



HIV/TB Interventions among Migrants in Thailand: A Community-Based Approach

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Migrants working in a Fishing Pier, Ranong

Why migrants & HIV/TB Control in Thailand?

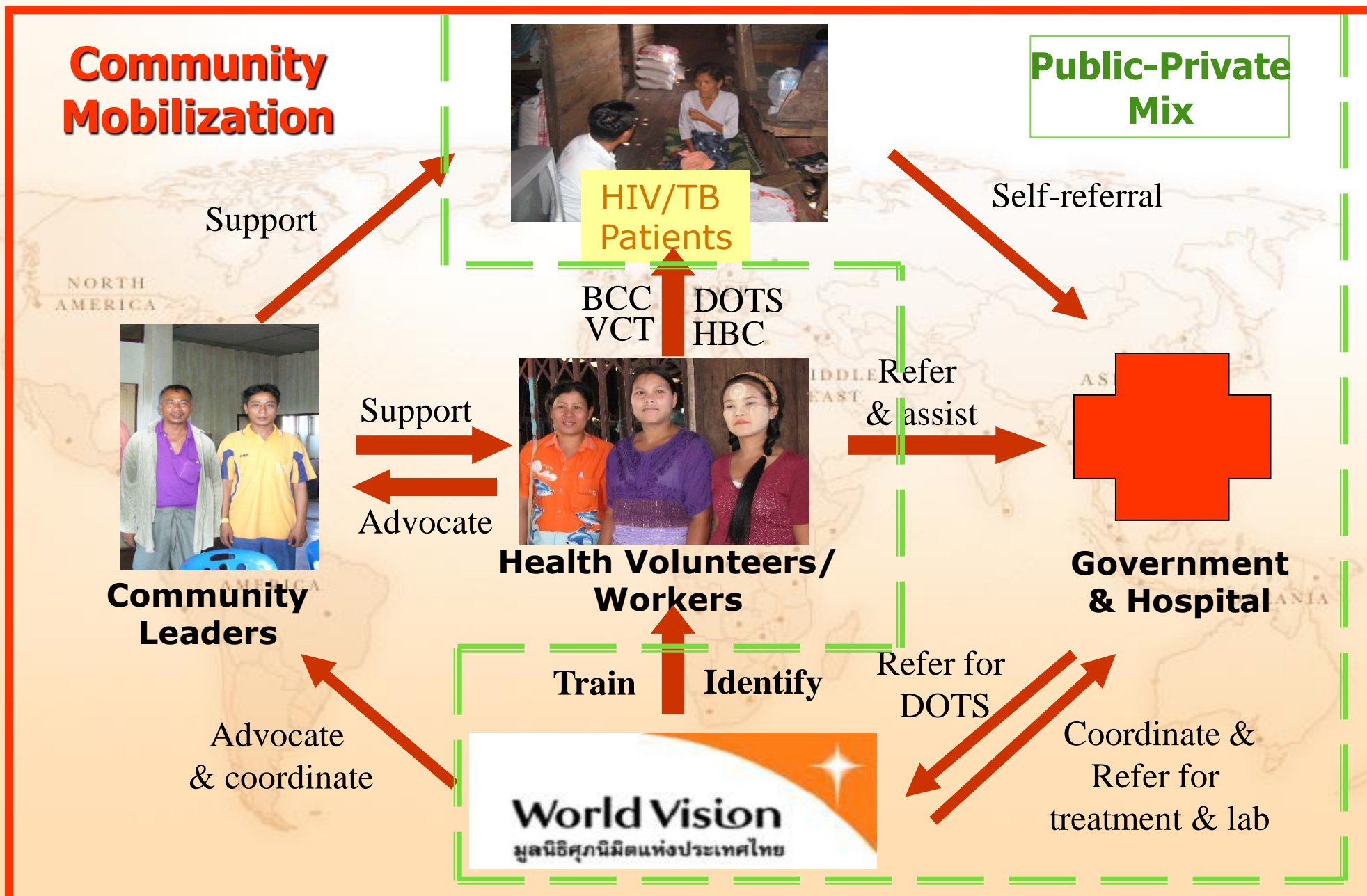
- 1:3 registered:unregistered migrants in Thailand
- High TB/HIV co-infections – 13-30% of TB patients (esp. north of Thailand) & similar figures among migrant populations
- TB prevalence among migrants is estimated to be Higher than among Thai populations
- HIV High-risk behaviour – SW (HIV infection rate 6-28% in 2005), Fishermen (infection rate 6-9% in 2006)
- Migrants have poor/no access to health care/TB drugs



