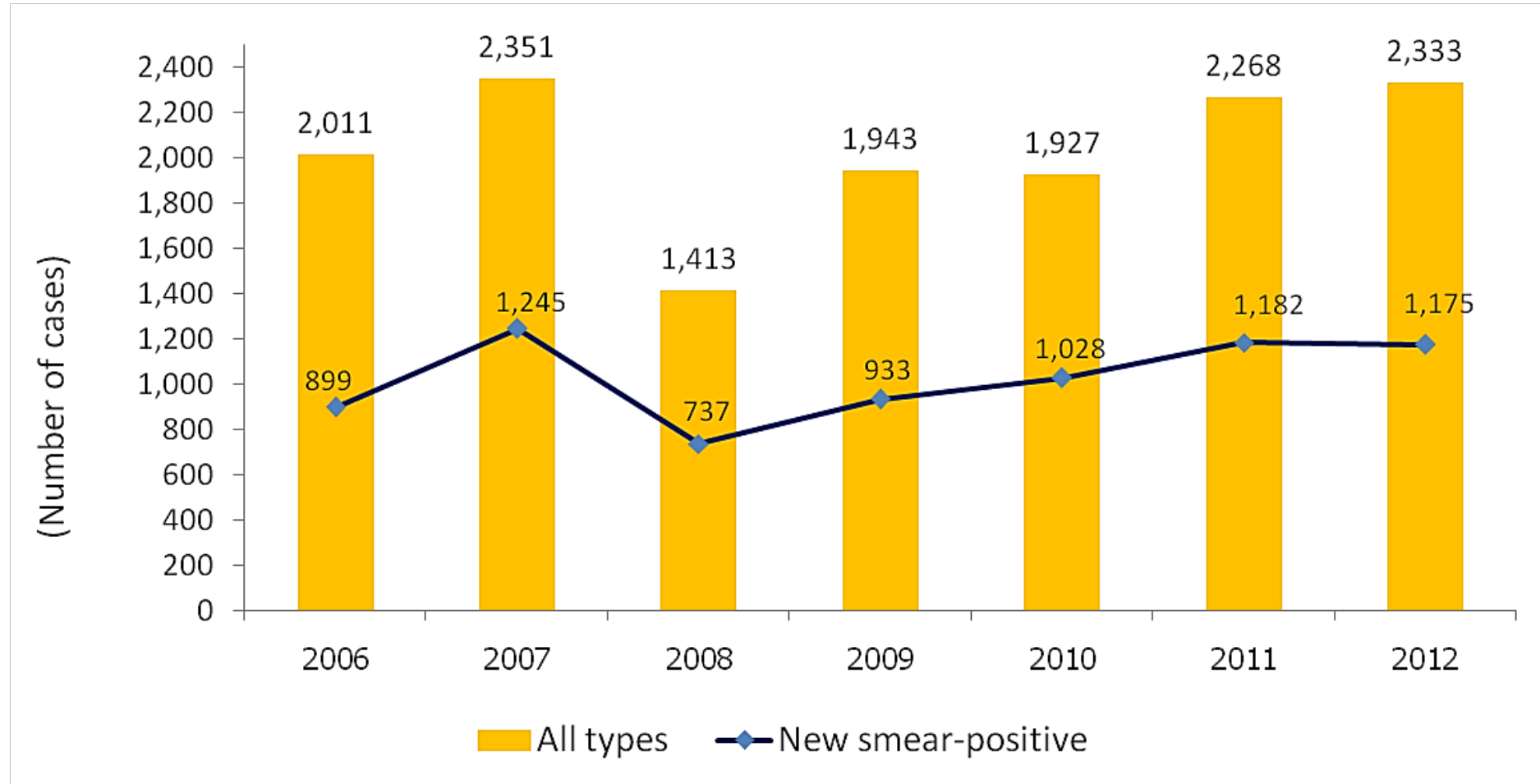
1 November 2013, 14.30-18.00 (14.00 registration)

Hotel Le Meridien (opposite the conference centre)

Outline

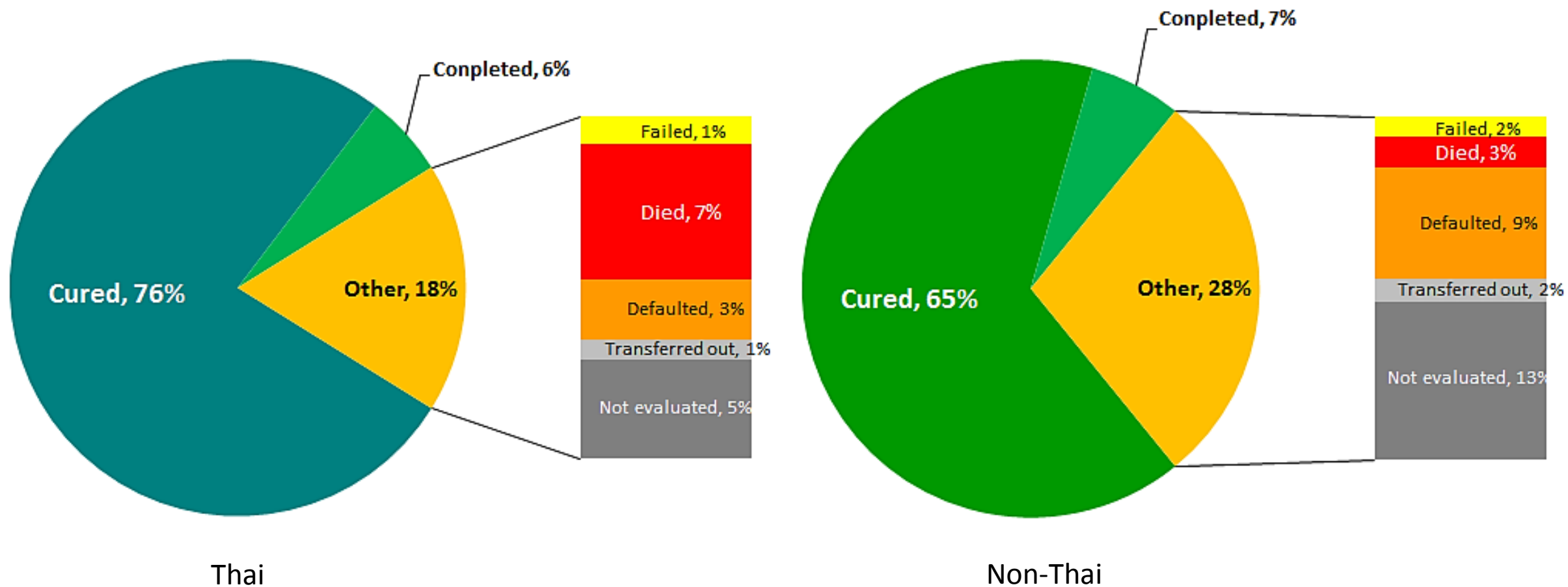
- Baseline information
 - Burden
 - Health insurance
- Barriers to TB care for migrant
- Currently the key donors on TB in the country
- Lessons learned
- the plan when the Global Fund phasing out

Trend in TB case notification, 2006-2012 (Non-Thai)



Source : Bureau of TB, Dept.of Diseases Control, MOPH (updated 31 July 2013)

Comparison of treatment outcomes among new smear-positive cases, 2011 cohort between Thai & Non-Thai

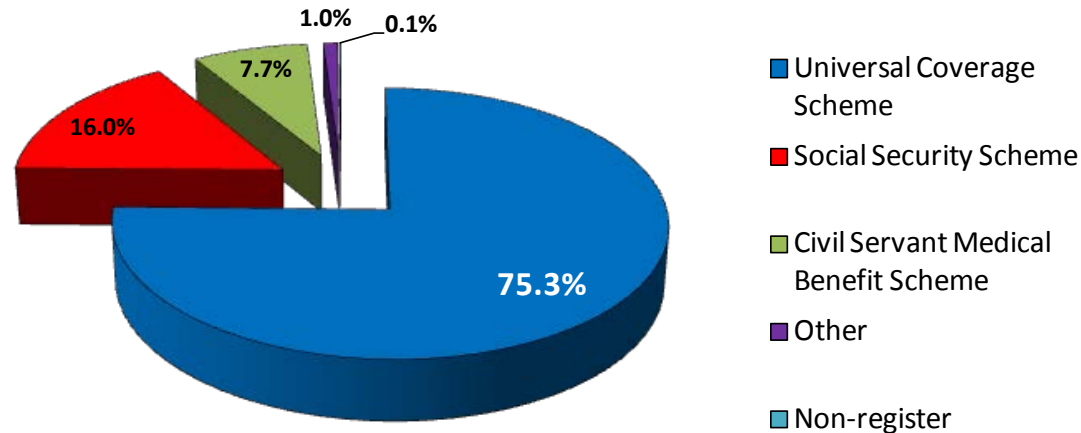


3 insurance schemes in place covering nearly 98% of the Thai population

- **30 baht universal coverage scheme run through the National Health Security Office (NHSO)**
- **Civil Servant Benefits Scheme**
- **Social Security**
- **Insurance packages not harmonized as yet leading to inequity, but this is recognized and being changed.**

Strong government commitment to health

Type of Health Insurance, 2012



- The CSMBS and UCS are financed by general tax whereas the SSS is financed by payroll tax with tripartite contribution, shared by employer, employee and the government with 1.5% of salary.
- Population coverage under CSMBS was about 5 million (8% of population) and SSS was about 10 million (16% of population) while UC scheme covered about 47 millions (75% of population).

Coverage and funding sources of insurance

Specific populations: migrants, displaced and stateless individuals, and a sub-section of the prison pop and detention centres

- Estimated 1.1 million registered migrants, and another 2-3 million unregistered.
- Semi registered migrants have access to migrant health insurance which costs THB 1300+ 600 THB for enrolment and medical checks.

Inequity and access issues in the health system for key vulnerable groups

Barriers to TB care for migrant



- cost (transportation, loss of income)
- linguistic barrier
- cultural barrier
- geographic isolation
- security concerns (arrest and deportation)
- lack of awareness (workers, employers)

“Partnership making a difference” BUT.....

- Limited human resource for outreach activities for hard-to-reach population
- Insufficient financial support to civil society partners for outreach activities
- Inadequate linkages between hospital and community



Currently the key donors on TB in the country

- GFATM focusing on Quality-DOTS (3 districts for each province), TB in children, MDR-TB (24 hospitals), prisons (post release care in 41 prisons), infection control, ACSM. However, GF budget is mostly implemented by government.
- Thailand-MOPH US. CDC Collaborations (TUC) on research in small area (5 provinces)
- TB REACH Wave 2 to IOM (early case detection in non-Thai migrants)
- USAID to FHI on MDR prevention and care in one province.

Lessons learned from national partnerships funded through a Global Fund grant

- Better collaboration with GO-NGO (hospitals, PHO, BTB, and NGO).
- Treatment success can be improved where NGO works closely with GO hospital
- Successful local level advocacy and good community participation
- Provision of nutrition packages and free TB treatment cost can increase case enrollment among migrants

What are the plan when the Global Fund phasing out.



- Increased access to care among uninsured patients through health insurance scheme
- Advocating local administrative organization for fully involvement in TB care

“Partnership making a difference”



Inter Mountain Peoples Education and Culture in Thailand Association : IMPECT



Thank you for your attention