Harsh living condition of migrant community in Maesot, Tak

HIV/TB Control model by WVFT

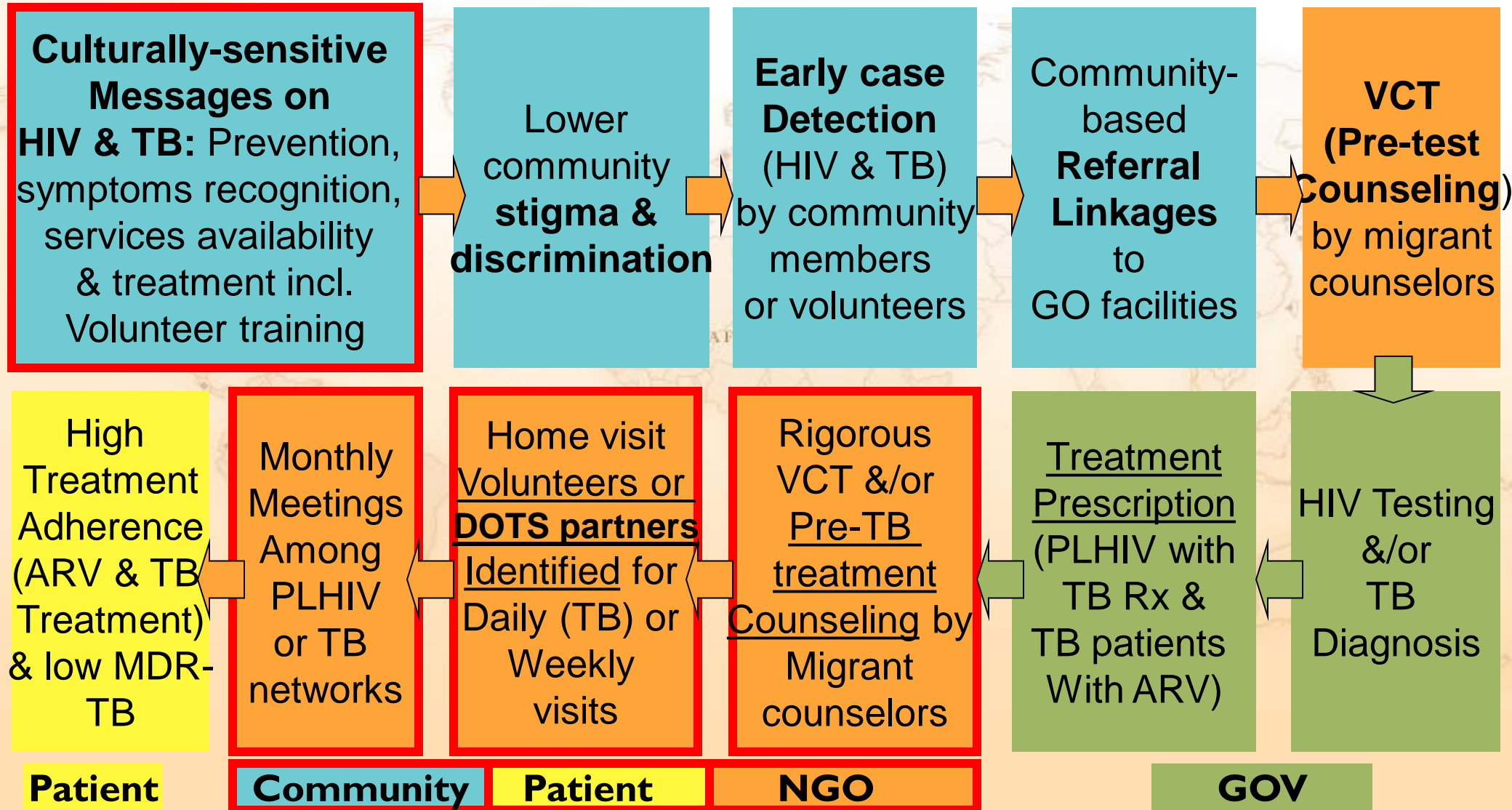
World Vision



Improving HIV/TB access to migrants

Improving community health-seeking behavior & capacity

NGO



Access to TB/HIV services by migrants

- **Access to counseling/testing** in the project: from **82 - 87%**
- Main VCT challenges – language barrier & capacity of NGOs in providing effective counseling.
- **Current TB/HIV co-infections** among new smear positive cases are high at **10-15%**
- These groups are **not just HIV high-risk groups** but housewives, construction workers, rubber plantation workers, fishermen, fishing-related industries, etc – gen. pop. HIV prevalence could be high.
- **13-18% mortality rate** among migrant TB/HIV patient: delayed referrals & limited ART access (except in 2 MSF sites)
- **Default rate** among TB/HIV patients = **0%**; (more **VCT access & special care & support in HIV project areas**)
- **Treatment success** among TB/HIV patients = **82-88%** (**Q1-Q3 year 2 reporting period**)

Migrant Health Project (MSF-Belgium) Phang-Nga (November 2005 to February 2009)

- Total **TB** patients (All cases) – **120**
- **TB/HIV co-infected** patients- **54%**
- **Treatment success** rate among all TB patients is **57%**
- **Mortality rate** among migrants all TB patients is **19%**
- **Default rate** among migrants all TB patients is **24%**
- In June 2009: **MSF-Belgium phase-over plan** from Phang-Nga & transferred patients' follow-up to WVFT
 - co-infected patients already on **ART** were given follow-on **ARV** supply for next 12 months
 - WVFT** continues to provide **DOTS** & care & support

World TB Day 2009, Poster exhibition



World TB Day 2009, Health Talk



DOTS by Migrant Health Volunteers



Health Education given by Project Medical Officer

LATIN
AMERICA

Key messages

- **Donors** to encourage cultural and language sensitive **Integrated health care and development approach**
- **Community-based approach & Dual HIV/TB messages to reduce stigma** among communities & service providers and improve health-seeking behaviour
- **Compulsory cross-referral between HIV&TB** – increase case findings among PLHIV and TB treatment success
- **Provision of TB DOT** to all marginalised populations (PLHIV, registered and unregistered migrants, stateless Thais, etc) to help reducing TB prevalence in Thailand
- **Provision of ARV** to all TB patients to improve treatment success rate